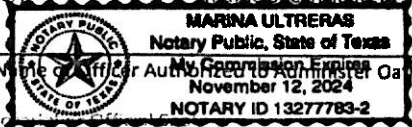


**APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION
FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION**

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL.¹ Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE <u>Keller ISD Board of Trustees</u>				GENERAL ELECTION BALLOT	
TO: City Secretary/Secretary of Board (name of election)					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) Board of Trustees, Place 4				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) Haley Carolyn Taylor Schlitz			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* Haley Taylor Schlitz		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) 201 Town Center Lane, Apartment 1411			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)		
CITY Keller	STATE TX	ZIP 76248	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) haleyschoolboard@gmail.com		OCCUPATION (Do not leave blank) Teacher	DATE OF BIRTH [REDACTED]	VOTER REGISTRATION VUID NUMBER ² (Optional) 2169755572	
TELEPHONE CONTACT INFORMATION (Optional) Home: Office: Cell:					
FELONY CONVICTION STATUS (You MUST check one) <input checked="" type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. ³		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN IN THE STATE OF TEXAS 13 year(s) 9 month(s) IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED 13 year(s) 9 month(s)			
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>Haley Carolyn Taylor Schlitz</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Haley Carolyn Taylor Schlitz</u> of <u>Tarrant</u> County, Texas, being a candidate for the office of <u>Keller ISD Board of Trustees Place 4</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."					
X <u>Haley J. Schlitz</u> SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the <u>17</u> day of <u>February</u> , <u>2023</u> , by <u>Haley Carolyn Taylor Schlitz</u> (day) (month) (year) (name of candidate)					
<u>Marina Ultreras</u> Signature of Officer Authorized to Administer Oath ⁴ <u>HR Specialist</u> Title of Officer Authorized to Administer Oath			 Printed Name of Officer Authorized to Administer Oath NO		
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE <input checked="" type="checkbox"/> Voter Registration Status Verified This document and \$_____ filing fee or a nominating petition of _____ pages received.					
<u>2/17/2023</u> Date Received		<u>2/17/2023</u> Date Accepted		(See Section 1.007) <u>[Signature]</u> Signature of Filing Officer or Designee	

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE
NAME

MS / MRS / MR

FIRST

MI

Ms

Haley

C

NICKNAME

LAST

SUFFIX

Taylor Schlitz

OFFICE USE ONLY

Filer ID #

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

201 Town Center Lane, Apt # 1411

4 CANDIDATE
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469) - 968 - 7239

5 OFFICE
HELD
(if any)

6 OFFICE
SOUGHT
(if known)

Keller ISD BOARD OF TRUSTEES, PLACE 4

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR.

William A

Schlitz

8 CAMPAIGN
TREASURER
STREET
ADDRESS
(residence or business)

STREET ADDRESS;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1039 BRADFORD CT.

KELLER

TX

76243

9 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

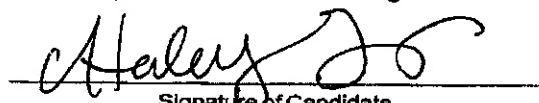
(469) - 968 - 7239

10 CANDIDATE
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I 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 15 of the Election Code on contributions from corporations and labor organizations.



Signature of Candidate

02/17/2023

Date Signed

GO TO PAGE 2

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: **50**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Haley

C

NICKNAME

LAST

SUFFIX

Taylor Schlitz

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

201 Town Center Lane, Apt #1411
Keller, TX 76248

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469)

968-7239

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

William

A

NICKNAME

LAST

SUFFIX

Schlitz

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #;

CITY,

STATE,

ZIP CODE

1039 Bradford Court, Keller, TX 76248

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469)

968-7239

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1

1

23

THROUGH

Month

Day

Year

3

27

23

11 ELECTION

ELECTION DATE

Month

Day

Year

5

6

23

ELECTION TYPE

Primary

Runoff

Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Keller ISD Board of Trustees, Place 4

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Haley Taylor Schlitz

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 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	\$

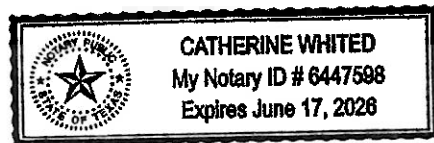
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Haley Schlitz

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Haley Schlitz this the 5th day of April, 2023, to certify which, witness my hand and seal of office.

Catherine Whited Catherine Whited notary

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

OR

(2) Unsworn Declaration

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

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Haley Taylor Schlitz	20 Filer ID (Ethics Commission Filers)
---	---

