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

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

- ALL INFO WARATION IS RECLUDED TO BE DOMINARED UNITED INFORMATION AND	
A THE INTERNATION IS ACCORED TO DE FROVIDED UNLESS INDILATED AN	OPTIONAL ¹ Failure to provide required information may result in relaction of application

APPLICATION FOR A PLACE C			the set			the second se		rejection of applica
	IN THE	Keller iS	D Board	of Trustee	S	GENEI	RAL ELECT	ON BALLOT
TO: City Secretary/Secretary of Board				election)				
I request that my name be placed on the	above-n	amed offic	ial ballot as	a candida	te for the office		elow.	
OFFICE SOUGHT (Include any place numi Record of Tructore, Disco 4	ber or oti	her disting	Jishing hun	nber, if any		TERM		
Board of Trustees, Place 4					FULL			
FULL NAME (First, Middle, Last)				PRINT NA	ME AS YOU W	ANT IT TO API	PEAR ON THE	BALLOT*
Haley Carolyn Taylor Schlitz				Haley T	aylor Schlitz			
PERMANENT RESIDENCE ADDRESS (Do not	include a P	.O. Box or Ru	ral Route. if	PUBLIC N	ALLING ADDRE	SS (Optional)	(Address for wi	lich vou receive
201 Town Center Lane, Apartme	cation of r	esidence.)			elated correspon			
СІТҮ	STATE	ZIP	·····	CITY			STATE	ZIP
Keller	тх	762	48					
UBLIC EMAIL ADDRESS (Optional) (Address	for OC	CUPATION	(Do not leav	(e blank)	DATE OF BIRT		VOTER RECI	STRATION VUID
which you receive campaign related emails, if available.	1						NUMBER ² (
haleyforschoolboard@gmail.com		acher					2169755	
ELEPHONE CONTACT INFORMATION (Opt	ional)							
ome:		Office:				Cell:		
ELONY CONVICTION STATUS (You MUST o	heck one)				E AS OF DATE	THIS APPLICAT	ION WAS SWORN
I have not been finally convicted of a fe			IN T	HE STATE C	F TEXAS	IN TERRITO	RY/DISTRICT/	PRECINCT FROM
] I have been finally convicted of a felon	y, but i ha	ive been		13 ,	(on etc)		12	HT IS ELECTED
pardoned or otherwise released from t disabilities of that felony conviction and	he resulti	ing 			/ear(s))	/ear(s)
proof of this fact with the submission o	u i nave p If this ann	lication 3		9,	nonth(s)		9,	nonth(s)
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ection Code regarding the rules for how na	mes may	be listed or	n the officia	l ballot.				2.000 0. 016 16483
fore me, the undersigned authority, on this	is day per	sonally app	eared (nam	e of candid	Haley Ca	rolyn Taylo	r Schlitz	• • • • • •
ing by me here and now duly sworn, upon		e	- 20					who
a survey and a survey and a survey about	oath says	Let a la l						
(name of candidate) Haley Carolyn Ta	ylor Sc	hlitz		of Tarra	nt		Count	V Torac
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APPOINTMENT	OF	Α	CAMPAIGN	TREASURER
BY A CANDIDA	TE			

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See CTA Instruction Guide for detailed instructions.						es filed:
2 CANDIDATE NAME	MS/MRS/MR	FIRST	N	A1	OF	FICE USE ONLY
NAME	Ms	Haley	C		Filer (D #	
	NICKNAME	LAST		SUFFIX	Date Received	1
		Taylor Sch	nitz			
3 CANDIDATE MAILING	ADDRESS / PO BO		_	TP CODE	1	
ADDRESS	201 Tu	own Center La	ne, Apart #)	411		
					Date Hand-deli	ivered or Postmarked
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	••	Receipt#	Amount \$
	(469) -	- 968 -723	39		Date Processe	ed
5 OFFICE HELD (if any)					Date Imaged	
8 OFFICE SOUGHT (If known)	Keller I	SD BOARD OF	leustees, PLAC	-54		
7 CAMPAIGN TREASURER	MS/MRS/MR		MI NICKNAME		LAST	SUFFIX
NAME	MR.	William A	κ.	ξ	Schlitz	<u> </u>
8 CAMPAIGN	STREET ADDRESS;	APT / SU	ITE #; CITY;	<u> </u>	STATE;	ZIP CODE
TREASURER STREET ADDRESS	1039 B	RADFORD CT.	KELLER	-	TX	76243
(residence or business)						
9 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION			
PHONE	(469) -	<i>a</i> 68-72	39			
10 CANDIDATE SIGNATURE	l am aware	e of the Nepotism La	aw, Chapter 573 o	f the Tex	as Gove	rnment Code.
	l am aware the Electio	e of my responsibilit n Code.	y to file timely rep	oorts as	required	by title 15 of
	I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.					
	-Ate		6	_C	2 / 17 Date Sig	1 2023 gned
	<u>_</u>	GO TO	PAGE 2			

Forms provided by Texas Ethics Commission

Revised 1/1/2023

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (The C/OH Instruction Guide explains how to complete this form.			² Total pages filed: 50	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MS.	FIRST Haley	MI C	OFFICE USE ONLY	
	NICKNAME	LAST Taylor Schlitz	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO 201 Town C Keller, TX 7	enter Lane, Apt #1	CITY; STATE; ZIP CODE 411		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (469)	PHONE NUMBER 968-7239	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR Mr.	FIRST William	м	Receipt # Amount \$	
NAME	NICKNAME	LAST		Date Processed	
		Schlitz	CO , <i>M</i>	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE), APT / ST ord Court, Keller, TX		STATE, ZIP CODE	
(Residence or Business)					
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(469)	968-7239			
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
COVERED	1	1 23	THROUGH 3	27 23	
11 ELECTION	ELECTION D	TE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	5 / 6	23 General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Keller ISD Board	l 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(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
1	9	GO TO I	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Haley Taylor Schlitz		16 Filer ID (E	thics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	v \$	
	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 LAS OF REPORTING PERIOD	ST DAY \$	10,828.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE \$	
	vear, or affirm, under penalty of perjury, that the accompanying report is tru uired to be reported by me under Title 15, Election Code.	e and correct a	ind includes all information
	Aners 70		
	Signature of Ca	andidate or Off	ceholder
	-		
	Please complete either option below	V:	
(1) Affidavit	CATHERINE WHITED My Notary ID # 6447598 Expires June 17, 2026		
NOTARY STAMP/SEAL	-		
Swom to and subscribed l	perfore me by <u>Hatey Schitz</u> this the	Eth	Avril
20 23 to certify	vhich, witness my band and seal of office.		of <u>There</u> ,
(AIte	nWhited Catherine Whited	γ	rotanx
Signature of officer administer		Title o	f officer administering oath
	OR		
(2) Unsworn Declaratio	n		
My name is	, and my date of birth is		
My address is	,,,,	,	,
		state) (zip co	de) (country)
Executed in	County, State of , on the day of (month	, 20 <u>,</u>	year)
	Signature of Candic	late/Officeholde	r (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER Haley	NAME Taylor Schlitz	20 Filer ID (Ethics Co	mmissi	ion Filers)		
21 SCHEI NAME		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. 🔳	S. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS					
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS					
10.	D. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: 42 The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Halen Taylor Schlitz 5 Full name of contributor 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#: William Schlitz 2/10/23 10,00 6 Contributor address City; State; Zip Code 7624R 1039 BRADFORD CRIT Kouth TX 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Carolino Shermon Contributor address; City; 2/19/23 50. W State; Zip Code 1034 Canterburg Lane Keller TV 7640 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Paula Edens 2/19/23 Contributor address; City; 50.0 State; Zip Code 913 Summertie W. Southlake TX 76092 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Kathy Candelaria Contributor address; 2/19/23 City; State; Zip Code 50.003045 Creekvicus Dente Grapevice TY 76051 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.

MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1			
If the reque	If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1:			
2 FILER NAME Hale	y Taylor Schlitz		3 Filer ID (Ethics Commission Filers)			
4 Date 2/19/23	 5 Full name of contributor out-of-state PAC (Piper Ogan 6 Contributor address; City; 5359 Hibbs DR Fort Wirth 	10#:) State; Zip Code TSO 76137	7 Amount of contribution (\$) 25.00			
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date 2/27/2023	Full name of contributor out-of-state PAC (Celina Vasjuez Contributor address; City: 2703 Allen Folgst De, Bryan	ID#:) State; Zip Code Ty7903	Amount of contribution (\$)			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)			
Date 2/28/2023	William Schlitz	ID#:) State; Zip Code	Amount of contribution (\$)			
		TK 76248	10,			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)			
Date 2/24/2073	Full name of contributor William SchUtz Contributor address; City;		Amount of contribution $(\$)$			
	1039 BRADFRED 427. Keller	State: Zip Code TX 76L48				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)			
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc					

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MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
If the reque	sted information is not applicable, DO NOT inc	clude 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	Robert Hortzberg	(ID#:) State; Zip Code OA 91406	7 Amount of contribution (\$) 1000 , 00
		9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Caryn Recd-Hendon	(ID#:)	Amount of contribution (\$)
3/2/223		State; Zip Code hfield MI 49034	20.00
Principal occuj	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	\sim \sim	(ID#:)	Amount of contribution (\$)
3/2/2223	Nedra Kobinson Contributor address; City; 3025 Grentilly Lane FortWorth		50, ⁰⁾ /w
Principal occu;	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (Angelo Williams	JD#:)	Amount of contribution (\$)
3/2/2023	Contributor address; City; 2701 42,00 Street Secranalto	State; Zip Code CA 95817	10,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OI If contributor is out-of-state PAC, please see Instruc		

SCHEDULE A1

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

				1 Tatal pages Oskadula 14
The	Instruction Guide explains how the	o complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Taylor Schlitz			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Renee Sandet		C (ID#:	_) 7 Amount of contribution (\$)
3/2/2023			State; Zip Code	25.00
	2835 S. Wagner ROND #1	13 HMAth	r m 48103	
8 Principal occu	ipation / Job title (See Instructions)		9 Employer (See Inst	ructions)
Date			C (ID#	Amount of contribution (ψ)
3/2/2023	Joyce Franklin Contributor address;	City;	State; Zip Code	21.29
	4609 Pangolin De.	Fort Worth	TX 76244	
	bation / Job title (See Instructions)		Employer (See Inst	ructions)
Date	Full name of contributor Esther Servier	out-of-state PAC	C (ID#:) Amount of contribution (\$)
3/2/13	Contributor address;	City;	•	50,00
	5113 Methidian LN	Fort Worth	TX 76244	
Principal occuş	pation / Job title (See Instructions)		Employer (See Inst	ructions)
Date	Full name of contributor Edgar Coble	out-of-state PAC	: (ID#:	_) Amount of contribution (\$)
3/2/23	Contributor address;	City;	State; Zip Code	36.97
	2212 Hauthorne Ave.	Fort Worth	TX 76110	
Principal occup	pation / Job title (See Instructions)		Employer (See Inst	ructions)
	ATTACH ADDITIC	DNAL COPIES (OF THIS SCHEDULE AS	SNEEDED
	If contributor is out-of-state PAC, p	please see Instri	uction guide for addition	al reporting requirements.

e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
y Trylor Schlip		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
Mitzi Look		
6 Contributor address; City;	State; Zip Code	35.00
9025 Chestuat Or. Fortwarth	TY 76137	
upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
Kaber J. Sheaks Contributor address; City;	State; Zip Code	10.90
1903 N, 5th St. # 104 1 Frin	TX 75050	
	Employer (See Instruct	ions)
Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
David Atnip		
		260.22
5135 Sealards (w. For) Worth	Tx 76116	
pation / Job title (See Instructions)	Employer (See Instructi	ions)
Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
Donna HamiltoD		
	State: Zip Code	00.00
5	PA 18301	
pation / Job title (See Instructions)	^W Employer (See Instructi	ons)
	Full name of contributor out-of-state PAC Mitzi Look 6 Contributor address; City; 402.5 Chestud &: FGrHWark upation / Job title (See Instructions) Full name of contributor out-of-state PAC Rabert Sheaks Contributor address; City; IPO3 N, 5th St, HI04 IFViny pation / Job title (See Instructions) out-of-state PAC Dawid Athip Contributor address; City; S UP Sealards Gut-of-state PAC Dawid Athip Contributor address; City; S UP Sealards Gut-of-state PAC Dawid Athip Contributor address; City; S UP Sealards Gut-of-state PAC Dawid Athip Contributor address; City; Full name of contributor out-of-state PAC Damid Job title (See Instructions) Full name of contributor out-of-state PAC Dama Humi Ho Contributor address; City; Contributor address; <td< td=""><td>y Try br Schlip s Full name of contributor out-of-state PAC (ID#:) Mitzi Look 6 Contributor address; City; State; Zip Code 402S Cheshud &: 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) Rabert ShakS Contributor address; City; State; Zip Code Full name of contributor out-of-state PAC (ID#:) Davi D Athup Contributor address; City; State; Zip Code 5 W5 Sealards Swith A Tothy Workh Pation / Job title (See Instructions) Employer (See Instruct pation / Job title (See Instructions) Employer (See Instruct</td></td<>	y Try br Schlip s Full name of contributor out-of-state PAC (ID#:) Mitzi Look 6 Contributor address; City; State; Zip Code 402S Cheshud &: 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:) Rabert ShakS Contributor address; City; State; Zip Code Full name of contributor out-of-state PAC (ID#:) Davi D Athup Contributor address; City; State; Zip Code 5 W5 Sealards Swith A Tothy Workh Pation / Job title (See Instructions) Employer (See Instruct pation / Job title (See Instructions) Employer (See Instruct

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MONET	ARY POLITICAL CONTRIBU	UTIONS	SCHEDULE A1
If the reque	ested information is not applicable, DO NOT i	nclude this page in the	report.
The	a Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Haley	Paylor Schlitz	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PA Tracy Scott	C (ID#:)	7 Amount of contribution (\$)
3/2/223	6 Contributor address; City; PO Box 122072 Arlingtow	State; Zip Code TX 76012	52.45
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
3/2/2023	Contributor address; City;	State; Zip Code	50.00
Principal occu	3204 Odessa Are FortWirth pation / Job title (See Instructions)	TX 7609 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
3/2/2023	Contributor address; City;	State; Zip Code	35.07
Principal occu	2706 Meadow Hill Lawe Arlingt	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA Angela Billock	C (ID#:)	Amount of contribution (\$)
3 2 2023	Contributor address; City; 9427 October Shendow Court Spring	State; Zip Code TV 17379	36.07
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
		1	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr		

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
2, FILER NAME Haley Tw	ybr Johlitz		3 Filer ID (Ethics Commission Filers)		
4 Date	Man Bot Helu	C (ID#:)	7 Amount of contribution (\$)		
3/2/2023	6 Contributor address; City;	State; Zip Code	100.00		
	1220 Westwood De Keller	TX 76262			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)		
	Aretha Thornton				
3/2/2023	Contributor address; City;	State; Zip Code	36.87		
	10724 Lipan Trail Fort Worth	TX 76103			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
	Jacqueline Bouquet	6			
3/2/2023	Contributor address; City;	State; Zip Code	50.00		
	10541 Traymore DR. Fort Worth	TX 76244			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
3/2/2023	Contributor address; City;	State; Zip Code	10.00		
	1623 Oneil St. Hooston	TX 77019	10.90		
Principal occup	bation / Job title (See Instructions)	tions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

MONET	TARY POLITICAL CONTRIBU	ITIONS	SCHEDULE A1
If the reque	ested information is not applicable, DO NOT in	clude this page in the	report.
Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Haley T	aylur Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC	7 Amount of contribution (\$)	
3/2/2023	6 Contributor address; City; 4445 Phillips Dr. Wichta Falls	State; Zip Code TV. 71.2 DQ	36.07
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC Regina Willians Contributor address; City;	: (ID#:)	Amount of contribution (\$)
3/2/2023	Contributor address; City; 4351 Roberts Ln. Midbithian		36.97
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/2/2023	Contributor address; City; 1209 S. Dawis Drive Arlington		36. 97
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
3/2/2023	Contributor address; City; 5744 Parkwiew Hills La. Firt Worth	State; Zip Code	50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		
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If the reque	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME	Facelus Schlitz		3 Filer ID (Ethics Commission Filers)
Date	Nevin Moore	· (ID#:)	7 Amount of contribution (\$)
2/2023	6 Contributor address; City; Bd Cameron Village DR. Salem	state; ZIp Code	10.00
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC Libba Murphey	(ID#:)	Amount of contribution (\$)
13/423	Contributor address; City;	State: Zip Code TX 76180	26.48
Principal occup	bation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Giarry Bruton	(ID#:)	Amount of contribution (\$)
12/2023	Contributor address; City;	State; Zip Code TV 76132	25.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/2023	Contributor address; City; 16902 Iste of Man Rd. Pflugerville	State; Zip Code TX 78660	15.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
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	TARY POLITICAL CONTRIB	SCHEDULE A1	
Th	e Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Haley To	ubr Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA DCRICKI Johnson		
3/2/2023	6 Contributor address; City; 7517 Madeira Fort Worth	State; Zip Code	10.00
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA Rebected Fischer		Amount of contribution (\$)
3 3 2023	Contributor address; City;	State: Zip Code TX 76262	100.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Kathleen Keller		Amount of contribution (\$)
3/3/223	Contributor address; City; 2134 Oak Valley Kertville	state; Zip Code TK 78029	16.09
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
3 3 2023	Contributor address; City; 5116 Glen Springs Trail Fortworth	State; Zip Code TX 76 37	50.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	ions)
		1	
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orms provided by	Texas Ethics Commission www.ethics	.state.tx.us	Revised 8/17/202

MONE	TARY POLITICAL CONTRIBU	SCHEDULE A1				
If the requested information is not applicable, DO NOT include this page in the report.						
Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:			
2 FILER NAME Haley Two	yur Schlitz		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC Allen Werker	(ID#:)	7 Amount of contribution (\$)			
3 3 2023	6 Contributor address; City;	State; Zip Code	35.00			
8 Principal occ		9 Employer (See Instruct	tione			
Date	Full name of contributor out-of-state PAC Tomas Tomas	(1D#:)	Amount of contribution (\$)			
3/3/2023	Contributor address; City; 4714 Devon St. Houston	State; Zip Code TY 77027	519.94			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC Walter Black	(ID#:)	Amount of contribution (\$)			
3/3/2023	Contributor address; City; 4712 Carwargo Court Gillege -	State; Zip Code TX 77845	104,39			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)			
3/3/2023	Contributor address City;	State; Zip Code TX 76132				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ions)			
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1						
If the reque	sted information is not applicable, DO NOT inc	lude this page in the	report.			
The	e Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1:			
2 FILER NAME	Taylor Schlitz		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)			
3/3/2023	Anthony Brtantino 6 Contributor address; City; 441 S. Griffith Park DR. Burbonk		100.00			
8 Principal occ		Employer (See Instruct	ions)			
Date		ID#:)	Amount of contribution (\$)			
3 3/2023	Contributor address; City;	State; Zip Code TYC 76133	15.00			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)			
Date	Full name of contributor out-of-state PAC (1)	ID#:)	Amount of contribution (\$)			
3 3 2023	Contributor address; City; PDBx 19165 Dort 7 Worrdd 7	State; Zip Code	100.00			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)			
Date	Full name of contributor out-of-state PAC (1) Preston M. Hagar	D#)	Amount of contribution (\$)			
3/4/2023	Contributor address; City: 1302 Limestone Creek De, Keller	State: Zip Code TX 76243	25. DO			
Principal occu	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
			EEDED			
Eormo provided by	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

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Th	e Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAMI	Ε ι			3 Filer ID (Ethics Commission Filers)
	aybr Johlitz			- • • • • • • • • • • • • • • • • • • •
4 Date	5 Full name of contributor Cathy Evans		C (ID#:)	7 Amount of contribution (\$)
3/5/2023	6 Contributor address;	City;	State; Zip Code	52,45
	441 E. Vine St.	Keller	TX 76248	
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
	Michelle Cline			
3/5/2023	Contributor address;	City;	State; Zip Code	52.45
	936 Keller Smithfield RD.	Keller	Tx 76249	
Principal occu	upation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Christy Jones			
3/5/2023	Contributor address;	City; FOAT WORTH	State; Zip Code TX 76137	104.39
Principal occu	19404 Big Horn Way upation / Job tilte (See Instructions)	tions)		
	323			
Date	Full name of contributor Mariel Petroson	out-of-state PA	C (ID#:)	Amount of contribution (\$)
3/5/2073	Contributor address;	City;	State; Zip Code	36.07
,	5208 Pool Roma (Collegette	TX 76034	50. VI
Principal occu	upation / Job title (See Instructions)	and the	Employer (See Instruc	tions)
	ATTACH ADDITI If contributor is out-of-state PAC,		OF THIS SCHEDULE AS N ruction guide for additional (
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
If the reque	sted information is not applicable, DO NOT inclu	de this page in the	report.		
The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:		
and the second second second second	2 FILER NAME Haleg Taylor Sellit				
4 Date	5 Full name of contributor out-of-state PAC (10#	!:)	7 Amount of contribution (\$)		
3/5/2023		State; Zip Code X- 76262	300.00		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)		
Date		:)	Amount of contribution (\$)		
3/5/2023	6-1	State; Zip Code X 76244	100.00		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Ashley Pro	:)	Amount of contribution (\$)		
3/5/2013	Contributor address; City; S	tate; Zip Code X 76104	50.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (1D#) Ericka Ledford)	Amount of contribution (\$)		
3/5/2013	Contributor address; City; S Royse 1608 Bub De, City; T	tate: Zip Code C 75199	25.00		
Principal occupation / Job title (See Instructions) O Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructio	HIS SCHEDULE AS NE n guide for additional re	EDED sporting requirements.		