21 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 CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 42
2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/23	5 Full name of contributor out-of-state PAC (ID#: _____) William Schlitz <hr/> 6 Contributor address; City; State; Zip Code 1039 BRADFORD CRT Keller TX 76248	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/19/23	Full name of contributor out-of-state PAC (ID#: _____) Caroline Sherman <hr/> Contributor address; City; State; Zip Code 1034 Canterbury Lane Keller TX 76248	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/19/23	Full name of contributor out-of-state PAC (ID#: _____) Paula Edens <hr/> Contributor address; City; State; Zip Code 913 Summertree Ln. Southlake TX 76092	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/19/23	Full name of contributor out-of-state PAC (ID#: _____) Kathy Candelaria <hr/> Contributor address; City; State; Zip Code 3045 Creekview Dr W Grapevine TX 76051	Amount of contribution (\$) 50.00/100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME Haley Taylor Schlitz				3 Filer ID (Ethics Commission Filers)	
4 Date 2/19/23	5 Full name of contributor Piper Ogan out-of-state PAC (ID#:			7 Amount of contribution (\$) 25.00	
6 Contributor address; 5359 Hibbs Dr			City; Fort Worth	State; Tx	Zip Code 76137
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 2/27/2023	Full name of contributor Celina Vasquez out-of-state PAC (ID#:			Amount of contribution (\$) 150.00	
Contributor address; 2703 Allen Forest Dr.			City; Bryan	State; TX	Zip Code 77803
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 2/28/2023	Full name of contributor William Schlitz out-of-state PAC (ID#:			Amount of contribution (\$) 10.00	
Contributor address; 1039 Bradford Ct			City; Keller	State; TX	Zip Code 76248
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 2/24/2023	Full name of contributor William Schlitz out-of-state PAC (ID#:			Amount of contribution (\$) 200.00	
Contributor address; 1039 Bradford Ct			City; Keller	State; TX	Zip Code 76248
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/2023	5 Full name of contributor out-of-state PAC (ID#: Robert Hertzberg	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 6625 Langdon Ave. Los Angeles CA 91406		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2023	Full name of contributor out-of-state PAC (ID#: Caryn Reed-Hendon	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code 26643 FRANKLIN POINTE DR Southfield MI 48034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/2023	Full name of contributor out-of-state PAC (ID#: Nedra Robinson	Amount of contribution (\$) 50.00/hw
Contributor address; City; State; Zip Code 3025 Grentilly Lane Fort Worth TX 76123		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/2023	Full name of contributor out-of-state PAC (ID#: Angelo Williams	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 2701 42nd Street Sacramento CA 95817		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/2/2023</i>	5 Full name of contributor out-of-state PAC (ID#: <i>Renee Gaudet</i> 6 Contributor address; City; State; Zip Code <i>2835 S. Wagner Road #113 Ann Arbor MI 48103</i>	7 Amount of contribution (\$) <i>25.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor out-of-state PAC (ID#: <i>Joyce Franklin</i> Contributor address; City; State; Zip Code <i>4609 Pangolin Dr. Fort Worth TX 76244</i>	Amount of contribution (\$) <i>21.29</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/23</i>	Full name of contributor out-of-state PAC (ID#: <i>Esther Sevier</i> Contributor address; City; State; Zip Code <i>5113 Meridian Ln Fort Worth TX 76244</i>	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/23</i>	Full name of contributor out-of-state PAC (ID#: <i>Edgar Coble</i> Contributor address; City; State; Zip Code <i>2212 Hawthorne Ave. Fort Worth TX 76110</i>	Amount of contribution (\$) <i>36.87</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/2023	5 Full name of contributor Mitzi Cook out-of-state PAC (ID#: 6 Contributor address; 4025 Chestnut St. City; Fort Worth State; TX Zip Code 76137	7 Amount of contribution (\$) 35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2023	Full name of contributor Robert Sheaks out-of-state PAC (ID#: Contributor address; 1903 W. 5th St. #104 City; Irving State; TX Zip Code 75050	Amount of contribution (\$) 10.90
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/2023	Full name of contributor David Atnip out-of-state PAC (ID#: Contributor address; 565 Sealands Ln. City; Fort Worth State; TX Zip Code 76116	Amount of contribution (\$) 260.22
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/2023	Full name of contributor Donna Hamilton out-of-state PAC (ID#: Contributor address; 221 Skyline Dr. #208-170 City; East Stroudsburg State; PA Zip Code 18301	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/2023	5 Full name of contributor Tracy Scott out-of-state PAC (ID#: 6 Contributor address; PO Box 122072 Arlington TX 76012 City; State; Zip Code	7 Amount of contribution (\$) 52.45
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2023	Full name of contributor Lunda Orrick out-of-state PAC (ID#: Contributor address; 3204 Odessa Ave Fort Worth TX 76109 City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/2023	Full name of contributor Nancy Bean out-of-state PAC (ID#: Contributor address; 2706 Meadow Hill Lane Arlington TX 76006 City; State; Zip Code	Amount of contribution (\$) 35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/2023	Full name of contributor Angela Bullock out-of-state PAC (ID#: Contributor address; 8427 October Shadow Court Spring TX 77379 City; State; Zip Code	Amount of contribution (\$) 36.87
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/2/2023</i>	5 Full name of contributor <i>Mary Pat Hely</i> out-of-state PAC (ID#: 6 Contributor address; <i>1220 Westwood Dr Keller TX 76262</i>	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor <i>Aretha Thornton</i> out-of-state PAC (ID#: Contributor address; <i>10724 Lipan Trail Fort Worth TX 76109</i>	Amount of contribution (\$) <i>36.87</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor <i>Jacqueline Barquet</i> out-of-state PAC (ID#: Contributor address; <i>16541 Traymore Dr. Fort Worth TX 76244</i>	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor <i>Andrew Kozma</i> out-of-state PAC (ID#: Contributor address; <i>1623 Oneil St. Houston TX 77019</i>	Amount of contribution (\$) <i>10.90</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/2023	5 Full name of contributor Duane Palmer out-of-state PAC (ID#: 6 Contributor address; 4445 Phillips Dr. Wichita Falls TX 76308 City; State; Zip Code	7 Amount of contribution (\$) 36.87
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2023	Full name of contributor Regina Williams out-of-state PAC (ID#: Contributor address; 4351 Roberts Ln. Midlothian TX 76065 City; State; Zip Code	Amount of contribution (\$) 36.87
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/2023	Full name of contributor Johnny Robison out-of-state PAC (ID#: Contributor address; 1209 S. Davis Drive Arlington TX 76013 City; State; Zip Code	Amount of contribution (\$) 36.87
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/2023	Full name of contributor Alexis Kern out-of-state PAC (ID#: Contributor address; 5744 Parkview Hills La. Fort Worth TX 76119 City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlick</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/2/2023</i>	5 Full name of contributor out-of-state PAC (ID#: <i>Nevin Moore</i>	7 Amount of contribution (\$) <i>10.00</i>
	6 Contributor address; City; State; Zip Code <i>960 Cameron Village Dr. Winston Salem NC 27103</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/3/2023</i>	Full name of contributor out-of-state PAC (ID#: <i>Libba Murphrey</i>	Amount of contribution (\$) <i>26.48</i>
	Contributor address; City; State; Zip Code <i>7541 Loh Dr. North Richland Hills TX 76180</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor out-of-state PAC (ID#: <i>Garry Bruton</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>6925 Spring Valley Way Fort Worth TX 76132</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor out-of-state PAC (ID#: <i>Jane Jensen</i>	Amount of contribution (\$) <i>15.00</i>
	Contributor address; City; State; Zip Code <i>16902 1st of Man Rd. Pflugerville TX 78660</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Haley Taylor Schmitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/2023	5 Full name of contributor out-of-state PAC (ID#: DeRicki Johnson 6 Contributor address; City; State; Zip Code 7517 Madeira Fort Worth TX 76112	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/2023	Full name of contributor out-of-state PAC (ID#: Rebecca Fischer Contributor address; City; State; Zip Code 977 Elkin Lane Keller TX 76262	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/2023	Full name of contributor out-of-state PAC (ID#: Kathleen Keller Contributor address; City; State; Zip Code 2134 Oak Valley Kerrville TX 78028	Amount of contribution (\$) 16.09
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/2023	Full name of contributor out-of-state PAC (ID#: Peter Nelson Contributor address; City; State; Zip Code 5116 Glen Springs Trail Fort Worth TX 76137	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3/3/2023	5 Full name of contributor Allen Tucker out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 1601 Briar Drive Bedford TX 76022	7 Amount of contribution (\$) 35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/2023	Full name of contributor Tomas Torres out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4714 Devon St Houston TX 77027	Amount of contribution (\$) 519.94
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/2023	Full name of contributor Walter Black out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4712 Camargo Court College Station TX 77845	Amount of contribution (\$) 104.39
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/2023	Full name of contributor Vincent Langford out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 5712 Remington Ln #2919 Fort Worth TX 76132	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Healey Taylor Schlick</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/3/2023</i>	5 Full name of contributor <i>Anthony Portantino</i> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code <i>441 S. Griffith Park Dr Burbank CA 91506</i>	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/3/2023</i>	Full name of contributor <i>Denise Kahn</i> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <i>4321 Cartagena Dr. Fort Worth TX 76133</i>	Amount of contribution (\$) <i>15.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/3/2023</i>	Full name of contributor <i>Maryellen Hicks</i> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <i>P.O. Box 19165 Fort Worth TX 76110</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/4/2023</i>	Full name of contributor <i>Preston M. Hager</i> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code <i>1302 Limestone Creek Dr., Keller TX 76243</i>	Amount of contribution (\$) <i>25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3/5/2023	5 Full name of contributor Cathy Evans out-of-state PAC (ID#: 6 Contributor address; 441 E. Vine St. City; Keller State; TX Zip Code 76248	7 Amount of contribution (\$) 52.45
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/5/2023	Full name of contributor Michelle Cline Contributor address; 936 Keller Smithfield Rd. City; Keller State; TX Zip Code 76248	Amount of contribution (\$) 52.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/2023	Full name of contributor Christy Jones Contributor address; 8404 Big Horn Way City; Ft Worth State; TX Zip Code 76137	Amount of contribution (\$) 104.39
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/2023	Full name of contributor Mariel Peterson Contributor address; 5208 Pool Road City; Collegville State; TX Zip Code 76034	Amount of contribution (\$) 36.87
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Seklitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/5/2023</i>	5 Full name of contributor <i>Torsha Tomlinson</i> out-of-state PAC (ID#: 6 Contributor address; <i>19 Wyck Hill Ln. Westlake TX 76262</i> City; State; Zip Code	7 Amount of contribution (\$) <i>300.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/5/2023</i>	Full name of contributor <i>Mary Anne Weatherred</i> out-of-state PAC (ID#: Contributor address; <i>12308 Water Oak Dr. Fort Worth TX 76244</i> City; State; Zip Code	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/5/2023</i>	Full name of contributor <i>Ashley Paz</i> out-of-state PAC (ID#: Contributor address; <i>1637 S. Adams St. Fort Worth TX 76104</i> City; State; Zip Code	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/5/2023</i>	Full name of contributor <i>Ericka Ledford</i> out-of-state PAC (ID#: Contributor address; <i>1608 Bob Dr. Royse City TX 75109</i> City; State; Zip Code	Amount of contribution (\$) <i>25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3/6/2023	5 Full name of contributor out-of-state PAC (ID#: Stephen Luce 6 Contributor address; City; State; Zip Code 1350 Hunters Creek Dr. Southlake TX 76092	7 Amount of contribution (\$) 104.39
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/6/2023	Full name of contributor out-of-state PAC (ID#: Charlene Hill Contributor address; City; State; Zip Code 606 Cardwell Dr. Lancaster TX 75146	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/6/2023	Full name of contributor out-of-state PAC (ID#: Ann Potts Contributor address; City; State; Zip Code 535 Big Bend Dr. Keller TX 76248	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/6/2023	Full name of contributor out-of-state PAC (ID#: Craig Lee Contributor address; City; State; Zip Code 12 Bailey Cir. Bloomington IL 61704	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3/6/2023	5 Full name of contributor Cassie Janda out-of-state PAC (ID#: 6 Contributor address; 12308 Durango Root Dr. City; Keller State; TX Zip Code 76244	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/6/2023	Full name of contributor Gary Winok Contributor address; 9692 Ashstone Way City; Dix Grove State; CA Zip Code 95624	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/6/2023	Full name of contributor Jacqueline Reagan Contributor address; 9624 Bowman Dr. City; Fort Worth State; TX Zip Code 76244	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/6/2023	Full name of contributor Wallace Bridges Contributor address; 715 E. Cannon St. City; Fort Worth State; TX Zip Code 76104	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3/7/2023	5 Full name of contributor Leah Backhus out-of-state PAC (ID#:	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 19223 Harleigh Dr. Saratoga CA 95070		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/7/2023	Full name of contributor Glenn Lewis out-of-state PAC (ID#:	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 5600 Rockhill Rd Fort Worth TX 76112		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/2023	Full name of contributor Lloyd Levine out-of-state PAC (ID#:	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4800 D Street Sacramento CA 95819		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/2023	Full name of contributor Tiffany Burks out-of-state PAC (ID#:	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 1425 Ravenwood Mansfield TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schmitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/7/2023</i>	5 Full name of contributor <i>Deonza Thymes</i> out-of-state PAC (ID#: 6 Contributor address; <i>1921 8th Street NW</i> City; <i>Washington</i> State; <i>DC</i> Zip Code <i>20001</i>	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/7/2023</i>	Full name of contributor <i>Margaret Collins</i> out-of-state PAC (ID#: Contributor address; <i>525 Stratton Dr</i> City; <i>Keller</i> State; <i>Tx</i> Zip Code <i>76248</i>	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/7/2023</i>	Full name of contributor <i>Lakesha Humson</i> out-of-state PAC (ID#: Contributor address; <i>3250 W. Ave Jb #1</i> City; <i>Lancaster</i> State; <i>OA</i> Zip Code <i>93536</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/7/2023</i>	Full name of contributor <i>Janice Littlejohn</i> out-of-state PAC (ID#: Contributor address; <i>3834 Crestway Drive</i> City; <i>Los Angeles</i> State; <i>CA</i> Zip Code <i>90043</i>	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlich</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/8/2023</i>	5 Full name of contributor <i>Stefanie Klein</i> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code <i>5745 Chelmsford Trail Arlington TX 76018</i>	7 Amount of contribution (\$) <i>65.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/7/2023</i>	Full name of contributor <i>Gleniece Robinson</i> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>5043 Giverny Lane Fort Worth TX 76116</i>	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/1/2023</i>	Full name of contributor <i>Simone Grant</i> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>1026 Florin Rd. Sacramento CA 95831</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/8/2023</i>	Full name of contributor <i>Barbara Washington</i> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>1237 Primrose Ln. DeSoto TX 75115</i>	Amount of contribution (\$) <i>200.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3/8/2023	5 Full name of contributor Kimmy Robinson out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 3215 County Square Ln. Carrollton TX 75006	7 Amount of contribution (\$) 20.23
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/2023	Full name of contributor Susanne Dickinson Contributor address; City; State; Zip Code 1717 Arthur Rd. Collegeville TX 76034	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/2023	Full name of contributor Arnold GROTHUES Contributor address; City; State; Zip Code 6517 Hyden Dr. ARLINGTON TX 76001	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/2023	Full name of contributor Sandra Christian Contributor address; City; State; Zip Code 4625 Prickly Pear Dr. Fort Worth TX 76244	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3/8/2023	5 Full name of contributor out-of-state PAC (ID#: Sandra Lee 6 Contributor address; City; State; Zip Code 624 Winterwood Dr Kennedale TX 76060	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/2023	Full name of contributor out-of-state PAC (ID#: Sunny Crawford Contributor address; City; State; Zip Code 2801 Gipson Street Fort Worth TX 76111	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/2023	Full name of contributor out-of-state PAC (ID#: Cong Nguyen Contributor address; City; State; Zip Code 2207 Barbell Lane Fort Worth TX 76111	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/2023	Full name of contributor out-of-state PAC (ID#: Joanne Dellamura Contributor address; City; State; Zip Code 3913 Overton Park Dr E. Fort Worth TX 76109	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3/8/2023	5 Full name of contributor Noreen Abramovitz out-of-state PAC (ID#: 6 Contributor address; 19007 Blue Ridge Shores Dr. Cypress Tx 77433 City; State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/2023	Full name of contributor Sandra Cooley out-of-state PAC (ID#: Contributor address; 4309 Stonecrest Ct. Keller Tx 76244 City; State; Zip Code	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/2023	Full name of contributor Stephen Maxwell out-of-state PAC (ID#: Contributor address; 3904 Driskell Blvd. Fort Worth Tx 76107 City; State; Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/2023	Full name of contributor Teresa McKellan out-of-state PAC (ID#: Contributor address; 4664 Birchbend Lane Fort Worth Tx 76137 City; State; Zip Code	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Haley Taylor Schlib

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/2023

5 Full name of contributor

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

LaShanda Sullivan

7 Amount of contribution (\$)

22.00

6 Contributor address;

City;