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The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME Halug	Taylor Schlip		3 Filer ID (Ethics Commission Filers)			
4 Date J		C (ID#:)	7 Amount of contribution (\$)			
	Stephen Luce					
3/6/2023	6 Contributor address; City;	State; Zip Code	104.39			
	1350 Hunters Creek Dr. Southbulk	TX 76092	10 1001			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)			
	Charlene Hill					
3/6/2023	Contributor address; City;	State; Zip Code	600			
	606 Cardwell DR. Luncaster	TX 75146	5.00			
Principal occur	Dation / Job title (See Instructions)	Employer (See Instruct	tions)			
			,			
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)			
	Ann Potts					
3/6/2023	Contributor address; City;	State; Zip Code	1000. 00 .0001			
r	535 Bij Bend Dr. Keller	TX 76248				
Principal occuş	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)			
3/6/2023	Contributor address; City;	State; Zip Code	2			
' '	12 Bailey COT. Bloomingtor	12 6704	25,00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)			
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	s form.		1 Total pages Schedule A1:
2 FILER NAME Haley Ta	ylor Schlitz		*** <u>*******</u>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
3/6/2023	6 Contributor address; 12308 Durange Root DR.	city; Veller	state; TX	Zip Code 16244	25.00
8 Principal occu	upation / Job title (See Instructions)		9 Employ	/er (See Instruct	ions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
3/6/2023		city; QUC Girare		Zip Code 15624	100.00
Principal occu	pation / Job title (See Instructions)		Employ	er (See Instruct	ions)
Date	Full name of contributor Jacqueline Reagan	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/6/2023	Contributor address; 9624 Bowman Dr.	City; Fort Worth	~	Zip Code 16244	25.00
Principal occu	pation / Job title (See Instructions)		Employ	er (See Instruct	ions)
Date	Fuil name of contributor Wallace Bridges	out-of-state PAC	C (ID#:	>	Amount of contribution (\$)
3/6/623	Contributor address; 715 E. Cunwon St.	City: Fort Uonth	State; z	Cip Code	100.00
Principal occup	pation / Job title (See Instructions)	-	Employ	er (See Instructi	ions)
			1		
	ATTACH ADDITION If contributor is out-of-state PAC, pl				

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
If the reque	ested information is not applicable, DO NOT include this page in the	e report.			
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME	Taylor Schlitz	3 Filer ID (Ethics Commission Filers)			
4 Date J	5 Pull name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
3/7/2023	Leah Backtws 6 Contributor address; City; State; Zip Code 19223 Harleigh Dr. Saratozer CA 95070	100.00			
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instru-	ctions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
3/1/2023	Contributor address; City; State; Zip Code 5600 Rockhill RD, Worth TX 76112	250.00			
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
3)7/2023	Contributor address; City; State; Zip Code 4BOU D Street Sacramento CA 95319	500.00			
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date	Full name of contributor oul-of-state PAC (ID#:)	Amount of contribution (\$)			
3/7/2073	Contributed address; City; State: Zip Code 1425 Rowenward Munsfield TX 76063	200.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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SCHEDULE A1

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date J		C (ID#:)	7 Amount of contribution (\$)
	DEONZA Thymes 6 Contributor address; City;		
3/7/2023	6 Contributor address; City;	State; Zip Code	GO.001
	1921 Bth Street NW Washington	DC ZOWI	100,000
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Margaret Collins		
3)712023	Contributor address; City;	State; Zip Code	
	525 Stratton Dr. Keller	Tx 76248	50.00
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruct	ions)
	•		,
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Lakeshe Humion		
3/7/2023	Contributor address; City;	State; Zip Code	100.D
	3250 W. Are 16 #1 Lancester	0A 93536	
Principal occu;	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Janice Littlejohn	••••••	
3/7/2073	Contributor address City;	State; Zip Code	50 00
	3034 Crestway Driver Anolas	CA 90043	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instru		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	y Taylor Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/8/2023	6 Contributor address; City; State; Zip Code 5745 Chelmsford Trail Minyton TX 76013	65.00
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instructions)	itions)
Date	Full name of contributor out-of-state PAC (ID#:) Glenece Robinson	Amount of contribution (\$)
311/223	Contributor address; City; State; Zip Code 5043 Giverng Lawe Worth TX 7616	50. 00
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#:) SIMCUS Granf	Amount of contribution (\$)
3/11/2023	Contributor address; City; State; Zip Code 1026 Florin RD. Sacramento (A 9583)	250.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Bar bara Washingto	Amount of contribution (\$)
3/8/2023	Contributor address; City: State: Zip Code 1237 Primrose W. Desoto TX 75115	200.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

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

The Ins	The Instruction Guide explains how to complete this form.				
2 FILER NAME Hatay Tay	br Jchilitz		3 Filer ID (Ethics Commission Filers)		
4 Date 5	Full name of contributor out-of-state	PAC (ID#:)	7 Amount of contribution (\$)		
O(V) W V	Contributor address; City;	State; Zip Code ton TX 75006	20.23		
8 Principal occupat	ion / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)		
3/8/1023	Contributor address; City;	state; Zip Code 1 TX 76034	25.00		
Principal occupation	on / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)		
3/8/223	Contributor address; City;	State; Zip Code J.J. TX: 76001	25.00		
Principal occupation	on / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)		
3/8/2023 " 4	Contributor address; City; 1625 Prickly Pear Dr. Fort W:	State; Zip Code TX 76244	20.00		
	on / Job title (See Instructions)	Employer (See Instruct	ions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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

The	The Instruction Guide explains how to complete this form.				
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
	laybr Schlitz	÷		· · · · · · · · · · · · · · · · · · ·	
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
	9 1 1 1				
5/12/2 22	Sandra Lee	•••••			
39023	6 Contributor address;	City;	State; Zip Code	100.00	
		14 11		100,00	
	624 Winterwood DR	Kennedal	170 76060		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See instruct	tions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Sunny Crawford				
2/11	Contributor address;	City;	State; Zip Code	1500	
3/8/2023		•		25.00	
	2801 Gripson Street	Ficturt	Te 16111		
Principal occur	pation / Job title (See Instructions)	10110041	Employer (See Instruct	tions)	
	1				
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (C)	
	0		/	Amount of contribution (\$)	
	Cong Nguyen				
3/8/2023	Contributor address;	City;	State; Zip Code	25	
5/0/0005		In		25.00	
	2207 Barbell Lane	Fort Worth	n TX 76111		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)	
	Joanne Dellami	1.00			
				0.1	
3/2/2023	Contributor address;	City;	State; Zip Code	25.00	
•	29.2 Auto D L D	FURTH	TX 76109	\mathcal{O}	
	3913 Overton Park De	t.			
Principal occur	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
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 FILER NAME Haley Taylor Schlitz 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
	Noreen Abranovil			
310122	6 Contributor address;	City;	State; Zip Code	50.00
3/8/2013				50.00
	19007 Blue Ridge Shores	DR. Lypre	ss TX 77433	
8 Principal occ	upation / Job title (See Instructions)	9	9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	> (ID#:)	Amount of contribution (\$)
	Sundra Cooley			
21010 - 0	Contributor address	City;	State; Zip Code	20.00
3/8/2013	4000			20.00
	4309 Stonecrest Ct.	Keller	TX 76244	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	lions)
	1			
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Stephen Maxwell			_
3/8/2073	Contributor address;	City;	State; Zip Code	250.00
	3904 Driskell Blud.	FORT WORTH	TX 76107	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
				,
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	Teresa McCkellan		· · · · · · · · · · · · · · · · · · ·	
3/8/2023	Contributor address;	City;	State; Zip Code	
		FORT .	T. 710127	50.00
	4644 Birchbend Lawe	WONTH	TX 76137	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
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MONE	TARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1	
If the reque	ested information is not applicable, DO NOT incl	ude this page in the	report.	
Th	e Instruction Guide explains how to complete this fo	orm.	1 Totel pages Schedule A1:	
2 FILER NAM	Taylor Schlip		3 Filer ID (Ethics Commission Filers)	
4 Date J	5' Full name of contributor out-of-state PAC (III La Shanda Sullivan)#:)	7 Amount of contribution (\$)	
3/9/2023	6 Contributor address; City; 2650 S. McDonald St. 2312 McKinny	State; Zip Code TX 75069	22.00	
8 Principal occ	upation / Job title (See Instructions) 9	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (IE Kent BRADS HAW)#:)	Amount of contribution (\$)	
3/9/2023	FURT	State; Zip Code 54 76110	250.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID Michelle Aldridge	#:)	Amount of contribution (\$)	
3/9/2023	4	state; Zip Code CA 94545	50.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID	#)	Amount of contribution (\$)	
3/9/2023	Contributor address; City;	State; Zip Code	25.00	
4720 Grainor Trail For WATH TV 76137 Principal occupation / Job title (See Instructions) Employer (See Instructions)				
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME E Taylor Schlitz 5 Full name of contributor out-of-state PAC (ID#:______) 7 A Janet Klewein 6 Contributor address; City; State; 144 Navajo De Keller TX 762.445 scupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Amount of contribution (\$) 3/9/2023 25.00 8 Principal occupation / Job title Full name of contributor out-of-state PAC (ID#:_____ Date Amount of contribution (\$) Meredith Rohr City; State; Zip Code 3/10/2013 100.00 1106 Carlton Proc. Menlo Park CA 94025 mation (Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_____ Date Full name of contributor Amount of contribution (\$) Mark Brter 3)10/2023 Contributor address; City; State; Zip Code 10.00 MD 20703 laurd 9211 Vanfleet Ct. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:____ Deondriea Way Contributor address; 3/10/2023 City; State; Zip Code 72.00 Hospee TX 75078 751 Gray Wolf Dr. Principal occupation / Job title (See Instructions) Employer (See Instructions)

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			SCHEDULE A1
	ested information is not applicable, DO NOT i		1 Total pages Schedule A1:
Th	e Instruction Guide explains how to complete th	is form.	
2 FILER NAMI Haley T	aybr Schlip		3 Filer ID (Ethics Commission Filers)
4 Date J	S Full name of contributor out-of-state P Kimberly Ross	AC (ID#:)	7 Amount of contribution (\$)
3/10/1023	6 Contributor address; City;	State; Zip Code	25.00
		TX 76248	_
8 Principal occ	supation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		AC (ID#:)	Amount of contribution (\$)
	Charlotte Settle		
3/10/223	Contributor address; City;	State; Zip Code	10.00
	0	TX 76018	
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		AC (ID#:)	Amount of contribution (\$)
	Jared Ross		
3/10/2013	Contributor address; City;	State; Zip Code	50.00
	6024 Morningside De. Richland	Hills TX 76120	00/00
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Full name of contributor out-of-state PA	.G (ID#:)	Amount of contribution (\$)
3/10/2013	Christopher Stavart Contributor address; City:	State; Zip Code	60.001
	2905 Walden Way Sunt Cloud	MN 56301	100.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	jons)
	ATTACH ADDITIONAL COPIES		
	If contributor is out-of-state PAC, please see Inst	ruction guide for additional re	eporting requirements.

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The Instruction Guide explains how to complete this form.				
2 FILER NAME Haley	Caylor Street	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
- 1	Erma Budreaux			
3/11/2023	6 Contributor address; City; State; Zip Code	25.00		
	205 Tanbart Circle Coppell TX 75019	0.5.00		
8 Principal occu	Ipation / Job title (See Instructions) 9 Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
	Jaime Sather			
3/12/2023	Contributor address; City; State; Zip Code	25.00		
• • •	6500 Fairview De. Watawa TR 76149			
Principal occup	pation / Job title (See Instructions) U Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
	Diane Solis			
3/12/2023	Contributor address; City; State; Zip Code	100.00		
-1.1.2	6805 Davidson St. #101 Colony TK 75056			
Principal occur	pation / Job title (See Instructions) C Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
3/12/2023	Lawren Dougharty			
	Contributor address; City; State; Zip Code	10.00		
Principal accur	10002 Sulmon La Spring TX 77379			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) FILER NAME Taylor Schlitz 4 Date 5 Full name of contributor out-of-state PAC (ID#: 3/13/2023 6 Contributor address; City; State; Zip Code 300 HUFF (See Instructions) 9 Employer (See Inst 7 Amount of contribution (\$) 250.00 8 Principal occupation / Job title (See Instructions Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) Ruy C. Brooks contributor address; City: State; Zip Code FORTWORTH TY 76132 5032 High land Meadow De. 3/13/2013 500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:____ Full name of contributor Date Amount of contribution (\$) E. Leon Carter 3/13/2073 Contributor address; State; Zip Code City; 5603 Oak Falls arche Dullas Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#_ Seth Batel Contributor address; City; State; Zip Code 3/13/2023 100.00 Oakland CA 543 58TH Street 14609 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. Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
If the reque	ested information is not applicable, DO NOT ir	nclude this page in the	report.		
The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
2 FILER NAME Haley T	aybur Schlitz		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PA Armenia Murris	C (ID#:)	7 Amount of contribution (\$)		
3/13/2023	6 Contributor address; City; 1821 Calypso Dr. Vista	State; Zip Code CA 9W91	25.00		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See instruct	tions)		
Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)		
3/13/2023	Contributor address; City; 9468 Smiths Park Lake FURT	State; Zip Code TV 76177	25.00		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
3/14/2023	Contributor address; City;	State; Zip Code CH 43215	25.00		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	5 (ID#:)	Amount of contribution (\$)		
3)15/2023	Sontributor address; City; FORT 5133 Constock Gircle WARTH	State; Zip Code TX 76244	30.00		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
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The	Instruction Guide explains how to complete this	; form.	1 Total pages Schedule A1:	
2 FILER NAME Habey	Taylor Schlitz		3 Filer ID (Ethics Commission Filers)	
4 Date J	5 Full name of contributor out-of-state PAC Jody Johnsin	; (ID#:)	7 Amount of contribution (\$)	
3/15/1023	6 Contributor address; City; 16134 Red Cedar Trl. Dallas	State; Zip Code TV 75Z43	25.00	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	2 (ID#:)	Amount of contribution (\$)	
3/15/2023	Contributor address; City; 108 Mill Wood Dr. Cilbyville	State; Zip Code TX: 76034	25.00	
Principal occu	bation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Sherritta Evers	(ID#:)	Amount of contribution (\$)	
3/15/473	Contributor address; City;	State; Zip Code	22.00	
Principal occuj	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
3/15/2073	Contributor address; City: 257 Lawrence St. # 4034 Marietta	State; Zip Code GA 30061	22.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
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SCHEDULE A1

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The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Haber Tax	br Schlitz			
4 Date		AC (ID#:)	7 Amount of contribution (\$)	
		AC (ID#)		
	Zaincorie Taylor Smith	• • • • • • • • • • • • • • • • • • • •		
3/16/2023	6 Contributor address; City;	State; Zip Code	22 22	
- 1 - 1	29133. Edge Reld Avc. Dalks	TV 75774	22.00	
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
		a cinployer (dee marde		
	1			
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)	
	Trave Dich			
-				
3/16/2023	Contributor address; City;	State; Zip Code 30 23 9	22.00	
	no Blue Horn DR. Jonesburg	GA T		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)	
	Deena Thornton			
- B. (
3/16/2023	Contributor address; City;	State; Zip Code	22.00	
	6621 N. Lowerence St. Philadelphi	ia PA 19126	22.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
-				
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)	
	Ashter Williams			
		·····		
3/16/2023		State; Zip Code	22.00	
	168 Outwater Ridge De. Grames	NC 27529		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	· · · · · · · · · · · · · · · · · · ·		,	
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The	Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME Haley Ta	ybr Schlitz				3 Filer ID (Ethics Commission Filers)
4 Date		out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
	Helaine Smith			÷	
3/16/2023		City;	State;	Zip Code	22.00
	716 Sugar Field Dr.	Colony	TX	75056	
8 Principal occu	pation / Job title (See Instructions)	U	9 Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Eva Marlene King	٩			
3/16/2023	Contributor address;	City;	State;	Zip Code	22.00
	4116 Flat Trail	Unionaly	CA	30291	22.00
Principal occuj	pation / Job title (See Instructions)	Unoscil	Empl	oyer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Sharonda Lewis				
2/11/20	Contributor address;	City;	State;	Zip Code	22.00
3/16/223	2204 Pacino DR.	FUET WORTH	TY	76134	40.00
Principal occu	pation / Job title (See Instructions)	WORTH	1	oyer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#.		Amount of contribution (\$)
	Kwabuaa Dow			······································	
3/16/2012	Contributor address;	City;	State;	Zip Code	200.00
2 July and 2	505 Upper Falls Lave	March	TK	76063	200.00
Principal occup	pation / Job title (See Instructions)	Plansite U	· · · · · · · · · · · · · · · · · · ·	over (See Instruct	ions)
				, , , , , , , , , , , , , , , , , , ,	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
	if contributor is out-of-state PAC				

MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1			
If the reque	sted information is not applicable, DO NOT inclu	de this page in the	report.			
The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:			
2 FILER NAME	lor Schlip	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state PAC (ID) Adrian Gray	:)	7 Amount of contribution (\$)			
3/17/203	6 Contributor address; City; S	state; Zip Code	35.00			
8 Principal occi	2332 Merlin De. Greand Praine 7 Ipation / Job title (See Instructions) 9	X 75052 Employer (See Instruc	tions)			
Date	Full name of contributor out-of-state PAC (ID)	:}				
Date	Dawn Lydick		Amount of contribution (\$)			
3/17/2023	Contributor address; City; S	State; Zip Code	50.00			
Principal occu	2005 Sitra St. Fort Worth Ty Dation / Job title (See Instructions)	Employer (See Instruc	tions)			
Date)	Amount of contribution (\$)			
3/17/2013	Shawnetk Fluitt Contributor address; City; s 40 Howard Ave. BI Norwalk C	tate; Zip Code	22.00			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)			
3/17/2013	Contributor address; City; S	tate; Zip Code	22.00			
Principal occu	3710 215th St. #104 Mattess 1L 60443 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.					
Forms provided by 7	exas Ethics Commission www.ethics.state		Revised 8/17/2020			

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Haley Ta	olver Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA Natasha Franklin	C (ID#:)	7 Amount of contribution (\$)
3/17/2023	6 Contributor address; City;	State; Zip Code CA 93307	22.00
	6500 Hidden Ct. Bakerstield	CA 93307	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		C (ID#:)	Amount of contribution (\$)
	Jenniter Coke		
3/17/2013	Contributor address; City;	State; Zip Code	25.00
	9301 Regal DR. Woodway	TX 76712	
Principal occu	pation / Job (ittle (See Instructions)	Employer (See Instruc	tions)
Date	A	C (ID#:)	Amount of contribution (\$)
	Steve Marmel		
3/17/2023	Contributor address; City;	State; Zip Code	0 -
	13801 Ventura Blud. Sherman	CA 91423	25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAR	C (ID#:)	Amount of contribution (\$)
3/17/2023	Contributor address; City;	State; Zip Code	2500
	200 Ocean ParKusuy#37 Brookl	in NY 11218	25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr		
Eorms provided by	Texas Ethics Commission www.ethics	s.state.tx.us	Revised 8/17/2020

MONET	TARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1					
If the reque	If the requested information is not applicable, DO NOT include this page in the report.							
The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:					
2 FILER NAME Haley T	aylor Schlitz		3 Filer ID (Ethics Commission Filers)					
4 Date		C (ID#:)	7 Amount of contribution (\$)					
3/11/203	c construction and construction of the constru		Z2.00					
8 Principal occu	6624 Whitneyglen DR. Pullas	TX 75241 9 Employer (See Instruct	N					
			.uuns)					
Date	Full name of contributor Out-of-state PAC Sonja Giordon	C (ID#:)	Amount of contribution (\$)					
3)17/2023	Contributor address; City;	State; Zip Code TX 75067	25.00					
Principal occu	ipation / Job title (See Instructions)	Employer (See Instruct	ions)					
Date		C (ID#:)	Amount of contribution (\$)					
3/18/2023	Mia Lissa Tomp Kins Contributor address; City; 5664 Stevens Forest RD # 123 Col	State; Zip Code Umbic MD 21045	22.00					
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)					
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)					
3)18/2023	Contributor address; City; 613 Green River Trail Tort Worth	State; Zip Code TX 76103	50.00					
Principal occuj	Image: Construction of the second							
		L						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.								

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Taylor Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Amanda Szakats	7 Amount of contribution (\$)
B/IB/2023	6 Contributor address; City; State; Zip Code 2025 Elinora De Plessant Hill CA 94523 upation / Job title (See Instructions) 9 Employer (See Instruct	10,00
- ·		
Date	Full name of contributor out-of-state PAC (ID#:) BRANDON MURDEN	Amount of contribution (\$)
3/19/2023	Contributor address; City; State; Zip Code 3625 DOVE Lane Mesquite TX 751B1	50.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3)19/2023	Contributor address; City; State; Zip Code 5926 BROOK FALLS WINDEREST TX 79239	4.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
3/19/2013	N:KKi Marchmon-Boykin contributor address; city: State: Zip Code 4910 Independence Gir, Unite Stow OH 44224	22.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)

Forms provided by Texas Ethics Commission

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SCHEDULE A1

The	The Instruction Guide explains how to complete this form.					
2 FILER NAME Haley Ta	ylor Schlitz			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	out-of-state PA	C (ID#)	7 Amount of contribution (\$)		
	A'Isha Malone					
3/19/2023	6 Contributor address;	City;	State; Zip Code	200.00		
	9353 Ward Duck Dr.	FretWarth	TX 76118	200.00		
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)		
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
2106.	Lisha Collicr					
3/19/2023	Contributor address;	City;	State; Zip Code	22.00		
	3569 Williamson Pro.	Stow	OH 44224			
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)		
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
	Nicole Kowalski					
3 19/2023	Contributor address;	City;	State; Zip Code	16 00		
	423 Montecillo RD	San Rofel	CA 94903	15.00		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
	Patrick Buzbee					
3/19/2023	Contributor address;	City;	State; Zip Code	15000		
·	1622 Tamarron Gt.	Keller 7	X 76248	250.00		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.						
		Prodoc pee man	asien gaine for auditorial f	oporting requirements.		

MONE	TARY POLITICAL CONTRIBUTION	S	SCHEDULE A1
If the reque	ested information is not applicable, DO NOT include thi	is page in the re	eport.
Th	e Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Hakey	augher Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Elizabeth Brawn))	7 Amount of contribution (\$)
3/19/2013	6 Contributor address; City; State; 11629 Winding Breack Dr. WSETH TX	Zip Code 76244	50.00
8 Principal occ		oyer (See Instructio	ns)
Date	Full name of contributor out-of-state PAC (ID#: Rubbie Green-Starks)	Amount of contribution (\$)
3/20/2023	Contributor address; City; State;	Zip Code	10.00
Principal occu		VCTO	ns}
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
3/20/2023	Contributor address; City; State;	Zip Code 76137	10.00
Principal occu		over (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
3/21/2073		Zip Code 76244	25.00
Principal occu	· · · · · · · · · · · · · · · · · · ·	over (See Instruction	ns}
	ATTACH ADDITIONAL COPIES OF THIS So If contributor is out-of-state PAC, please see Instruction guid		
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SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Haten Tau	ylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA LaNette Boonie	7 Amount of contribution (\$)	
3/21/2023	6 Contributor address; City; 3118 Danube Way Indianapolis	State; Zip Code IN 46239	22.00
8 Principal occu	Jpation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA Lynette Word Retterson	C (ID#:)	Amount of contribution (\$)
3/24/2023	Contributor address; City;	State; Zip Code TX 76248	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA Robert HasseM	.C (ID#:)	Amount of contribution (\$)
3/21/2023	Contributor address; City; 602 Lasalle De. Veller	State; Zip Code TX 76249	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
3/21/2013	Contributor address; City;	State; Zip Code TX 76021	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
		<u> </u>	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr		
Correspondent by 7	Texas Ethics Commission www.ethics	s state ty us	Revised 8/17/2020

MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1		
If the reque	sted information is not applicable, DO NOT in	clude this page in the	report.		
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME	her Johlitz		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)		
3/21/2023	6 Contributor address; City;		100.00		
8 Principal occu	2617 Museumblay Fort Wirth Ipation / Job title (See Instructions)	TX 76107 9 Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAC Tanya Sanders	(ID#:)	Amount of contribution (\$)		
3/21/2023	Contributor address; City;	State; Zip Code E TX 76092	100.00		
1404 Lands End Cot. 1X 76092 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date		(ID#:)	Amount of contribution (\$)		
3/21/2023	1940 Gold Creek Dr. Evst Worth	State; Zip Code	250.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
3/22/2023	Contributor address; City;	State: Zip Code CA 95825	1000.00		
	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru				

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the reque	ested information is not applicable, DO NOT include this page in the	report.
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Halen	Taylor Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#) Tamala Bullard	7 Amount of contribution (\$)
3/23/2023	6 Contributor address; City; State; Zip Code 9519 Chastain Walk Charlotte NC 29214	22.00
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instructions)	l tions)
Date	Full name of contributor out-of-state PAC (ID#:) Caroling Sheman	Amount of contribution (\$)
3/24/2013	Contributor address; City; State; Zip Code 1034 CONTERBURY LAVE VOLUCE TX 76248	50.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/24/2023	Julie Mcderick Contributor address; City; State; Zip Code	00.00
Principal occu	1125 Wales De. Keller TX 76243 pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/25/2013	Contributor address; City: State; Zip Code	
Principal occu	2409 Wynncrest Circle Apyworth TX 76006 pation / Job title (See Instructions) Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ey Taylor Schlitz 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) Tom Halford 6 Contributor address; City; State; Zip Code 3/25/2023 25.00 76244 4209 Doe Creek Trail Keller TX 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#; Amount of contribution (\$) Kathryn Lybarger Contributor address; City; State; Zip Code 3/25/2023 25.00 1548 Woolsey St. Berkeley CA 94703 Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions Full name of contributor Date out-of-state PAC (ID#:_____ Amount of contribution (\$) Patrice Cole-Morrow 3/26/2023 Contributor address; City; State; Zip Code 44.00 11021 Nesbitt Dr. Randto Gramonya CA 91730 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#; Amount of contribution (\$) 3/27/2023 Steve GIFAFF Contributor address; City: State: Zip Code 100.00 2532 Cotswold Ct. Keller TX 76248 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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SCHEDULE A1

		····
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Haley (aylor Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC (ID#:	
3)27/2023	6 Contributor address; City; State; Z	Zolli
8 Principal occu		er (See Instructions)
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Z	
Principal occup	ation / Job title (See Instructions) Employe	er (See Instructions)
Date	Full name of contributor G out-of-state PAC (ID#:) Amount of contribution (\$)
	Contributor address; City; State; Zi	
Principal occup	ation / Job title (See Instructions) Employe	er (See Instructions)
Date	Full name of contributor 🔲 out-of-state PAC (ID#:) Amount of contribution (\$)
	Contributor address; City; State; Zi	p Code
Principal occup	ation / Job title (See Instructions) Employe	r (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCH If contributor is out-of-state PAC, please see Instruction guide f	

POLITICAL EXPENDITURES MADE SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District 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) laglor Schlitz Haley 4 Date 5 Payee name BISON Strategies 40 3/13/2023 7 Payee address; PU BOX 2002 6 Amount (\$) City; Zip Code State: Oaklehome (itz) OK 1640.00 73101 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Consulting Sypense OF EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Harland Cherke Check Orders 3/15/2023 Amount (\$) Pavee address: City; State; Zip Code 244.45 Category (See Categories listed at the top of this schedule) Description PURPOSE ACCOUNTING / BANKING Cheeks OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Edwards & Patterson Signs 3)17/2023 Amount (\$) Payee address; City; State: Zip Code 203 S. Belt Line RD 621.79 QUINU 750d) TX. Category (See Categories listed at the top of this schedule) Description PURPOSE Priotinus Expense Signs OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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 E Candidate/Officeholder/Politice Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rentat Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Habey Taylor Schlitz		3 Filer ID (Ethics Commission Filers)	
4 Date 02/18/2023	5 Payee name WIX · COM		2	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
56.25	2601 Mission St.	San Fracisco	CA 94110	
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description		
PURPOSE OF EXPENDITURE	Website / Adverting	i Websi	te	
	(C) Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
03/02/2023	Wix. com			
Amount (\$) 32, 47	Payee address; 2601 Mission Street	city; Sw FRANDEUS	state; Zip Code WA 94110	
	Category (See Categories listed at the top of this scl	hedule) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Websile	Email	
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Ausli	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
03/13/2023	Wix. con			
Amount (\$)	Payee address;	City;	State; Zip Code	
31.39	2601 Mission Street	Saw Frances	60 CA 94110	
	Category (See Catagories listed at the top of this sch	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Website		
	Check if travel outside of Texas, Complete Sch	edule T. Check if Austi	n, TX. officeholder living expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NEE	DED	

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 E Candidate/Officeholder/Politica Credit Card Payment	•	Event Expense Fees Food/Beverag Gift/Awards/M Legal Services	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W		Travel In District Travel Out Of Dist	ipment & Related Expense	
1 Total pages Schedule F1:		AME (my	hor Schli	tz		3 Filer ID (Eth	ics Commission Filers)
4 Date 2/19/WZ3	5 Payee na			1		I	
6 Amount (\$)	7 Payee ac	idress;	1		City;	State;	Zip Code
13.86		brice de : 5000	Leon Ave	NE	Atlanta	GA	30309
8	(a) Categor	y (See Categorie	es listed at the top of th	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Atte	Ation	Sulvatation	La Ca	FUNDRAISING		
	(c)	Check if travel out	Iside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeho	older name		Office sought		Office held
Date	Payee na	me					
3/19/2023	Ma	Ichim	p				
Amount (\$)	Payee ac	dress;	A	-	City;	State;	Zip Code
34.65	GIS to Site		EON AVE NE	/	Atlanta	GA	30300
	Category	(See Categories	listed at the top of this	s schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Solicitation			FUNDRAISING			
	Check if travel outside of Texas. Complete Schedule T.			Check if Austr	n, TX, officeholder livi	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeho	lder name		Office sought		Office held
Date	Payee na	ime					
3/15/2023	Texas	Democ	cratic Par	rt			
Amount (\$)	Payee ad			14.5	City;	State;	Zip Code
830. 00	PI BOX	15707			Austin	Tx	79761
	Category	(See Categories	listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Other		VAN voter database				
		Check if travel out	side of Texas. Complete	Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeho	older name		Office saught		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 B Candidate/Officeholder/Politics CreditCard Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 5	2 FILER NAME Halen Taylor Schlif	12	3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2023	5 Payee name Edwards & Patterson		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1041.37	203 S. Bell Line ROAD	Trving	TY 7506U
8	(a) Category (See Categories listed at the top of this sc	hedule) (b) Description	
PURPOSE OF EXPENDITURE	PRINTING Expense	Signs	
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
3/23/2023	BISON Strategics UC		
Amount (\$)	Payee address;	City;	State; Zip Code
1020.34	PD BOX 2662	Oklahome lit	05 73101
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Campaign	literative
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	n, TX, afficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/27/2033	LA Burger		
Amount (\$)	Payee address;	City;	State: Zip Code
39,53	1540 Kelbr Parkway	Keller	TY. 76248
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	FOOD & Beverages	FOD	
	Check if travel outside of Texas. Complete Scher	dule T. Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	DED

	EXPENDITURES MADE TICAL CONTRIBUTIONS	na franciska se	SCHEDULE F1
If the requested in	formation is not applicable, DO NOT inclu	de this page in the r	eport.
	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Offic Food/Beverage Expense Polii By Gift/Awards/Memorials Expense Prin al Committee Legal Services Sala	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense rries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total annea Cabadula Ed	The Instruction Guide explains hov	v to complete this form.	
1 Total pages Schedule F1:	Hatey Taylor Schlitz	-	3 Filer ID (Ethics Commission Filers)
4 Date 3 27 2023	S Payee name Act Blue		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
122.26	366 Summer Street Somerville, MA 02144		
8	(a) Category (See Categories listed at the top of this schedu	le) (b) Description	
PURPOSE OF EXPENDITURE	ACCOUNTING BANKING	FARS	
	(c) Check if travel outside of Texas, Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
3/27/2023	DONORBOY		
Amount (\$)	Payee address;	City;	State; Zip Code
120,10	601 King Sheet Suite 200	Alexandria	VA 22314
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE		r.	
OF EXPENDITURE	ACCOUNTING BRENCING	+-ees	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			···· ··· ···
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 47
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI C	OFFICE USE ONLY
NAME	MS. Italey NICKNAME LAST Taylor Sch	SUFFIX	Date Roceived
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: C ZOI TOWN Conter Lave, # 141 Keller TX 762.43	CITY; STATE; ZIP CODE	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (469) 968-7239	EXTENSION	Date Hand-delivered or Date Fostmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Me. William	MI A	Receipt # Amount S
NAME	NICKNAME LAST	SUFFIX	
	Schlik		Dale Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SU 1039 BRADFORD CRT. KEWER, TX 76248	JITE #, CITY,	STATE, ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (469)968-7239	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholdar Only)
	July 15 X 8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	03 /29 2023	THROUGH 04	26 2023
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	5 6 2.3 General	Special	· · · · · · · · · · · · · · · · · · ·
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Keller ISD BOARD)	F TRUSTEE, PLACE 4
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI	MAY HAVE BEEN MADE WITHOUT THE CAND	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		P.
	SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME	
	COMMITTEE CAMPAIGN FRE	ASURER ADDRESS	
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Haley Tayl	or Schlitz	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH. PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	^{AN} \$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	s) \$ 638 0		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 13835.07/100		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	ast Day \$ 5472.05/100		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$		
	wear, or affirm, under penalty of perjury, that the accompanying report is t quired to be reported by me under Title 15, Election Code.	rue and correct and includes all information		
	Adaley-	26		
		Candidate or Officeholder		
Please complete either option below:				
JENNIFER SARAH SPENCER				
(*()* My Commission Expires				
NOTAN SPAND/SEA September 25, 2023				
Sworn to and subscribed before me by the the land of April.				
50				
\square	which, witness my hand and seal of office.	HR Kecords Sclot		
Signature of officer administe	Printed name of officer administering oath	Title of officer administ ∉ ring oath		
	OR			
(2) Unsworn Declarati	on			
My name is	, and my date of birth	is		
My address is,,,,,,,,,,,,,,,,				
	(street) (city)	(state) (zip code) (country)		
Executed in	County, State of, on the day of	, 20		
	(mo	nth) (year)		
	Signature of Car	ididate/Officeholder (Declarant)		
		. ,		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		· · · · · · · · · · · · · · · · · · ·			
19 FILER Hal	19 FILER NAME. Hakey Taylor Schlite				
	ULE SUBTOTALS DF SCHEDULE		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 89e0. %a		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS		\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 13835.°7/100		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	DNTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU TO FILER	FIONS RETURNED	\$		

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Haky	Taylor Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor [] out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/31/2023	Tina Wasserman	
	6 Contributor address; City; State; Zip Code	25. 0/103
	7153 Lavendale Ave. Dallas TX 75230	-
8 Principal occi	upation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
	Stephen "Buddy" Luce	
3/31/2023		50. 00/100
	1850 Hunsters Creek Dr. Southlake TX 76092	
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ctions)
Date	Full name of contributor	Amount of contribution (\$)
	Iris Garcia	
3 31/2023	Contributor address; City; State; Zip Code	10. 00/100
	4720 Grainger Trail For whory TX 76137	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
~ .	Martha Williams	
3/31/2023	Contributor address; City; State; Zip Code	100. 00/100
	8105 MOUNT Shusha Grele Fortwarth Tec 76137	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	
	If contributor is out-of-state PAC, please see Instruction guide for additional	reporting requirements.
orms provided by	Texas Ethics Commission www.ethics.state.tx.us	Revised 11/15/2