State;

Zip Code

2650 S. McDonald St. 2312 McKinney TX 75069

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/9/2023

Full name of contributor

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

Kent BRADSHAW

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

2009 6th Ave. Fort Worth TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/2023

Full name of contributor

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

Michelle Aldridge

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

2717 Driftwood St. Hayward CA 94545

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/2023

Full name of contributor

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

Iris Garcia

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

4720 Grainger Trail Fort Worth TX 76137

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/2023	5 Full name of contributor out-of-state PAC (ID#: Janet Klewein 6 Contributor address; City; State; Zip Code 144 Navajo Dr Keller TX 76248	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/2023	Full name of contributor out-of-state PAC (ID#: Meredith Rohr Contributor address; City; State; Zip Code 1106 Carlton Ave Menlo Park CA 94025	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/2023	Full name of contributor out-of-state PAC (ID#: Mark Porter Contributor address; City; State; Zip Code 9211 Vanfleet Ct Laurel MD 20703	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/2023	Full name of contributor out-of-state PAC (ID#: Deondrea Way Contributor address; City; State; Zip Code 751 Gray Wolf Dr Prospec TX 75078	Amount of contribution (\$) 22.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3/10/2023	5 Full name of contributor Kimberly Ross out-of-state PAC (ID#: 6 Contributor address; 1925 Old York Dr. City; Keller State; TX Zip Code 76248	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/2023	Full name of contributor Charlotte Settle Contributor address; 1201 Crimson Ct. City; Arlington State; TX Zip Code 76018	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/2023	Full name of contributor Jared Ross Contributor address; 6024 Morningside Dr. City; NORTH RICHLAND HILLS State; TX Zip Code 76180	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/2023	Full name of contributor Christopher Stewart Contributor address; 2905 Walden Way City; Saint Cloud State; MN Zip Code 56301	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Haley Taylor Street		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/2023	5 Full name of contributor Erma Budreavy out-of-state PAC (ID#: 6 Contributor address; 205 Tanbark Circle City; Coppell State; TX Zip Code 75019	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/12/2023	Full name of contributor Jaime Sather out-of-state PAC (ID#: Contributor address; 6500 Fairview Dr. City; Watauga State; TX Zip Code 76149	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/12/2023	Full name of contributor Diane Solis out-of-state PAC (ID#: Contributor address; 6805 Davidson St. #101 City; Colony State; TX Zip Code 75056	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/12/2023	Full name of contributor Lauren Dougherty out-of-state PAC (ID#: Contributor address; 16002 Salmon Ln City; Spring State; TX Zip Code 77379	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/13/2023</i>	5 Full name of contributor <i>Samuel Williams</i> out-of-state PAC (ID#:	7 Amount of contribution (\$) <i>250.00</i>
	6 Contributor address; City; State; Zip Code <i>300 Huffman Blvd Keller TX 76243</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/13/2023</i>	Full name of contributor <i>Roy C. Brooks</i> out-of-state PAC (ID#:	Amount of contribution (\$) <i>500.00</i>
	Contributor address; City; State; Zip Code <i>5032 Highland Meadow Dr Fort Worth TX 76132</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/13/2023</i>	Full name of contributor <i>E. Leon Carter</i> out-of-state PAC (ID#:	Amount of contribution (\$) <i>2500.00</i>
	Contributor address; City; State; Zip Code <i>5603 Oak Falls Circle Dallas TX 75297</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/13/2023</i>	Full name of contributor <i>Seth Patel</i> out-of-state PAC (ID#:	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>543 58TH Street Oakland CA 94609</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3/13/2023	5 Full name of contributor Armenia Morris out-of-state PAC (ID#: 6 Contributor address; 1821 Calypso Dr. Vista CA 92081 City; State; Zip Code	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/13/2023	Full name of contributor Gwenn Burud Contributor address; 9468 Smiths Park Lane Fort Worth TX 76177 City; State; Zip Code	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/14/2023	Full name of contributor Michael Toland Contributor address; 432 E. Rich St. #4B Columbus OH 43215 City; State; Zip Code	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/2023	Full name of contributor Julie Hagan Contributor address; 5133 Comstock Circle Fort Worth TX 76244 City; State; Zip Code	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/15/2023</i>	5 Full name of contributor out-of-state PAC (ID#: <i>Jody Johnson</i>	7 Amount of contribution (\$) <i>25.00</i>
	6 Contributor address; City; State; Zip Code <i>16134 Red Cedar Trl. Dallas TX 75243</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/15/2023</i>	Full name of contributor out-of-state PAC (ID#: <i>JL Gilpin</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>108 Mill Wood Dr. Colleyville TX 76034</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/15/2023</i>	Full name of contributor out-of-state PAC (ID#: <i>Sherritta Evers</i>	Amount of contribution (\$) <i>22.00</i>
	Contributor address; City; State; Zip Code <i>5506 N. 76th St. #20 Milwaukee WI 53213</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/15/2023</i>	Full name of contributor out-of-state PAC (ID#: <i>Triana Arnold James</i>	Amount of contribution (\$) <i>22.00</i>
	Contributor address; City; State; Zip Code <i>257 Lawrence St. # 4034 Marietta GA 30061</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/16/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Zain Corie Taylor Smith</i> 6 Contributor address; City; State; Zip Code <i>2918 S. Edgefield Ave. Dallas TX 75224</i>	7 Amount of contribution (\$) <i>22.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/16/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Tonya Pugh</i> Contributor address; City; State; Zip Code <i>170 Blue Horn Dr. Jonesboro GA 30238</i>	Amount of contribution (\$) <i>22.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/16/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Deena Thornton</i> Contributor address; City; State; Zip Code <i>6621 N. Lawrence St. Philadelphia PA 19126</i>	Amount of contribution (\$) <i>22.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/16/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Ashley Williams</i> Contributor address; City; State; Zip Code <i>168 Outwater Ridge Dr. Garner NC 27529</i>	Amount of contribution (\$) <i>22.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/2023	5 Full name of contributor Helaine Smith out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 716 Sugar Field Dr. Albany TX 75056	7 Amount of contribution (\$) 22.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/16/2023	Full name of contributor Eva Marlene King out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4116 Flat Trail Union City CA 30291	Amount of contribution (\$) 22.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/2023	Full name of contributor Sharonda Lewis out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 2204 PACINO DR. FORT WORTH TX 76134	Amount of contribution (\$) 22.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/2023	Full name of contributor Kwabuaa Dow out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 505 Upper Falls Lane Mansfield TX 76063	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/17/2023</i>	5 Full name of contributor out-of-state PAC (ID#: <i>Adrian Gray</i>	7 Amount of contribution (\$) <i>35.00</i>
	6 Contributor address; City; State; Zip Code <i>2332 Merlin Dr. Grand Prairie TX 75052</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/17/2023</i>	Full name of contributor out-of-state PAC (ID#: <i>Dawn Lydick</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>8005 Sierra St. Fort Worth TX 76137</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/17/2023</i>	Full name of contributor out-of-state PAC (ID#: <i>Shawnelle Fluit</i>	Amount of contribution (\$) <i>22.00</i>
	Contributor address; City; State; Zip Code <i>40 Howard Ave. B1 Norwalk CT 06855</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/17/2023</i>	Full name of contributor out-of-state PAC (ID#: <i>Tonia Dew</i>	Amount of contribution (\$) <i>22.00</i>
	Contributor address; City; State; Zip Code <i>3710 21st St. #104 Matteson IL 60443</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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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 3/17/2023	5 Full name of contributor out-of-state PAC (ID#: Natalia Franklin 6 Contributor address; City; State; Zip Code 6500 Hidden Ct. Bakersfield CA 93307	7 Amount of contribution (\$) 22.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/17/2023	Full name of contributor out-of-state PAC (ID#: Jennifer Coke Contributor address; City; State; Zip Code 9301 Regal Dr. Woodway TX 76712	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/2023	Full name of contributor out-of-state PAC (ID#: Steve Marmel Contributor address; City; State; Zip Code 13801 Ventura Blvd. Sherman Oaks CA 91423	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/17/2023	Full name of contributor out-of-state PAC (ID#: Emily Drabinski Contributor address; City; State; Zip Code 280 Ocean Parkway #37 Brooklyn NY 11218	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/2023	5 Full name of contributor Lilian Wimberly out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 6624 Whitney Glen Dr. Dallas TX 75241	7 Amount of contribution (\$) 22.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/17/2023	Full name of contributor Sonja Gordon out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1405 Stella Dr. Lewisville TX 75067	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/18/2023	Full name of contributor Mia Lissa Tompkins out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 5664 Stevens Forest Rd #123 Columbia MD 21045	Amount of contribution (\$) 22.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/18/2023	Full name of contributor Deborah Peoples out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 613 Green River Trail Fort Worth TX 76103	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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SCHEDULE A1