	ARY POLITICAL CONTRIBUTIONS sted information is not applicable, DO NOT include this page in the	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Taylor Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor [] out-of-state PAC (ID#:) Angela Bllock	7 Amount of contribution (\$)
3/3)/2023 8 Principal occu	6 Contributor address; City; State; Zip Code 8427 Ochober Shadow Ct. Soning TX 77379 upation / Job title (See Instructions) 9 Employer (See Instructions)	25. 00/w
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)
3/31/423	Disclining Contributor address; City; State; Zip Code	10. 00/
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor [] out-of-state PAC (ID#:) James Pfattengut	Amount of contribution (\$)
3/31/2023	Contributor address; City; State; Zip Code 12225 Macaroon Longe Forf Wirth TX 76244	25. alloo
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor [] out-of-state PAC (ID#:) Sullie WickSheun Ward	Amount of contribution (\$)
3/31/2023	Contributor address; City; State; Zip Code	50. 00/100
4601 Moss Rose Dr. For HWorth Tx 76137 Principal occupation / Job title (See Instructions) Employer (See Instructions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional i	
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 11/15/2022		

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SCHEDULE A1

The	The Instruction Guide explains how to complete this form.			
2 FILER NAME	uylur Schlitz	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)		
3/31/2023	6 Contributor address; City; State; Zip Code 11643 Net Leaf Lene Keller TX 76244	25. 00/100		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)		
Date	Full name of contributor [] out-of-state PAC (ID#:) Michael Kinler	Amount of contribution (\$)		
3/3/ 623	Contributor address; City; State; Zip Code 1704 Montclair Deire Fort Worth TX 76103	25. 00/m		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	l stions)		
Date	Full name of contributor [] out-of-state PAC (ID#:) Robert Shellas	Amount of contribution (\$)		
3/31/2023	Contributor address; City; State; Zip Code 1903 W. State; Alexi RUMB TX 76103	10.002		
Principal occu;	Dation / Job title (See Instructions) Employer (See Instructions)	stions}		
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)		
3/31/2023	Contributor address; City; State; Zip Code 4625 Prickly Plar Dr. Fortworth Tic 76244	10.002		
Principal occup	Employer (See Instructions)	ctions)		
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. 1 Total pages Schedule A1:

The	e Instruction Guide explains how to complete this	i form.	1 Total pages Schedule A1:	
2 FILER NAME	Taylor Schlitz		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Dout-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
3 31/2023	6 Contributor address; City; 3250 W. Ave. J6 #1 Lawace yer	State; Zip Code	50.00/	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	SLOWL CRALIERO	C (ID#:)	Amount of contribution (\$)	
3/31/2023	Contributor address; City; 2801 Gripson Street Furtwirth	State; Zip Code	5. w/	
Principal occu	apation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Gamer Selle	C (ID#:)	Amount of contribution (\$)	
3/31/2023	Contributor address; City; 3300 Parker Lane #253 Austin	State; Zip Code	5. °%	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor _ out-of-state PAC Roderick Miks	C (ID#:)	Amount of contribution (\$)	
3/31/2023	Contributor address; City; 5617 Seawood QL. Fortwirth	State; Zip Code	100.00/	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

		1 Total pages Schedule A1:
Th	e Instruction Guide explains how to complete this form.	
2 FILER NAM Haley Tax	Jur Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor [] out-of-state PAC (ID#:)	7 Amount of contribution (\$)
abil	Suzanna Testerman	$0 = \omega /$
3/31/2023	6 Contributor address; City; State; Zip Code	25. 00/
	4113 Manzinita St. Fort Worth TX 76137	
8 Principal oc	cupation / Job title (See Instructions) 9 Employer (See Instructions)	xtions)
Date	Full name of contributor	Amount of contribution (\$)
	Kuth Baker	
3/31/2023	Contributor address; City; State; Zip Code	100.00/10
	2744 South Jones St. Fort Worth Tic 76104	
Principal occ	Employer (See Instructions)	tions)
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)
	Alynne Hanford	
3/31/2023	Contributor address; City; State; Zip Code	$25. ^{60/100}$
Drippinglage	101 Bear Greek PKing Keller TX 76243	
	Employer (See Instructions) Employer (See Instructions)	
Date	Full name of contributor [] out-of-state PAC (ID#:) Reginald Andrews	Amount of contribution (\$)
4/1/2023	Contributor address; City; State; Zip Code	50. °/m
	PO Box 162182 Fortworth TX 76161	
Principal occ	supation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional	
Forms provided b	y Texas Ethics Commission www.ethics.state.tx.us	Revised 11/15/202

SCHEDULE A1

1 Total pages Schedule A1:			
The Instruction Guide explains how to complete this form.			
2 FILER NAME Haley Taylor Schlitz	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:			
4/1/2023 6 Contributor address; City; State; Zip Code 2134 Uak Alby Kerrville TX 7802 8 Principal occupation / Job title (See Instructions) 9 Employer (See	e 10. "/100		
8 Principal occupation / Job title (See Instructions) 9 Employer (See	msuucuons)		
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
4/1/2023 Contributor address; City; State; Zip Code	• 10. ¹⁰ /100		
Principal occupation / Job title (See Instructions) Employer (See	13 Instructions)		
Date Full name of contributor 🗇 out-of-state PAC (ID#:			
422223 Contributor address; City; State; Zip Code	· 10. 00/		
Principal occupation / Job title (See Instructions) Employer (See			
Date Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$)		
4/2/2023 Contributor address; City: State: Zip Code 1549 Nool Sey St. Berkeley CA 94703	50. /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. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME FILER NAME taley Taylor Schlitz Date 5 Full name of contributor address; City; State; Zip Code 6 Contributor address; City; State; Zip Code 4 Date 7 Amount of contribution (\$) 4/3/2023 100. 00/00 8 Principal occupation / Job title (See Instructions) 9 Employee (See 9 Employer (See Instructions) out-of-state PAC (ID#:____ Full name of contributor Date Amount of contribution (\$) Henderson Palmer 4/3/2023 Contributor address; City; State; Zip Code 5. 00/00 7900 Ember Oaks Dr. Horth Richland TX 76182 Hills Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_____ Date Full name of contributor Amount of contribution (\$) Dixie Davis Contributor address; City; State; Zip Code 43/2023 20.00/ Fortworth TX 76244 9144 Farmer Dr. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Tom Hallford Contributor address; City: State: Zip Code 9/3/2023 25. a)____ Keller Tx 76244 4229 Doe Greek Trail Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	E	3 Filter ID (Ethics Commission Filers)
4 Date	5 Full name of contributor [] out-of-state PAC (ID#:) Bern Sillivan	7 Amount of contribution (\$)
4/3/2003	6 Contributor address; City; State; Zip Code	10. ^{00/100}
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instruct	ions)
Date	Full name of contributor image: out-of-state PAC (ID#:)	Amount of contribution (\$)
4 3 2073	Mary Fuhy Contributor address; City; State; Zip Code	25. ⁰⁰ /w
Principal occu	122 15th Ave. N Selvet Petersburg FL 33704 upation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
4/4/2023	Contributor address; City; State; Zip Code 12100 Angel Food Lus. For two the Tec 74244	20. a)/100
Principal occu	upation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)
4/4/2023	Contributor address; City; State; Zip Code	22. 20/1
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	
forms provided by	r Texas Ethics Commission www.ethics.state.tx.us	Revised 11/15/20

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

		1 Total pages Schedule A1:		
The	Instruction Guide explains how to complete this form.			
2 FILER NAME Haley	Caybor Schlip	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)		
	Robert Chec			
4/4/223	6 Contributor address; City; State; Zip Code	40,00/00		
11.10.00	1703 Buckingham Dr. Keller TK 76262	TU: /100		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)		
		Γ		
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)		
	Eboney Forte			
4/5/2023	Contributor address; City; State; Zip Code	\mathcal{D} $\mathbb{Q}/$		
y 1	3138 GRAND By De. Garland TX 75040	20. 100		
Principal occup	bation / Job title (See Instructions) Employer (See Instructions)	ctions)		
	1	1		
Date	Full name of contributor []] out-of-state PAC (ID#;)	Amount of contribution (\$)		
	Ton Marshall			
4/5/2023	Contributor address; City; State; Zip Code	40.0/100		
11.2	5205 Yampa FRL. ForHWorth Tk 76137	101 100		
Principal occuj	pation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
,	Danna (femilton)			
4 6 2023	Contributor address; City; State; Zip Code	40.00/100		
	221 Skylin De. #200-170 Stroudsby PA 19301	40, 100		
Principal occupation / Job title (See Instructions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

SCHEDULE A1

		1 Total pages Schedule A1:		
The	Instruction Guide explains how to complete this form.			
2 FILER NAME Haley To	aughor Shlitz	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor [] out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
11/1/2 - 2	Ursula Turner			
46/2023	6 Contributor address; City; State; Zip Code 3406 English Oak De. NW Vennesuu GA 30144	25. $00/100$		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruct	tions)		
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)		
	11 Jegan Gribsin			
46/2023	Contributor address; City; State; Zip Code	20. 00/100		
Driveringfores	2213 Shady Grave Dr. Bedford TX 76021	tione)		
Principal occur	Dation / Job title (See Instructions) Employer (See Instructions)	uons)		
Date	Full name of contributor □ out-of-state PAC (ID#;) □ ○ □ □	Amount of contribution (\$)		
	Sandra Cooley			
4/6/2023	Contributor address, City; State; Zip Code	$25, \alpha/\omega$		
	4307 Stone crost Ct. Vellor TX 76244			
Principal occuj	pation / Job title (See Instructions) Employer (See Instructions)	tions)		
	1			
Date	Full name of contributor	Amount of contribution (\$)		
	Patricia Chisholm			
4/7/2023	Contributor address; City; State; Zip Code	100. W/100		
	2355 Denali Deire Worth TX 76137	100. 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. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME ywr Jeffer 5 Full name of contributor 1 out-of-state 1 Jeffer 1 Jeffer 2 Jeffer 3 Full name of contributor 1 out-of-state 1 Jeffer 2 Jeffer 3 Full name of contributor 4 Jeffer 5 Full name of contributor 6 Contributor address; 2 City; 5 State; 2 Jeffer 4 Jeffer 5 City; 5 State; 5 City; 5 City; 5 City; 5 City; 6 Contributor address; 6 City; 5 City; 5 City; 6 Contributor 6 City; 6 City; 6 City; 7 City; taley Taylor Jehlitz 4 Date 7 Amount of contribution (\$) 4h/2023 25. 0/100 R16 Partridge Berry Dr. RaleighNC276068 Principal occupation / Job title (See Instructions)9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_____ Amount of contribution (\$) SUNM (rawford Contributor address; 4/8/2023 City; State; Zip Code 5. 0/100 Fuerworth TX 76111 2001 Gipsur Street Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_____ Date Full name of contributor Amount of contribution (\$) Jeff Richards Contributor address; City; State; Zip Code 25. W/w 4/8/2023 Bulder Co 80301 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor 🛛 🔲 out-of-state PAC (ID#:____ Date Amount of contribution (\$) Contributor address; City; State; Zip Code 4/9/2023 20. %____ Zol E. 17th St. #23-J New York NY 10003 Principal occupation / Job title (See Instructions) Employer (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. Revised 11/15/2022 www.ethics.state.tx.us