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2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/2023	5 Full name of contributor out-of-state PAC (ID#: Amanda Szakats 6 Contributor address; City; State; Zip Code 2025 Elinora Dr Pleasant Hill CA 94523	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/19/2023	Full name of contributor out-of-state PAC (ID#: BRANDON MURDEN Contributor address; City; State; Zip Code 3625 Dove Lane Mesquite TX 75181	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/2023	Full name of contributor out-of-state PAC (ID#: Lori Gilaspie Contributor address; City; State; Zip Code 5926 Brook Falls Winderest TX 79239	Amount of contribution (\$) 4.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/2023	Full name of contributor out-of-state PAC (ID#: Nikki Marchmon-Boyd Contributor address; City; State; Zip Code 4910 Independence Cir, Unit C Stow OH 44224	Amount of contribution (\$) 22.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 3/19/2023	5 Full name of contributor A'isha Malone out-of-state PAC (ID#: 6 Contributor address; 9353 Wood Duck Dr. Fort Worth TX 76118 City; State; Zip Code	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/19/2023	Full name of contributor Lisha Collier out-of-state PAC (ID#: Contributor address; 3569 Williamson Rd. Stow OH 44224 City; State; Zip Code	Amount of contribution (\$) 22.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/2023	Full name of contributor Nicole Kowalski out-of-state PAC (ID#: Contributor address; 423 Montecillo Rd San Rafael CA 94903 City; State; Zip Code	Amount of contribution (\$) 15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/2023	Full name of contributor Patrick Bozbee out-of-state PAC (ID#: Contributor address; 1622 Tamaron Ct. Keller TX 76248 City; State; Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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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 Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/2023	5 Full name of contributor Elizabeth Brown out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 11629 Winding Brook Dr. Fort Worth TX 76244	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/20/2023	Full name of contributor Robbie Green-Starks out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1620 Birch Grove Trail Keller TX 76248	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/2023	Full name of contributor Nancy Novak out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 5109 Merced Drive Fort Worth TX 76137	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/2023	Full name of contributor James Lappin out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4064 Volk Ct. Fort Worth TX 76244	Amount of contribution (\$) 25.00
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 Hailey Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/2023	5 Full name of contributor out-of-state PAC (ID#: LaNette Boone 6 Contributor address; City; State; Zip Code 3118 Danube Way Indianapolis IN 46239	7 Amount of contribution (\$) 22.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/21/2023	Full name of contributor out-of-state PAC (ID#: Lynette Word Patterson Contributor address; City; State; Zip Code 1515 Brentwood Trail Keller TX 76248	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/2023	Full name of contributor out-of-state PAC (ID#: Robert Hassell Contributor address; City; State; Zip Code 602 Lasalle Dr. Keller TX 76248	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/2023	Full name of contributor out-of-state PAC (ID#: Justin Knoop Contributor address; City; State; Zip Code 2910 Shady Knoll N. Bedford TX 76021	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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2 FILER NAME <i>Haley Taylor Jochitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/21/2023</i>	5 Full name of contributor <i>Barry Kirj</i> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code <i>2617 Museum Way Fort Worth TX 76107</i>	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/21/2023</i>	Full name of contributor <i>Tanya Sanders</i> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <i>1404 Lands End Cir. Southlake TX 76092</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/21/2023</i>	Full name of contributor <i>Adam Pritchard</i> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <i>11940 Gold Creek Dr. East Fort Worth TX 76244</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/22/2023</i>	Full name of contributor <i>Willie Pelte</i> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <i>2536 Villa Terrace Ln. Sacramento CA 95825</i>	Amount of contribution (\$) <i>1000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/2023	5 Full name of contributor out-of-state PAC (ID#: Tamara Bullard 6 Contributor address; City; State; Zip Code 9519 Chastain Walk Charlotte NC 28214	7 Amount of contribution (\$) 22.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/24/2023	Full name of contributor out-of-state PAC (ID#: Caroline Sherman Contributor address; City; State; Zip Code 1034 CANTERBURY LANE Killebrew TX 76248	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/2023	Full name of contributor out-of-state PAC (ID#: Julie Frederick Contributor address; City; State; Zip Code 1125 Wales Dr. Keller TX 76248	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/2023	Full name of contributor out-of-state PAC (ID#: Tal Campbell Contributor address; City; State; Zip Code 2409 Wynncroft Circle Arlington TX 76006	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2023	5 Full name of contributor Tom Hallford out-of-state PAC (ID#: 6 Contributor address; 4209 Doe Creek Trail City; Keller State; TX Zip Code 76244	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/25/2023	Full name of contributor Kathryn Lybarger out-of-state PAC (ID#: Contributor address; 1548 Woolsey St. City; Berkeley State; CA Zip Code 94703	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/26/2023	Full name of contributor Patrice Cole-Morrow out-of-state PAC (ID#: Contributor address; 11021 Nesbitt Dr. City; Rancho Caramoza State; CA Zip Code 91730	Amount of contribution (\$) 44.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/27/2023	Full name of contributor Steve Graff out-of-state PAC (ID#: Contributor address; 2832 Cotswold Ct. City; Keller State; TX Zip Code 76248	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/27/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jalisa Robinson</i> <hr/> 6 Contributor address; City; State; Zip Code <i>9412 Elm Court #935 Manassas Park VA 20111</i>	7 Amount of contribution (\$) <i>22.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
5	Haley Taylor Schlitz		
4 Date	5 Payee name		
3/13/2023	Bison Strategies LLC		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1640.00	PO Box 2662	Oaklahoma City	OK 73101
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	Consulting Expense		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
3/15/2023	Harland Clarke Check Orders		
Amount (\$)	Payee address;	City;	State; Zip Code
244.45			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Accounting/Banking		Checks
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date	Payee name		
3/17/2023	Edwards & Patterson Signs		
Amount (\$)	Payee address;	City;	State; Zip Code
621.79	203 S. Belt Line RD	Irving	TX 75060
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Production Expense		Signs
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>5</u>		2 FILER NAME <u>Hailey Taylor Schlitz</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>02/18/2023</u>		5 Payee name <u>WIX.COM</u>			
6 Amount (\$) <u>56.25</u>		7 Payee address; <u>2601 Mission St.</u>		City; <u>SAN FRANCISCO</u>	State; <u>CA</u>
				Zip Code <u>94110</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Website / Advertising Expense</u>		(b) Description <u>Website</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>03/02/2023</u>		Payee name <u>Wix.com</u>			
Amount (\$) <u>32.47</u>		Payee address; <u>2601 Mission Street</u>		City; <u>SAN FRANCISCO</u>	State; <u>CA</u>
				Zip Code <u>94110</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>Website Email</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>03/13/2023</u>		Payee name <u>Wix.com</u>			
Amount (\$) <u>31.39</u>		Payee address; <u>2601 Mission Street</u>		City; <u>SAN FRANCISCO</u>	State; <u>CA</u>
				Zip Code <u>94110</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>Website</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Haley Taylor Schlitz	3 Filer ID (Ethics Commission Filers)
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4 Date 2/19/2023	5 Payee name Mailchimp
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6 Amount (\$) 13.86	7 Payee address; 675 Ponce de Leon Ave NE Suite 5000	City; Atlanta	State; GA	Zip Code 30309
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Solicitation	(b) Description FUNDRAISING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/19/2023	Payee name Mailchimp
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Amount (\$) 34.65	Payee address; 675 Ponce de Leon Ave NE Suite 5000	City; Atlanta	State; GA	Zip Code 30309
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Solicitation	Description FUNDRAISING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/15/2023	Payee name Texas Democratic Party
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Amount (\$) 830.00	Payee address; PO BOX 15707	City; Austin	State; Tx	Zip Code 78761
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description VAN voter database
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)	
4 Date 03/21/2023		5 Payee name Edwards & Patterson Signs			
6 Amount (\$) 1041.37		7 Payee address; 203 S. Bell Line Road		City; Irving	State; Tx
				Zip Code 75060	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printer Expense		(b) Description Signs		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/23/2023		Payee name Bison Strategies LLC			
Amount (\$) 1020.34		Payee address; PO Box 2662		City; Oklahoma City	State; OK
				Zip Code 73101	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Campaign literature		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/27/2023		Payee name LA Burger			
Amount (\$) 39.53		Payee address; 1540 Keller Parkway		City; Keller	State; Tx
				Zip Code 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food & Beverages		Description Food		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)	
4 Date 3/27/2023		5 Payee name Act Blue			
6 Amount (\$) 122.26		7 Payee address; 366 Summer Street Somerville, MA 02144		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking		(b) Description Fees		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/27/2023		Payee name DonorBox			
Amount (\$) 180.10		Payee address; 601 King Street Suite 200		City; State; Zip Code Alexandria VA 22314	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting / Banking		Description Fees		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:

47

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Haley

C

NICKNAME

LAST

SUFFIX

Taylor Schlitz

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

201 Town Center Lane, #1411
Keller TX 76248

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469) 968-7239

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

William

A

NICKNAME

LAST

SUFFIX

Schlitz

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #,

CITY,

STATE,

ZIP CODE

1039 Braoford Cr.
Keller, TX 76248

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469) 968-7239

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

03 / 29 / 2023

THROUGH

04 / 26 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 6 / 23

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Keller ISD Board of Trustee, PLACE 4

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Hailey Taylor Schlitz</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>8980.00/100</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>13835.07/100</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>5472.05/100</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

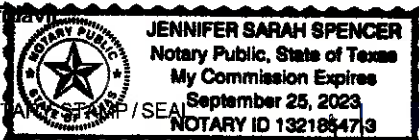
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Hailey Taylor Schlitz

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affirmation



Sworn to and subscribed before me by *Hailey Taylor Schlitz* this the *28TH* day of *April*, 20*23* to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Haley Taylor Schlitz</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8920.00/100
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13235.07/100
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 36
2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tina Wasserman	7 Amount of contribution (\$) 25.00/100
6 Contributor address; City; State; Zip Code 7153 Lavendale Ave. Dallas TX 75230		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen "Buddy" Luce	Amount of contribution (\$) 50.00/100
Contributor address; City; State; Zip Code 1850 Hunters Creek Dr. Southlake TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iris Garcia	Amount of contribution (\$) 10.00/100
Contributor address; City; State; Zip Code 4720 Grainger Trail Fort Worth TX 76137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Williams	Amount of contribution (\$) 100.00/100
Contributor address; City; State; Zip Code 8105 Mount Shasta Circle Fort Worth TX 76137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/31/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Angela Bullock</i>	7 Amount of contribution (\$) <i>25.00</i>
	6 Contributor address; City; State; Zip Code <i>8427 October Shadow Ct. Spring TX 77379</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susanne Dickinson</i>	Amount of contribution (\$) <i>10.00</i>
	Contributor address; City; State; Zip Code <i>1717 Arthur Dr. Colleyville TX 76034</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Pfaffengut</i>	Amount of contribution (\$) <i>25.00/100</i>
	Contributor address; City; State; Zip Code <i>12225 Macaroon Lane Fort Worth TX 76244</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sallie Wicksham Ward</i>	Amount of contribution (\$) <i>50.00/100</i>
	Contributor address; City; State; Zip Code <i>4601 Moss Rose Dr. Fort Worth TX 76137</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/31/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sue Magic</i> 6 Contributor address; City; State; Zip Code <i>11648 Netleaf Lane Keller TX 76244</i>	7 Amount of contribution (\$) <i>25.00/100</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Kinker</i> Contributor address; City; State; Zip Code <i>1704 Montclair Drive Fort Worth TX 76103</i>	Amount of contribution (\$) <i>25.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Shekas</i> Contributor address; City; State; Zip Code <i>1903 W. 5th Street #101 Irving TX 76103</i>	Amount of contribution (\$) <i>10.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Christian</i> Contributor address; City; State; Zip Code <i>4625 Prickly Pear Dr. Fort Worth TX 76244</i>	Amount of contribution (\$) <i>10.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/31/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lakesha Harrison</i>	7 Amount of contribution (\$) <i>50.00</i>
	6 Contributor address; City; State; Zip Code <i>3250 W. Ave. J6 #1 Lancaster CA 93536</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sunny CRAWFORD</i>	Amount of contribution (\$) <i>5.00</i>
	Contributor address; City; State; Zip Code <i>2801 Gipson Street Fort Worth TX 76111</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greg Sells</i>	Amount of contribution (\$) <i>5.00</i>
	Contributor address; City; State; Zip Code <i>3300 Parker Lane #253 Austin TX 78741</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roderick Miles</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>5617 Seawood Dr. Fort Worth TX 76123</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/31/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Suzanna Testerman</i> 6 Contributor address; City; State; Zip Code <i>4113 Manzinita St. Fort Worth TX 76137</i>	7 Amount of contribution (\$) <i>25.00/100</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruth Baker</i> Contributor address; City; State; Zip Code <i>2744 South Jones St. Fort Worth TX 76104</i>	Amount of contribution (\$) <i>100.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alynnne Hanford</i> Contributor address; City; State; Zip Code <i>1101 Bear Creek Pkwy Keller TX 76243</i>	Amount of contribution (\$) <i>25.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/1/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Reginald Andrews</i> Contributor address; City; State; Zip Code <i>PO Box 162182 Fort Worth TX 76161</i>	Amount of contribution (\$) <i>50.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/1/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathleen Keller</i> 6 Contributor address; City; State; Zip Code <i>234 Oak Alley Kerrville TX 78628</i>	7 Amount of contribution (\$) <i>10. ⁰⁰/₁₀₀</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/1/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jean Wallace</i> Contributor address; City; State; Zip Code <i>1699 MacIntyre Road Caledonia NY 14423</i>	Amount of contribution (\$) <i>10. ⁰⁰/₁₀₀</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/2/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DeRicki Johnson</i> Contributor address; City; State; Zip Code <i>7517 Madeira Dr. Fort Worth TX 76112</i>	Amount of contribution (\$) <i>10. ⁰⁰/₁₀₀</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/2/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathryn Lybarger</i> Contributor address; City; State; Zip Code <i>1549 Woolsey St. Berkeley CA 94703</i>	Amount of contribution (\$) <i>50. ⁰⁰/₁₀₀</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <i>Hailey Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/3/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rosemary Haywood</i>	7 Amount of contribution (\$) <i>100.00/100</i>
6 Contributor address; City; State; Zip Code <i>2107 Winding Creek Drive Keller TX 76248</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/3/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Henderson Palmer</i>	Amount of contribution (\$) <i>50.00/100</i>
Contributor address; City; State; Zip Code <i>7900 Ember Oaks Dr. North Richland Hills TX 76182</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/3/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dixie Davis</i>	Amount of contribution (\$) <i>20.00/100</i>
Contributor address; City; State; Zip Code <i>9144 Farmer Dr. Fort Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/3/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Hallford</i>	Amount of contribution (\$) <i>25.00/100</i>
Contributor address; City; State; Zip Code <i>4209 Doe Creek Trail Keller TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bern Sullivan 6 Contributor address; City; State; Zip Code 7004 Concord Ct. Forest Hill TX 76140	7 Amount of contribution (\$) 10.00/100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Fahy Contributor address; City; State; Zip Code 122 15th Ave. N Saint Petersburg FL 33704	Amount of contribution (\$) 25.00/100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill Malone Contributor address; City; State; Zip Code 12100 Angel Food Ln. Fort Worth TX 76244	Amount of contribution (\$) 20.00/100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jocelyn Smith Contributor address; City; State; Zip Code 4205 55th Ave. Bladensburg MD 20710	Amount of contribution (\$) 22.00/100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <i>Hailey Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/4/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Chec</i>	7 Amount of contribution (\$) <i>40.00/100</i>
	6 Contributor address; City; State; Zip Code <i>1708 Buckingham Dr. Keller TX 76262</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/5/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eboney Forte</i>	Amount of contribution (\$) <i>20.00/100</i>
	Contributor address; City; State; Zip Code <i>3138 GRAND Bay Dr. Garland TX 75040</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/5/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Toni Marshall</i>	Amount of contribution (\$) <i>40.00/100</i>
	Contributor address; City; State; Zip Code <i>5205 Yampa Tr. Fort Worth TX 76137</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/6/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donna Hamilton</i>	Amount of contribution (\$) <i>40.00/100</i>
	Contributor address; City; State; Zip Code <i>221 Skelton Dr. #200-170 Stroudsburg PA 18301</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 4/6/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ursula Turner 6 Contributor address; City; State; Zip Code 3406 English Oaks Dr. NW Kennesaw GA 30144	7 Amount of contribution (\$) 25.00/100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/6/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megan Gibson Contributor address; City; State; Zip Code 2813 Shady Grove Dr. Bedford TX 76021	Amount of contribution (\$) 20.00/100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Cooley Contributor address; City; State; Zip Code 4309 Stonecrest Ct. Keller TX 76244	Amount of contribution (\$) 25.00/100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Chisholm Contributor address; City; State; Zip Code 8355 Denali Drive Fort Worth TX 76137	Amount of contribution (\$) 100.00/100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <i>4/7/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vicki Hogan</i> 6 Contributor address; City; State; Zip Code <i>116 Partridge Berry Dr. Raleigh NC 27606</i>	7 Amount of contribution (\$) <i>25.00/100</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/8/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sunny Crawford</i> Contributor address; City; State; Zip Code <i>2801 Gipsow Street Fort Worth TX 76111</i>	Amount of contribution (\$) <i>5.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/8/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeff Richards</i> Contributor address; City; State; Zip Code <i>6132 Habitat Dr. #3 Boulder Co 80301</i>	Amount of contribution (\$) <i>25.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/9/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sarah Apfel</i> Contributor address; City; State; Zip Code <i>201 E. 17th St. #23-J New York NY 10003</i>	Amount of contribution (\$) <i>20.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <i>4/9/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sharon Lakes</i> 6 Contributor address; City; State; Zip Code <i>2037 Fox Glen Drive Allen TX 75013</i>	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/9/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tane Tachyon</i> Contributor address; City; State; Zip Code <i>139 Heath St. Santa Cruz CA 95060</i>	Amount of contribution (\$) <i>10.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/9/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cheryl Kimmel</i> Contributor address; City; State; Zip Code <i>3248 Drexel Rd. Fort Worth TX 76244</i>	Amount of contribution (\$) <i>15.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/9/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Klewein</i> Contributor address; City; State; Zip Code <i>144 Navajo Dr. Keller TX 76248</i>	Amount of contribution (\$) <i>100.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/9/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hineckson Kristina</i> 6 Contributor address; City; State; Zip Code <i>828 Bloomfield Ave, 3A Montclair NJ 07042</i>	7 Amount of contribution (\$) <i>22.00/100</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/10/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Afton Koonce</i> Contributor address; City; State; Zip Code <i>1729 Grand Meadows Dr. Keller TX 76248</i>	Amount of contribution (\$) <i>\$25.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/10/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sharon Garfield</i> Contributor address; City; State; Zip Code <i>2803 Stanbridge St. B208 Norristown PA 19401</i>	Amount of contribution (\$) <i>25.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/10/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jacqueline McGraw</i> Contributor address; City; State; Zip Code <i>1046 Houston Circle Folsom CA 95630</i>	Amount of contribution (\$) <i>10.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <i>4/10/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kimberly Ross</i> 6 Contributor address; City; State; Zip Code <i>1125 Old York Dr. Keller TX 76248</i>	7 Amount of contribution (\$) <i>25.00/100</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/10/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ashish Nagarsekar</i> Contributor address; City; State; Zip Code <i>15 N. Patterson Park Ave Baltimore MD 21231</i>	Amount of contribution (\$) <i>25.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/11/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Denise Gonzalez</i> Contributor address; City; State; Zip Code <i>213 South Ynez Ave. #10 Monterey Park CA 91754</i>	Amount of contribution (\$) <i>25.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/11/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kristin Olsson</i> Contributor address; City; State; Zip Code <i>11127 Midway Rd. Dallas TX 75229</i>	Amount of contribution (\$) <i>10.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <i>4/11/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maureen Hagan</i> 6 Contributor address; City; State; Zip Code <i>1005 Oakwood Dr. Keller TX 76248</i>	7 Amount of contribution (\$) <i>25.00/100</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/11/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Jean Matthews</i> Contributor address; City; State; Zip Code <i>3900 Spur Rd. Springfield VA 22153</i>	Amount of contribution (\$) <i>25.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/11/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diane Mancino</i> Contributor address; City; State; Zip Code <i>6 Harvest Hill Road Berlin CT 06037</i>	Amount of contribution (\$) <i>15.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/11/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ann Tracy</i> Contributor address; City; State; Zip Code <i>3 Pine Brae Lane Rockport ME 04856</i>	Amount of contribution (\$) <i>25.