Th	e Instruction Guide explains how to complete this for	·m.	1 Total pages Schedule A1:
			a study (study or states Silver)
Haley Te	eylor Schlitz		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Gout-of-state PAC (ID#	<u>بالم</u>	7 Amount of contribution (\$)
	Sharon Lakes		
4/9/2023	6 Contributor address; City; S	State; Zip Code	100. 00/
1.0	2037 Fox Glen Deive Allen TI	4 75013	100. /
Principal occ	upation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Date	Full name of contributor	P)	Amount of contribution (\$)
	Tane Tachyon		
19/2023		State; Zip Code	10.00/100
	139 Heath St. Switter (P 95060	
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#	#. <u>)</u>	Amount of contribution (\$)
	Cherof Kinnel		
13/2023	Contributor address; City; S	State; Zip Code	15. 00/100
• 1	3248 Drexmue RD. Worth T	c 76244	[] . /100
Principal occu	upation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	t:)	Amount of contribution (\$)
that is	William Klewein		
19/2023	Contributor address; City; S	State; Zip Code	100.00/100
	144 Navajo De. Keller TK	76243	100, 100
Principal occu	ipation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME	alor SeWitz	3 Filer ID (Ethics Commission Filers)		
Halen la				
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
	Hinckson Kristing			
4/9/2.22	6 Contributor address; City; State; Zip Code	22. 00/10		
	828 Bloonfield Aree, 3A Montclair NJ 07092			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	itions)		
Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)		
	Afton Kasnee			
4/10/2023	Contributor address; City; State; Zip Code	$d \rightarrow \omega /$		
, , ,		\$25. ⁰⁰ /100		
	1729 GRAND Meadows Dr. Keller TX 76243	,		
Principal occuj	pation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date	Full name of contributor			
Date		Amount of contribution (\$)		
Aliza	Sharon Garfield			
4/10/2033	Contributor address; City; State; Zip Code	25, ⁰⁰ /w		
	2803 Stanbridge St. B208 Norristown PA 19401	C^{3} , $/\omega$		
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date	Full name of contributorout=of-state PAC (ID#:)	Amount of contribution (\$)		
	Jacqueline McGraw			
4/6/202	Contributor address; City; State; Zip Code	10 00/		
1/10/00/25		10.00/100		
	1046 Houston Grele Tobon CA 95630			
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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SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	eylor Schlitz	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor [] out-of-state PAC (ID#:) Kimberth Ross	7 Amount of contribution (\$)	
4/10/2023	6 Contributor address; City; State; Zip Code	25. W/100	
8 Principal occ	P125 Old York Do.VellerTX76148upation / Job title (See Instructions)9 Employer (See Instructions)	tions)	
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	
4/10/2023	Ashish Nagarsekar Contributor address; City; State; Zip Code 15 N. Reflevson Park Are. Battinux MD 21231	25. W/100	
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor [] out-of-state PAC (ID#:) Denise Gunzalez	Amount of contribution (\$)	
4/11/2023	Contributor address; City; State; Zip Code Nontferey Part 213 South Iner Ark, # 10 (A 91754	25. 00/100	
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)	
4/11/2023	Contributor address; City; State; Zip Code	(0. ^{co} /100	
Principal occu	III27 Midway 20. Dallas TX 75229 Inpation / Job title (See Instructions) Employer (See Instruct	tions)	
	I		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r		
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The	Instruction Guide explains how t	to complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME Haley Taylor Sehlitz					3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor [] out-of-state PAC (ID#:) Mauren Hagan		7 Amount of contribution (\$)		
4/11/2023	6 Contributor address;	City;	State;	Zip Code 76249	25. 0/100
8 Principal occu	1005 Oakwoo Dr. pation / Job title (See Instructions)	Keller	TX 9 Emp	loyer (See Instruc	ations)
Date	Full name of contributor Linda Jean Matthew	🗌 out-of-state PA	C (ID#:)	Amount of contribution (\$)
4/11/2023	Gontributor address;	City;	State;	Zip Code	25. 00/100
Principal occuj	pation / Job title (See Instructions)	<u> </u>		loyer (See Instruc	tions)
Date	Full name of contributor Diane Mancino	🗍 out-of-state PA)	Amount of contribution (\$)
4/11/2023	Contributor address; 6 Harvest Hill Romo	city; Berlin	State;	Zip Code 06037	5. ⁰ / _{1ω}
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor	🔲 out-of-state PAG	C (ID#:)	Amount of contribution (\$)
4/11/2023	Contributor address;	city; Rockport	State;	Zip Code 04756	25. 00/100
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
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SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Haley Tay	lur Schlitz			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
	Lerry Callaway			
4/12/2023	6 Contributor address; City; State; Zip Code	25. 0%/00		
	2304 Ridgewood Bedford TX 76021	0		
8 Principal occu	apation / Job title (See Instructions) 9 Employer (See Instru	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)	, induit of contribution (\$)		
	Babrielle Gordon			
4 12/2023		100.00/00		
	76 Corral Dr. N Fortworth TX 76244			
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
	Sue Magle Contributor address; City; State; Zip Code			
4121222	Contributor address; City; State; Zip Code			
9/2/2023	11643 Netleaf Lune Kellow TX 76244	10.00/100		
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)		
Date	Full name of contributorout-of-state_PAC (ID#:)	Amount of contribution (\$)		
	Manyellen Hicks			
4/12/202	Contributor address; City; State; Zip Code	1		
111000		10. alion		
	PO BOY (9185 FURT WURITH TX 76119	100		
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)		
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2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Haley	Taylor Schlik			
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
	Munica Briley Jackson			
4/12/2023	6 Contributor address; City; State; Zip Code	100.00/00		
yichous		00. /100		
Deine in al		N)		
o Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instruc	uons)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
	Kathryn Lybarger			
4/12/2023	Kathryn Lybarger Contributor address; City; State; Zip Code	10. ⁰ /10		
1111	1548 Novlsey St. Berkeley CA 94703	10. 100		
Principal occi	upation / Job title (See Instructions) Employer (See Instruct	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
	Lisa Stokdyk			
141212.22	Contributor address; City; State; Zip Code			
4/12/2023		20. 00/100		
	720 N. Reytonville Ave. Southlake TX 76092			
Principal occi	upation / Job title (See Instructions) Employer (See Instruct	tions)		
	I			
Date	Full name of contributor	Amount of contribution (\$)		
	Sallie Wickstron Ward			
4/12/2023	Contributor address; City; State; Zip Code	60 01		
di locad	4601 Moss Rose De. Fost the TX 76137	50. Two		
Principal occi	upation / Job title (See Instructions) Employer (See Instruct	tions)		
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	1 Total pages Schedule A1:				
The	Instruction Guide explains how to complete	this form.			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
1.000	yhr Schlitz				
4 Date		te PAC (ID#:)	7 Amount of contribution (\$)		
			. 02/		
4/12/2023	6 Contributor address; City;	State; Zip Code	10.00/		
110/0003	3705 Actoria Deire Arlington	TK 76013	-		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instru	ctions)		
	1		1		
Date		te PAC (ID#:)	Amount of contribution (\$)		
	Anita Robeson				
4/12/2023	Contributor address; City;	State; Zip Code	100. ⁰⁰ /10		
	2933 Veranda Long Southlas	e TX 76092	100. 110		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ctions)		
,					
Date	Full name of contributor	te PAC (ID#:)			
Date	Karmen Johnson	μα της (μμ π)	Amount of contribution (\$)		
4101000	Contributor address; City;	State: Zie Cada			
4/12/2023			10. a/w		
	6001 Bridge St. Fortworth	TX 76112			
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)		
	1		T		
Date	Full name of contributor	te PAC (ID#:)	Amount of contribution (\$)		
atur	Jacklyw Gilpin				
412 2023	Contributor address; City;	State; Zip Code			
	103 Mill Wood Dr. Gilewille	TX 76034	10. 0/u		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)		
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2 FILER NAME Haley Ta	erlor Schlitz	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor) 7 Amount of contribution (\$)
4/12/2023	Bijom Bennett 6 Contributor address; City; State; Zip Code 724 Long Ford De. Subthlake TX 76092	\$100.00/
B Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instru	Jctions)
Date	Full name of contributor Dout-of-state PAC (ID#:	Amount of contribution (\$)
12/2023	Contributor address; City; State; Zip Code 5421 Chimney Rock Co. Fort Worth TV 76112	25. ⁰⁰ /100
Principal occi	upation / Job title (See Instructions) Employer (See Instru	ictions)
Date	Full name of contributor [] out-of-state PAC (ID#:	Amount of contribution (\$)
1/3/2023	Contributor address; City; State; Zip Code 1000 F. Pleasant Ron B. (edar Hill TX 75104	20.0%
Principal occ	upation / Job title (See Instructions) Employer (See Instru	Ictions)
Date	Full name of contributor aut-of-state PAC (ID#:) Amount of contribution (\$)
4/13/2023	Contributor address; City; State; Zip Code 9211 Van fleet Ct. Laurel MD 20703	20.001
Principal occi	upation / Job title (See Instructions) Employer (See Instru	ictions)
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2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)
Malus To	ylor Schlitz	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	_) 7 Amount of contribution (\$)
	Marts-Beter Jill Freer	
4 John		. D/
9 13/2023		10.0%
	2916 Merriman St. Forthwith TK 76107	
8 Principal occ	supation / Job title (See Instructions) 9 Employer (See Inst	ructions)
Date	Full name of contributor	-) Amount of contribution (\$)
	Produc Nichon	
4/12/222	Cerclyn Alston Contributor address; City; State; Zip Code	
4/13/223	Contributor address; City; State; Zip Code	ds. 01/-
	8736 San Joaquin Trail Fortworth TK 76113	
Bringing opp		
	upation / Job title (See Instructions) Employer (See Inst	ructions)
Date	Full name of contributor	_) Amount of contribution (\$)
	Kitzia lopez	
Malan	Contributor address; City; State; Zip Code	25. 9-
4/13/2023	Bow Studio State Provide	α . μ
•	9841 Stripling De. Fortworth TX 76244	
Principal occ	upation / Job title (See Instructions) Employer (See Inst	ructions)
Date	Full name of contributor	_) Amount of contribution (\$)
	Losie Daniels	
4 13/2013	Contributor address; City; State; Zip Code	
		22.
	623 Caribean Ct. Kannapolis NC 28081	
Principal occ	upation / Job title (See Instructions) Employer (See Inst	ructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	S NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for addition	
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 rorms provided by 	/ Texas Ethics Commission www.ethics.state.tx.us	Revised 11/15/202