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <i>4/12/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Terry Callaway</i> 6 Contributor address; City; State; Zip Code <i>2304 Ridgewood Bedford TX 76021</i>	7 Amount of contribution (\$) <i>25.00/100</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gabrielle Gordon</i> Contributor address; City; State; Zip Code <i>76 Corral Dr. N Fort Worth TX 76244</i>	Amount of contribution (\$) <i>100.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sue Magle</i> Contributor address; City; State; Zip Code <i>11648 Netleaf Lane Keller TX 76244</i>	Amount of contribution (\$) <i>10.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maryellen Hicks</i> Contributor address; City; State; Zip Code <i>Po Box 19185 FORT WORTH TX 76119</i>	Amount of contribution (\$) <i>10.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <i>4/12/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Monica Bailey Jackson</i> 6 Contributor address; City; State; Zip Code <i>2605 Winding Hollow Lane Arlington TX 76006</i>	7 Amount of contribution (\$) <i>100.00/100</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathryn Lybarger</i> Contributor address; City; State; Zip Code <i>1548 Woodsey St. Berkeley CA 94703</i>	Amount of contribution (\$) <i>10.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lisa Stokdyk</i> Contributor address; City; State; Zip Code <i>720 N. Peytonville Ave. Southlake TX 76092</i>	Amount of contribution (\$) <i>20.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sallie Wickstrom Ward</i> Contributor address; City; State; Zip Code <i>4601 Moss Rose Dr. Fort Worth TX 76137</i>	Amount of contribution (\$) <i>50.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <i>4/12/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susan Arneault</i> 6 Contributor address; City; State; Zip Code <i>3705 Astoria Drive Arlington TX 76013</i>	7 Amount of contribution (\$) <i>10.00/</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anita Robeson</i> Contributor address; City; State; Zip Code <i>2933 Veranda Lane Southlake TX 76092</i>	Amount of contribution (\$) <i>100.00/</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karmen Johnson</i> Contributor address; City; State; Zip Code <i>6001 Bridge St. Fort Worth TX 76112</i>	Amount of contribution (\$) <i>10.00/</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jacklyn Gilpin</i> Contributor address; City; State; Zip Code <i>103 Millwood Dr. Colleyville TX 76034</i>	Amount of contribution (\$) <i>10.00/</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Hailey Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bjorn Bennett	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 724 Longford Dr. Southlake TX 76092	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Green	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 5421 Chimney Rock Ln. Fort Worth TX 76112	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcel Howard	Amount of contribution (\$) 20.00
	Contributor address; City; State; Zip Code 1000 E. Pleasant Run Rd. Cedar Hill TX 75104	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Porter	Amount of contribution (\$) 20.00
	Contributor address; City; State; Zip Code 9211 VanFleet Ct. Laurel MD 20703	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 4/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Baker Jill Frear	7 Amount of contribution (\$) 10.00
6 Contributor address; City; State; Zip Code 2916 2916 Merrimac St. Fort Worth TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn Alston	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 8736 San Joaquin Trail Fort Worth TX 76119		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitzia Lopez	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 9841 Stripling Dr. Fort Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorie Daniels	Amount of contribution (\$) 22.00
Contributor address; City; State; Zip Code 623 Caribbean Ct. Kannapolis NC 28081		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/13/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hazel Gee</i>	7 Amount of contribution (\$) <i>10.00</i>
6 Contributor address; City; State; Zip Code <i>5109 Cordova Avenue Fort Worth TX 76132</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/13/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Johnny Robinson</i>	Amount of contribution (\$) <i>10.00</i>
Contributor address; City; State; Zip Code <i>1209 S. Davis Dr. Arlington TX 76013</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/13/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diane Soliz</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>6805 Davidson St. #101 The Colony TX 75056</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/13/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. Justin Knoop</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>2910 Shady Knoll Ln. Bedford TX 76021</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geraldine Hall 6 Contributor address; City; State; Zip Code 132 Tamaron Dr Fort Worth TX 76135	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniela Bird Contributor address; City; State; Zip Code 5424 Wyndbrook St Fort Worth TX 76244	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esther Sevier Contributor address; City; State; Zip Code 5113 Meridian Ln Fort Worth TX 76244	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Graff Contributor address; City; State; Zip Code 2932 Cotswold Ct Keller TX 76249	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Hailey Taylor Schlich		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/2023	5 Full name of contributor Marcia Huck <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 15519 Park Estates Ln Houston TX 77062	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/14/2023	Full name of contributor Tom Hallford <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4209 Doe Creek Trail Keller TX 76244	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/2023	Full name of contributor Lynn Patterson <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1515 Brentwood Trail Keller TX 76248	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/2023	Full name of contributor Kristin Olson <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1127 Midway Rd. Dallas TX 75229	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schlich</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/14/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Margaret Sprengle</i> 6 Contributor address; City; State; Zip Code <i>8738 Mangham St. North Richland Hills TX 76180</i>	7 Amount of contribution (\$) <i>50.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/14/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rebecca Fischer</i> Contributor address; City; State; Zip Code <i>977 Elkin Lane Keller TX 76262</i>	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/14/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>E. Mike Grefin</i> Contributor address; City; State; Zip Code <i>5901 Abbey Road Tamarac FL 33321</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/14/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaw McDowell</i> Contributor address; City; State; Zip Code <i>2904 Panarama Dr. Carrollton TX 75007</i>	Amount of contribution (\$) <i>10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Hailey Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/15/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Garrett Arusa</i> 6 Contributor address; City; State; Zip Code <i>3011 Laurel Ave. Cherehy MO 20705</i>	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/15/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daphne Hawkins</i> Contributor address; City; State; Zip Code <i>149 East Arbeth St. Pinalto CA 92377</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/16/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Zaincorie Taylor-Smith</i> Contributor address; City; State; Zip Code <i>2918 S. Edgefield Ave. Dallas TX 75224</i>	Amount of contribution (\$) <i>22.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/16/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heather Olsen</i> Contributor address; City; State; Zip Code <i>4137 Duncan Way Fort Worth TX 76244</i>	Amount of contribution (\$) <i>20.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Haley Taylor Schlib</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/17/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lillian Wimbley</i>	7 Amount of contribution (\$) <i>22.00</i>
	6 Contributor address; City; State; Zip Code <i>6624 Whitnaglen Dr. Dallas TX 75241</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/17/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Leppin</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>4004 Volk Ct. Fort Worth TX 76244</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/18/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenneth Sanders</i>	Amount of contribution (\$) <i>500.00</i>
	Contributor address; City; State; Zip Code <i>426 Kingfisher Ln. Arlington TX 76002</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/18/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Christian</i>	Amount of contribution (\$) <i>10.00</i>
	Contributor address; City; State; Zip Code <i>4425 Prickly Pear Dr. Fort Worth TX 76244</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/18/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Proctor</i>	7 Amount of contribution (\$) <i>1000.00</i>
	6 Contributor address; City; State; Zip Code <i>1524 Oak Meadows Dr Dallas TX 75232</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rick Tucker</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>2517 Ryan Ave Fort Worth TX 76110</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Bell</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>PO Box 51240 Fort Worth TX 76105</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/20/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alicia Buescher</i>	Amount of contribution (\$) <i>10.00</i>
	Contributor address; City; State; Zip Code <i>2621 Torrey Pines Dr Fort Worth TX 76109</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Halley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/19/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joni Michael</i>	7 Amount of contribution (\$) <i>10.00</i>
	6 Contributor address; City; State; Zip Code <i>6220 Mindy's Ridge Fort Worth TX 76126</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karen Cerulla</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>1516 Blue Bonnet Dr. Fort Worth TX 76111</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sarita Kennedy</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>1422 Rio Bend Ct. Grapevine TX 76051</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carl Roberts</i>	Amount of contribution (\$) <i>5.00</i>
	Contributor address; City; State; Zip Code <i>510 Myrtle Drive Arlington TX 76013</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/19/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathleen Keller</i>	7 Amount of contribution (\$) <i>5.00</i>
	6 Contributor address; City; State; Zip Code <i>2134 Oak Alley Kerrville TX 78028</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ethas Klos</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>4105 Bilglade Rd. Fort Worth TX 76109</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dione Sims</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>2119 Harmon Ave. Fort Worth TX 76110</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Weitzman</i>	Amount of contribution (\$) <i>250.00</i>
	Contributor address; City; State; Zip Code <i>1100 O Street #200 Sacramento CA 95814</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME <i>Haley Taylor Schmitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/19/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shawn Waldman</i>	7 Amount of contribution (\$) <i>\$50.00</i>
	6 Contributor address; City; State; Zip Code <i>6666 Langdon Ave. Van Nuys CA 91411</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Nichols</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>3303 Sunset Lane Arlington TX 76016</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Crystal Gayden</i>	Amount of contribution (\$) <i>250.00</i>
	Contributor address; City; State; Zip Code <i>3816 Redwood Creek Ln FORT WORTH TX 76137</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/20/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Floyd Marshall</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>2207 Woodland Oaks Dr. ARLINGTON TX 76013</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Hailey Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/20/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Gipsor</i> 6 Contributor address; City; State; Zip Code <i>12506 Imperial Hwy Norwalk CA 90650</i>	7 Amount of contribution (\$) <i>250.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/20/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tim Wright + Kristin Wright</i> Contributor address; City; State; Zip Code <i>1716 Gray Owl Rd Keller TX 76249</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/21/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kendyll Locke</i> Contributor address; City; State; Zip Code <i>2712 Bridge Rd N. Fort Worth TX 76133</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/24/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Walker Horton</i> Contributor address; City; State; Zip Code <i>4904 Tamra Crt. North Richland Hills TX 76189</i>	Amount of contribution (\$) <i>1000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/4/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jasmine Crockett</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>PO Box 227235 Dallas TX 75222</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/21/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julie Johnston</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>2105 Town Centre Dr #13 Rock TX 79664</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Madeline Chimento</i>	Amount of contribution (\$) <i>10.00</i>
Contributor address; City; State; Zip Code <i>333 Julia St #305 New Orleans FL 70130</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/13/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Denis Cranford</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1541 Hurdall Farm Rd Keller TX 76248</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

Haley Taylor Schlitz

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

4/23/2023

Eddie Burns

6 Contributor address; City; State; Zip Code
1120 S. Mitchell Mansfield TX 76063

100.00%

9 Employer (See Instructions)

Full name of contributor

☐ out-of-state PAC (ID#: _____)

4/29/2023

Daniche Dawson

Contributor address; City; State; Zip Code

3612 Horace Ave Fort Worth TX 76244

25 02

Employer (See Instructions)

Full name of contributor

☐ out-of-state PAC (ID#: _____)

4/24/2023

Mattie Compton

Contributor address; City; State; Zip Code

3401 Kelvin Ave TX 76133

25. 00/

Employer (See Instructions)

Full name of contributor

☐ out-of-state PAC (ID#:

4/24/2023

Buddy Love

Contributor address: City: State: Zip Code

1850 HUNTERS CREEK DR. Southlake TX 76092

102. 02

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/24/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Hallford</i>	7 Amount of contribution (\$) <i>25.00</i>
	6 Contributor address; City; State; Zip Code <i>4209 Doe Creek Trail Keller TX 76244</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/24/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Johnny C. Robinson</i>	Amount of contribution (\$) <i>15.00</i>
	Contributor address; City; State; Zip Code <i>1209 South Davis Dr. Arlington TX 76013</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/24/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kirk Randle</i>	Amount of contribution (\$) <i>10.00</i>
	Contributor address; City; State; Zip Code <i>2009 Tremont Ave. Fort Worth TX 76107</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/25/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathryn Lybarger</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>1548 Wadsey St. Berkeley CA 94703</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Haley Taylor Schlicht		3 Filer ID (Ethics Commission Filers)
4 Date 4/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elisha Rurka	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 803 Dominion Dr Southlake TX 76092		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bird Gwess	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 391 Las Colinas Irving TX 75039		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farukh Aslam	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 515 Houston St. #621 Fort Worth TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sue Magie	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 11648 Nettleleaf Lane Keller TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/26/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christopher Bork</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>6808 First Hill Dr Fort Worth TX 76137</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/26/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Schlitz</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1039 Broadford Crt Keller TX 76248</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Haley Taylor Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date 03-31-2023	5 Payee name Prosperity Bank	
6 Amount (\$) 10.00/10	7 Payee address; 217 N. Main St.	City; State; Zip Code Keller TX 76248
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(b) Description BANK FEES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 04/03/2023	Payee name Bisop Strategies LLC	
Amount (\$) 1270.00/100	Payee address; PO Box 2662	City; State; Zip Code Oklahoma City OK 73101
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Date 04/04/2023	Payee name Donorbox	
Amount (\$) 95.00/100	Payee address; 601 King Street #200	City; State; Zip Code Alexandria VA 22314
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME Haley Taylor Schlib		3 Filer ID (Ethics Commission Filers)	
4 Date 04/03/2023		5 Payee name Mail Chimp			
6 Amount (\$)		7 Payee address; 675 Prince DeLeon Ave NE Suite 500		City; Atlanta	State; GA
				Zip Code 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Exp.		(b) Description FUNDRAISING		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 04/04/2023		Payee name Goodman Campaigns LLC			
Amount (\$) 987.94/100		Payee address; 211 E. 7th St. # 620 Austin TX 78701		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Exp.		Description FUNDRAISING		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 04/05/2023		Payee name Stuart Clegg			
Amount (\$) 800.00 L		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign Street sign Placement		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 8	2 FILER NAME Haley Taylor Schlick	3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2023	5 Payee name Switchboard Public Benefit Corp.	
6 Amount (\$) 49.36/100	7 Payee address; City; State; Zip Code Po Box 33485 Washington DC 20033	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising	
	(b) Description	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 04/10/2023	Payee name Freddy's	
Amount (\$) 16.22/100	Payee address; City; State; Zip Code 1471 Keller Pkwy Keller TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD	
	Description FOOD	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 4/12/2023	Payee name Bison Strategies LLC	
Amount (\$) 275.30/100	Payee address; City; State; Zip Code Po Box 2662 Oklahoma City OK 73101	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	
	Description Campaign Lit.	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME Haley Taylor Schlick		3 Filer ID (Ethics Commission Filers)	
4 Date 04/17/2023		5 Payee name Target			
6 Amount (\$) 21.19/100		7 Payee address; City; State; Zip Code North Richland Hills TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Supplies		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/17/2023		Payee name Subway			
Amount (\$) 12.65/100		Payee address; City; State; Zip Code Los Angeles CA			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food		Description Food		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/18/2023		Payee name Bison Strategies LLC			
Amount (\$) 3833.01/100		Payee address; City; State; Zip Code PO Box 2662 Oklahoma City OK 73101			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign Mailer		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME Haley Taylor Schmitz		3 Filer ID (Ethics Commission Filers)	
4 Date 04/18/2023		5 Payee name Edwards & Patterson Sjusz			
6 Amount (\$) 729.61/100		7 Payee address; 203 Belt Line Rd		City; Irving	State; TX Zip Code 75060
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Sign		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 04/18/2023		Payee name Mail Chimp			
Amount (\$) 28.25/100		Payee address; 675 Ponce de Leon Ave #5000		City; Atlanta	State; GA Zip Code 30308
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising		Description Fundraising		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 04/18/2023		Payee name Wix			
Amount (\$)		Payee address; 2601 Mission St.		City; San Francisco	State; CA Zip Code 94110
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Website Hosting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Haley Taylor Schitz	3 Filer ID (Ethics Commission Filers)
4 Date 04/19/23	5 Payee name Wheatburger	
6 Amount (\$) 20.22/100	7 Payee address; City; State; Zip Code Keller TX 76248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD	(b) Description FOOD
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 04/20/23	Payee name Starbucks
Amount (\$) 31.77/100	Payee address; City; State; Zip Code Keller TX 76248
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD
	Description FOOD
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date 04/20/2023	Payee name Kahwas
Amount (\$) 27.37/100	Payee address; City; State; Zip Code 9509 Davis Blvd #180 North Richland Hills TX 76182
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD
	Description FOOD
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2023	5 Payee name Bison Strategies LLC		
6 Amount (\$) 3845.88/100	7 Payee address: PO Box 2662	City: Oklahoma City	State; Zip Code OK 73101
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Mailer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 04/24/2023	Payee name Target		
Amount (\$) 149.00/100	Payee address: 8352 Davis Blvd.	City: North Richland Hills	State; Zip Code TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description VOLUNTEER Supplies - Walkers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 04/24/2023	Payee name Whataburger		
Amount (\$) 22.92/100	Payee address:	City: Keller	State; Zip Code TX 76240
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD		Description VOLUNTEER FOOD FOR WALKERS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: B	2 FILER NAME Hailey Taylor Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2023	5 Payee name American Technology Consulting	
6 Amount (\$) 1575.00/100	7 Payee address; City; State; Zip Code 7113 Stony Creek Ct. Fairfax Station VA 22039	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Texting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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: <div style="font-size: 1.5em; text-align: center;">21</div>								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Ms.</div> <div>FIRST Haley</div> <div>MI C</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Taylor Schlitz</div> <div>SUFFIX</div> </div>		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
	Receipt #	Amount \$									
Date Processed											
Date Imaged											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE 201 Town Center Lane #1411 Keller TX 76248 <input type="checkbox"/> Change of Address											
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (469) 968-7239											
6 CAMPAIGN TREASURER NAME <div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST William</div> <div>MI A</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Schlitz</div> <div>SUFFIX</div> </div>											
7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE # CITY STATE ZIP CODE 1039 Bradford Ctr Keller TX 76248 (Residence or Business)											
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (469) 968-7239											
9 REPORT TYPE <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>											
10 PERIOD COVERED <div style="display: flex; justify-content: space-between;"> <div> Month Day Year 04 27 2023 </div> <div>THROUGH</div> <div> Month Day Year 06 30 2023 </div> </div>											
11 ELECTION <div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 5 6 2023 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>											
12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Keller ISD Board or Trustee, Place #4									
14 NOTICE FROM POLITICAL COMMITTEE(S) <div style="display: flex;"> <div style="width: 20%;"> <input type="checkbox"/> Additional Pages </div> <div style="width: 80%;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div> </div>				COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2999.00
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 DAY OF REPORTING PERIOD	\$ 3665.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

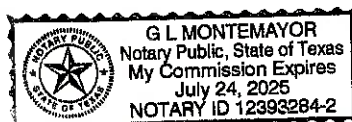
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Haley Taylor Schlitz

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Haley Taylor Schlitz this the 11 day of July, 2023, to certify which, witness my hand and seal of office.

G L Montemayor Gaye Lynne Montemayor Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME <i>Haley Taylor Schlitz</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2999.02</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>5129.80/100</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>12</u>
2 FILER NAME <u>Haley Taylor Schlip</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/27/2023</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Anita Horky</u>	7 Amount of contribution (\$) <u>100.00</u>
6 Contributor address; City; State; Zip Code <u>Po Box 17787 Fort Worth TX 76102</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/29/2023</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Greg Hughes</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>3408 View St. Fort Worth TX 76103</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/29/2023</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Melanie Rommel</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>10708 Grayhawk Lane Fort Worth TX 76244</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/29/2023</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>R. Beth Showman</u>	Amount of contribution (\$) <u>25.00</u>
Contributor address; City; State; Zip Code <u>336 Semmel Drive Marietta GA 30060</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schick</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/30/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sue Magie</i> 6 Contributor address; City; State; Zip Code <i>11648 Netleaf Lane Keller TX 76244</i>	7 Amount of contribution (\$) <i>25.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sunny Crawford</i> Contributor address; City; State; Zip Code <i>2801 Gipson St. Fort Worth TX 76111</i>	Amount of contribution (\$) <i>5.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karen Sterling</i> Contributor address; City; State; Zip Code <i>127 McLeod Place Cedar Creek TX 78612</i>	Amount of contribution (\$) <i>5.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Cassidy</i> Contributor address; City; State; Zip Code <i>3000 Alcorn Lane Corinth TX 76210</i>	Amount of contribution (\$) <i>10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/30/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christina Gagnier</i> <hr/> 6 Contributor address; City; State; Zip Code <i>495 Chino Hills Parkway Chino Hills CA 91709</i>	7 Amount of contribution (\$) <i>250.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rick Tucker</i> <hr/> Contributor address; City; State; Zip Code <i>2517 Ryan Ave. Fort Worth TX 76110</i>	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Annis Moore</i> <hr/> Contributor address; City; State; Zip Code <i>518 Thelma Dr. San Antonio TX 78212</i>	Amount of contribution (\$) <i>5.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeanne O'Brien</i> <hr/> Contributor address; City; State; Zip Code <i>2207 Marvin Gardens St. Arlington TX 76011</i>	Amount of contribution (\$) <i>25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/30/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nancy Sandacz</i>	7 Amount of contribution (\$) <i>10.00</i>
	6 Contributor address; City; State; Zip Code <i>1311 Holly Oak St. Arlington TX 76012</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Teresa McClellan</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>4664 Birchbend Lane Fort Worth TX 76137</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maryann Dorin</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>9920 Edlemann Court Fort Worth TX 76244</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Christian</i>	Amount of contribution (\$) <i>10.00</i>
	Contributor address; City; State; Zip Code <i>4425 Prickly Pear Dr Fort Worth TX 76244</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/30/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nancy Sandacz</i>	7 Amount of contribution (\$) <i>10.00</i>
	6 Contributor address; City; State; Zip Code <i>1311 Holly Oak Street. Arlington TX 76012</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Johnny Robison</i>	Amount of contribution (\$) <i>10.00</i>
	Contributor address; City; State; Zip Code <i>1209 S Davis Dr. Arlington TX 76013</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/30/2023</i> <i>5/1/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nelda Harris</i>	Amount of contribution (\$) <i>5.00</i>
	Contributor address; City; State; Zip Code <i>2000 E Leamar Blvd. #600 Arlington TX 76006</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/1/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sue Testerman</i>	Amount of contribution (\$) <i>10.00</i>
	Contributor address; City; State; Zip Code <i>4113 Manzinita St. Fort Worth TX 76137</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/1/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Quentin James</i> 6 Contributor address; City; State; Zip Code <i>3011 Street SE, Washington DC 20003</i> <i>Suite 100</i>	7 Amount of contribution (\$) <i>\$250.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/1/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Landa Orrick</i> Contributor address; City; State; Zip Code <i>3204 Odessa Ave Fort Worth TX 76109</i>	Amount of contribution (\$) <i>25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/2/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lisa Waschka</i> Contributor address; City; State; Zip Code <i>1409 Medford Dr. Bedford TX 76021</i>	Amount of contribution (\$) <i>5.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/2/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Bloom</i> Contributor address; City; State; Zip Code <i>539 W. 16th St. Houston TX 77008</i>	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Heley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/2/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maryellen Hicks</i> 6 Contributor address; City; State; Zip Code <i>Po Box 19185 Fort Worth TX 76119</i>	7 Amount of contribution (\$) <i>25.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/2/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel Fontony</i> Contributor address; City; State; Zip Code <i>2014 Spring Mist Dr. #1420 Arlington TX 76011</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/3/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lucea Susan Kedron</i> Contributor address; City; State; Zip Code <i>25 Highland Park Village #102 Dallas TX 75205</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/3/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Hallford</i> Contributor address; City; State; Zip Code <i>4209 Doe Creek Trail Keller TX 76244</i>	Amount of contribution (\$) <i>25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schick</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/3/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Ivey</i> 6 Contributor address; City; State; Zip Code <i>3202 Carisbrook Cr. Colleyville TX 76034</i>	7 Amount of contribution (\$) <i>25.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/4/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Christian</i> Contributor address; City; State; Zip Code <i>4425 Prickly Pear Dr Fort Worth TX 76244</i>	Amount of contribution (\$) <i>10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/4/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rebecca Glasser</i> Contributor address; City; State; Zip Code <i>414 Starlight Drive Keller TX 76243</i>	Amount of contribution (\$) <i>25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/4/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sunny Crawford</i> Contributor address; City; State; Zip Code <i>2801 Gipsy St. Fort Worth TX 76111</i>	Amount of contribution (\$) <i>25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/4/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Annis Moore</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>583 Thelma Drive San Antonio TX 78212</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/4/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Ceraso</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>426 N. Conlon Ave. West Covina CA 91790</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/4/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Warren Horgan</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>9316 Mountain Lake Crt. Fort Worth TX 76179</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/5/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jordan Zaslow</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>1 Park Row Providence RI 02903</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/5/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christopher Bell</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>13751 Beeckwith Dr Houston TX 77014</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/6/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Hallford</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>4209 Doe Creek Trail Keller TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/6/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruth Baker</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>2744 South Jones St. Fort Worth TX 76104</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/9/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sunny Crawford</i>	Amount of contribution (\$) <i>5.00</i>
Contributor address; City; State; Zip Code <i>2201 Gipson St. Fort Worth TX 76111</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/11/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Jean Matthews</i>	7 Amount of contribution (\$) <i>22.00</i>
	6 Contributor address; City; State; Zip Code <i>9900 Spur Rd. Springfield VA 22153</i>	<i>22.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/16/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Zenecore Taylor-Smith</i>	Amount of contribution (\$) <i>28.00</i>
	Contributor address; City; State; Zip Code <i>2910 S. Edgefield Ave. Dallas TX 75224</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/17/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lillian Wimberly</i>	Amount of contribution (\$) <i>22.00</i>
	Contributor address; City; State; Zip Code <i>6624 Whitney Glen Dr. Dallas TX 75241</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/21/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julie Johnson</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>2105 Town Center Dr. Round Rock TX 78664</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/25/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathryn Lybarger</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>1548 Woolsey St. Berkeley CA 94703</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sue Magie</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>11648 Netleaf Lane Keller TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/8/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sunny Crawford</i>	Amount of contribution (\$) <i>5.00</i>
Contributor address; City; State; Zip Code <i>2201 Gipsen St. Fort Worth TX 76111</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/26/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joan D. Vinsip</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>4401 Foxfire Way Fort Worth TX 76133</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
6	Haley Taylor Schlitz	
4 Date	5 Payee name	
6/7/2023	Act Blue	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
42.12/100	PO Box 441146	Somerville MA 02144-0031
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
6/3/2023	Donor Box	
Amount (\$)	Payee address;	City; State; Zip Code
3.30/100	601 King Street	Alexandria VA 22314
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fees	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
5/1/2023	Whole Foods	
Amount (\$)	Payee address;	City; State; Zip Code
41.97/2	4801 Colleyville Blvd.	Colleyville Tx 76034
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Food	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
6	Haley Taylor Schlitz	
4 Date	5 Payee name	
5/4/2023	GOODMAN CAMPAIGNS	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
944.50/	211 E. 7th St. #620 Austin TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	FUNDRAISING Expense	FUNDRAISING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/8/2023	Starbucks	
Amount (\$)	Payee address;	City; State; Zip Code
32.39/100	962 Keller Parkway	Keller TX 76249
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	FOOD	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
5/9/2023	Kroger	
Amount (\$)	Payee address;	City; State; Zip Code
113.23/	2061 Rufe Snow Dr.	Keller TX 76249
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	FOOD	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>4</u>		2 FILER NAME <u>Helen Taylor Schlitz</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5/9/2023</u>		5 Payee name <u>Whataburger</u>			
6 Amount (\$) <u>29.44/100</u>		7 Payee address; <u>1520 Keller Pkwy</u>		City; <u>Keller</u>	State; <u>TX</u>
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Food</u>		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>5/9/2023</u>		Payee name <u>Donna Leung</u>			
Amount (\$) <u>1100.00</u>		Payee address; <u>1097 School House Dr. #911</u>		City; <u>Hurst</u>	State; <u>TX</u>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Food</u>		Description <u>Election Night Party Catering</u>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>5/9/2023</u>		Payee name <u>Switchboard</u>			
Amount (\$) <u>41.86/100</u>		Payee address; <u>Po Box 33425</u>		City; <u>Washington</u>	State; <u>DC</u>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>FUNDRAISING</u>		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)	
4 Date 5/10/2023		5 Payee name GOODMAN Campaigns LLC			
6 Amount (\$) 264.54		7 Payee address; 211 E. 7th St. #620 Austin TX 78701		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FUNDRAISING		(b) Description		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/24/2023		Payee name Switchboard			
Amount (\$) 113.94		Payee address; PO Box 33485		City; State; Zip Code Washington DC 20033	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUNDRAISING		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/24/2023		Payee name Jeanette Martinez Campaign			
Amount (\$) 250.00		Payee address; PO Box 34952		City; State; Zip Code Fort Worth TX 76196	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Political Donation		Description Campaign Donation		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Haley Taylor Schlitz	3 Filer ID (Ethics Commission Filers)
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4 Date 6/2/2023	5 Payee name Texas Blue Action
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6 Amount (\$) 180.00	7 Payee address; Texas Blue Action PO Box 41424	City; Austin	State; TX	Zip Code 78704
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/7/2023	Payee name Staples
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Amount (\$) 310.00	Payee address; 200 W. Kimbell Ave. #221	City; Southlake	State; TX	Zip Code 76092
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Letterhead + Envelopes
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/9/2023	Payee name Blue Base Group
------------------	-------------------------------

Amount (\$) 1026.00	Payee address; 7800 Landmark Ridge St.	City; Fort Worth	State; TX	Zip Code 76133
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Field Organizing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)	
4 Date 6/14/2023		5 Payee name Casey Thomas Campaign			
6 Amount (\$) 250.00		7 Payee address; PO Box 763203		City; Dallas	State; TX Zip Code 75376
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION		(b) Description Farewell Luncheon Dallas City Council		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6/15/2023		Payee name Emerge America			
Amount (\$) 250.00		Payee address; 351 California St. #930		City; San Francisco	State; CA Zip Code 94104
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		Description Young Leaders Cabinet Support		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 6/23/2023		Payee name Gloria's Latin Cuisine			
Amount (\$) 180.22		Payee address; 320 W. Las Colinas Blvd.		City; Irving	State; TX Zip Code 75039
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD		Description Team Thank You Lunch		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

FORM C/OH
COVER SHEET PG 1

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020

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**

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

\$

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

\$

0.00

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$

2,447.50

**CONTRIBUTION
BALANCE**

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

\$

1,218.43

**OUTSTANDING
LOAN TOTALS**

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

\$

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME		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.	<input checked="" type="checkbox"/> 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	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Payee name See Attached Information						
6 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 Austin, TX, officeholder living expense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held					
Date	Payee name						
Amount (\$)	Payee address;		City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held					
Date	Payee name						
Amount (\$)	Payee address;		City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Candidate / Officeholder name</td> <td style="width: 25%; border: none;">Office sought</td> <td style="width: 25%; border: none;">Office held</td> </tr> </table>					Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Date	Amount	Payee	Address	Category
7/13/2023	\$798.00	Beyond The Slogan Consulting		Consulting
7/31/2023	\$10.00	Prosperity Bank		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		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
Total	\$2,447.50			

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 NAME	MS / MRS / MR	FIRST Ms. Haley	MI C	OFFICE USE ONLY	
	NICKNAME	LAST Taylor Schlitz	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1039 Bradford Court, Keller, TX 76248				
	Date Received				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(469)	968-7239	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mr. William	MI A	Receipt # Amount \$	
	NICKNAME	LAST Schlitz	SUFFIX	Date Processed	
Date Imaged					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1039 Bradford Court, Keller, TX 76248				
	Date Imaged				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(510)	701-0810			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 7 1 23			Month Day Year 12 31 23	
	THROUGH				
11 ELECTION	ELECTION DATE Month Day Year 5 6 23		ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General Special		
12 OFFICE	OFFICE HELD (if any)				
	13 OFFICE SOUGHT (if known) Keller ISD Board of Trustee, Place 4				
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

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**

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

\$

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

\$

0.00

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$

2,447.50

**CONTRIBUTION
BALANCE**

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

\$

1,218.43

**OUTSTANDING
LOAN TOTALS**

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

\$

18 SIGNATURE

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME		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.	<input checked="" type="checkbox"/> 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	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Haley Taylor Schlitz	3 Filer ID (Ethics 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 Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Date	Amount	Payee	Address	Category
7/13/2023	\$798.00	Beyond The Slogan Consulting		Consulting
7/31/2023	\$10.00	Prosperity Bank		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		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
Total	\$2,447.50			

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
NAME

MS / MRS / MR

FIRST

MI

Ms

Haley

C

NICKNAME

LAST

SUFFIX

Taylor Schlitz

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1039 Bradford Court, Keller, TX 76248

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469)

968-7239

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

William

A

NICKNAME

LAST

SUFFIX

Schlitz

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1039 Bradford Court, Keller, TX 76248

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469)

968-7239

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☒

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1

/

1

/

24

THROUGH

Month

Day

Year

6

/

30

/

24

11 ELECTION

ELECTION DATE

Month

Day

Year

5

/

6

/

23

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Keller ISD Board of Trustees Place 4

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Haley Taylor Schlitz

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 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 LAST DAY OF REPORTING PERIOD	\$ 153.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is William Schlitz, and my date of birth is June 2, 1970.

My address is 1039 Bradford Court, Keller, TX, 76248, Tarrant.
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 15 day of July, 2024.
(month) (year)

William Schlitz
Signature of Candidate/Officeholder (Declarant)

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

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 CONTRIBUTIONS	\$ 1,054.94
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	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Haley Taylor Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name See Attached	
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 Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

Haley Taylor Schlitz July 15, 2024 Report - Expenditures

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

**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 NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Ms Haley C </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Taylor Schlitz </div>			OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between;"> Receipt # Amount \$ </div> Date Processed Date Imaged	
	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> 1039 Bradford Court, Keller, TX 76248 </div>				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (469) 968-7239 </div>			Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between;"> Receipt # Amount \$ </div> Date Processed Date Imaged	
	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mr. William </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Schlitz </div>				
6 CAMPAIGN TREASURER NAME					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> 1039 Bradford Court, Keller, TX 76248 </div>				
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (469) 968-7239 </div>				
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) </div> <div> <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div>				
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 7 / 1 / 24 </div> <div>THROUGH</div> <div> Month Day Year 12 / 31 / 24 </div> </div>				
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 5 / 6 / 23 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>				
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any)</div> <div>13 OFFICE SOUGHT (if known)</div> </div>				
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	<p><small>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.</small></p>				
	<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </div> <div style="width: 80%;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </div> </div>				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Haley Taylor Schlitz		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 171.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

Haley Taylor Schlitz

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Haley Taylor Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date 08/31/2024	5 Payee name Target	
6 Amount (\$) 111.50	7 Payee address; City; State; Zip Code 2074 Westheimer Road, Houston, TX 77098	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Expense	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/31/2024	Payee name Prosperity Bank	
Amount (\$) 60.00	Payee address; City; State; Zip Code 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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" --

1 C/OH NAME

Haley Taylor Schlitz

2 Filer ID (Ethics Commission Filers)

3 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.

Haley Taylor Schlitz
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:



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

5 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