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Tha	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
· · · · · · · · · · · · · · · · · · ·				
2 FILER NAME	ylur Schlitz	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor [] out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
4/13/2023	Hazel Geee 6 Contributor address: City; State; Zip Code 5109 Cordova Avenue Fortworth TX 76132	10.00/		
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)		
4/13/2023	Contribu ter address; City; State; Zip Code	10.00/		
Principal occu	1209 S. Dans Dr. Arlighton TX 76013 pation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)		
4/13/2023	Contributor address; City; State; Zip Code The 6305 David Sold St. #101 Colony TX 75056	100.001		
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)		
	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)		
9/13/2023	Contributor address; City: State; Zip Code 2910 Shody Knohl Ln. Bedford TX 76021	25. °VL		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
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				1 Total pages Schedule A1:
The	Instruction Guide explains how t	to complete this	s form.	
2 FILER NAME Haley Ta	glor Schlip			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
	Marcia Huuck			
4/13/2023	6 Contributor address;	City;	State; Zip Code	20. 02
¥ 1	15519 Park Estades Lu	Huston	TY 77062	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
nind	Tom Hallford			
4/14/2023	Contributor address;	City;	State; Zip Code	25. 0/
	4109 De Creek Tril	Keller	TX 76244	0 -
Principal occur	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	🔲 out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Lyn Patterson			
4 14 2023	Contributor address;	City;	State; Zip Code	100. °L
	1515 BEELTWOOD TRAVE	Keller	TX 76248	•
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	🔲 out-of-state PA	C (ID#:)	Amount of contribution (\$)
.1	Kristin Olson			
4/14/2023	Contributor address;	City;	State; Zip Code	10. 00/
	11127 Midway RD.	Dallas	TX 75229	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
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2 FILER NAME Hakey 7	confor Schlitz	3 Filer ID (Ethics Commission Filers)			
4 Date	J	sC (ID#:)	7 Amount of contribution (\$)		
	Margaret Sprenkle				
4/14/202	6 Contributor address; City;	State; Zip Code	50.001		
	8738 Manahan St. Richand	TX 76180			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor Out-of-state PA	\C (ID#:)	Amount of contribution (\$)		
	Rebecca Fischer				
9 14/2023	Contributor address; City;	State; Zip Code	50. °L		
	977 Elkin Lawe Keller	Tx 76262			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
	1				
Date	Full name of contributor	\C (ID#:)	Amount of contribution (\$)		
H and a	E. Mike Grelin				
4/14/203	Contributor address; City;	State; Zip Code	Dra DI		
	5901 Abbey Ropp Tamarae	FL 33321	250.01		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
	1				
Date	Full name of contributor 🔲 out-of-state PA	د (iD#)	Amount of contribution (\$)		
. 1	Jaw McDowell		· n/		
4 14 203	Contributor address; City;	State; Zip Code	10.01		
1 '	2904 Panarama De. Carrillon	Tec 75007	F		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
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2 FILER NAME Haley To	uy for Schlitz	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor [] out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
4/15/2023	6 Contributor address; City; State; Zip Code 3011 Lewrel Are. Chevely MD 20785	100.002			
8 Principal occu	Ipation / Job title (See Instructions) 9 Employer (See Instruc	tions)			
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)			
4/15/2023	Jkychne [tenslin] Contributor address: City: State: Zip Code 149 East Brbeth S. Pilato CA 92377	250. °L			
Principal occuj	pation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date	Full name of contributor [] out-of-state PAC (ID#:) ZaiwCorie Taylor-Smith	Amount of contribution (\$)			
4/14/2003	Cailin Contributor address; City; State; Zip Code 2918 S. Edge Field Arc. Dulhs TX 75224	22. OV			
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)			
4 16/2023	Contributor address; City: State: Zip Code 4137 DUNCAN Way Fortwirth TSC 76244	20.00/			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
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SCHEDULE A1

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	The Instruction Guide explains how to complete this form.				
2 FILER NAME	yby Schlip	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor [] out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
4(1)2023	6 Contributor address; City; State; Zip Code	22. 00/			
	6624 Whitnepplen Dr. Delles TX 75241				
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)			
Date	Full name of contributor	Amount of contribution (\$)			
4/17/2023	James Lappin Contributor address; City; State; Zip Code 4004 Volk Ct. Fort Winth TX 76244	25. 01/			
Principal occuj	pation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date	Full name of contributor <pre> out-of-state PAC (ID#:)</pre>	Amount of contribution (\$)			
411e/2005	Kenneth Sauders contributor address; City; State; Zip Code 426 Kingfisher W. Arkington TK 76002	500. W			
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date	Full name of contributor	Amount of contribution (\$)			
418/2023	Contributor address; City; State: Zip Code	10. 00/			
44725 Prickly Pear De. Firtwith TX 762444					
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)			
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The Instruction Guide explains how to complete this form.				
2 FILER NAME	Ruylor Schlip		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Dout-of-state PAC (ID#:)	7 Amount of contribution (\$)	
4/18/2023		ate; Zip Code 75232	1000. W/wet	
8 Principal occ	· · · · · · · · · · · · · · · · · · ·	Employer (See Instruct	tions)	
Date	Full name of contributor I out-of-state PAC (ID#:)	Amount of contribution (\$)	
4/19/2023	Contributor address; City; St	ate; Zip Code	50. W/	
Principal accur	2517 Rugan Ave. Fortherth TX	Employer (See Instruct	lione)	
Principal occu	pation / Job title (See Instructions)	mployer (See Instruct	ions)	
Date	Full name of contributor)	Amount of contribution (\$)	
4/19/2023	Contributor address; City; Sta	ate; Zip Code	00.00	
	PDBox 51240 Fortworth TX	76105		
Principal occu		Employer (See Instruct	tions)	
Date	Full name of contributor [] out-of-state PAC (ID#:_		Amount of contribution (\$)	
4/20/2013	Contributor address; City; St	ate; Zip Code	10. @[
		76109		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
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F	If contributor is out-of-state PAC, please see Instruction	_	-	
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME takey Taylor Schlitz Jor Schurz 5 Full name of contributor out-of-state PAC (ID#:______) 7 A Joni Michael 6 Contributor address; City; State; Zip Code 6 6 Contributor address; City; State; Zip Code 6 6 6 Contributor address; City; State; Zip Code 6 6 6 Contributor address; City; State; 7 6 6 Contributor address; City; State; 7 7 6 Contributor address; 0; Fort-Worth 7 7 7 A 9 Employer (See Instructions) 9 Date U 7 Amount of contribution (\$) 10.002 Principal occupation / Job title (Se Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) Karen Cerevilla 4/19/2023 Contributor address; 25. 00/ City; State; Zip Code Fort Te 76111 1516 Blue Bousset DR. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Sarita Kennedy Contributor address; 50. °/-419/2023 City; State; Zip Code Girapeno TX 76051 1422 Rio Bend Ct. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) H19/2023 Carl Roberts 5 0 City; State; Zip Code 510 Myrthe Drive Arlingto TK 76018 Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

				1 Total pages Schedule A1:	
The	The Instruction Guide explains how to complete this form.				
2 FILER NAME Haley Tw	ylor Sellitz			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor [out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)	
	Kathlees keller				
Aliahan	6 Contributor address;	City;	State; Zip Code	5.02	
4/19/2023	2139 Oak Alley Ke	mille	TX 78028	5. 2	
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)	
Date	Full name of contributor [out-of-state_PAC	: (ID#:)	Amount of contribution (\$)	
	Ethaw Klos				
419/2023	Ethau Klos Contributor address;	City;	State; Zip Code	25. 00/	
	4105 Bilglade Co. F	of WALK	Tx 76109		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor [out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
	Dione Sims				
01.1	Contributor address;	City;	State; Zip Code	25 00/	
119/2023	219 House An t	Three Mr.	TX 76110	(\mathcal{A}) .	
Principal occu	pation / Job title (See Instructions)	IT WORK.	Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
	Dawed Weitzman				
4/19/2013	Contributor address;	City;	State; Zip Code	250 01	
yyus	1100 O Shret #Box S	acorelo	CA 95814	α 50, 2	
Principal occu	pation / Job title (See Instructions)	acroness	Employer (See Instruct	tions)	
·	. ,				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
	If contributor is out-of-state PAC, p	liease see Instru	uction guide for additional r	eporting requirements.	

SCHEDULE A1

The	The Instruction Guide explains how to complete this form.				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Haley (aybi Schlitz				
4 Date		C (ID#:)	7 Amount of contribution (\$)		
	Strart Waldman				
A.L. 1	6 Contributor address; City;	State; Zip Code	\$En OU		
4/19/2023			\$50.00/		
	6616 Longoon Me. Var-Nigr	CA 91406	/		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor	C (ID#:)			
		,,,	Amount of contribution (\$)		
4 least			A (
7/19/2023	Contributor address; City;	State; Zip Code	100.00/		
1 -	3303 Surset Lave Artifitas	TX 76016			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor	C (ID#:)			
Duto		(IDW)	Amount of contribution (\$)		
Weat	Contributor address; City;				
919 613		State; Zip Code	250. 02		
	3816 Reducer Creek LN WETH	Tx 76137	6-50.		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor				
		C (ID#:)	Amount of contribution (\$)		
	Floya Tragonal		Or MI		
4/10/2023	Contributor address; City;	State: Zip Code	25.00		
4-10-3	2207 Woodland Oaks DR. Avenue	TX TX 76013			
Principal occur	pation / Job title (See Instructions)	Етрюуег (See Instruc	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
	If contributor is out-of-state PAC, please see Instr	uction guide for additional r	reporting requirements.		

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	
			• Et al D. (Ethno Comprission Ethno)	
2 FILER NAME Haley T	aglor Schlitz		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PA	G (ID#:)	7 Amount of contribution (\$)	
4/20/2013	Mike Gipzor 6 Contributor address; City;	State; Zip Code	250.012	
	12506 Imperial Hug Norwalk	CA GOLSD		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date		C (ID#:)	Amount of contribution (\$)	
4/20/2023	Contributor address; City;	State; Zip Code	100.00/	
Principal occuj	1716 Gray Owl Ro. Keller Dation / Job title (See Instructions)	TX 76149 Employer (See Instruc		
Date		C (ID#:)	Amount of contribution (\$)	
42/1033	Contributor address; City;	State; Zip Code	(00.00/	
Principal occuj	Dation / Job title (See Instructions)	TX 76133 Employer (See Instruc	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
4/24/2023	Contributor address; City; 4904 Tama CH. Richland Hills	State; Zip Code Tyc: 76199	1000. 00/	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

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2 FILER NAME Haley (wher Schlitz	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor [] out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
4/21/2013	G Contributor address; City; State; Zip Code	100.002		
110	PoBoy 207235 Dullas TX 75222	100.		
8 Principal occu	pation <i>I</i> Job title (See Instructions) 9 Employer (See Instruc	tions)		
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)		
4/21/2023	Contributor address; City: State: Zip Code 2105 Tour Canter De #53 Arry TX 78664	25. 00		
Principal occup	2105 Tour Currie De #3 Arch 7x 70664 Dation / Job title (See Instructions) Employer (See Instructions)	tions)		
Data				
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)		
4/12/2013	Contributor address; City; State; Zip Code 323 Julia St. #305 New Orleans E 70130	10.002		
Principal occup	Deation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)		
4/23/2023	Contributor address; City; State; Zip Code	100.00/		
IS41 Hv ndall Fam fb. Kellur Tcc 76L4B 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.				
Forms provided by T	exas Ethics Commission www.ethics.state.tx.us	Revised 11/15/2022		

	The	Instruction Guide explains how to complet	te this form.	1 Total pages Schedule A1:
Date 5 Full name of contributor Image: out-of-state PAC (ID#) 7 Amount of contribution (\$) 1/3/b03 6 Contributor address; City; State; Zip Code IOO. OU-OF-state PAC (ID#) 1/23/b03 6 Contributor address; City; State; Zip Code IOO. OU-OF-state PAC (ID#) Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor Image: Out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor Image: Out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor Image: Out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor Image: Out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor Image: Out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor Image: Out-of-state PAC (ID#) Amount of contribution (\$) Date Full name of contributor Image: Out-of-state PAC (ID#) Amount	FILER NAME			3 Filer ID (Ethics Commission Filers)
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123/big 6 Contributor address; City: State; Zip Code 100.004 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) Date Full name of contributor 0 out-of-state PAC (ID#	Date 🥥	Eddir Birns	7 Amount of contribution (\$)	
I20 S. Mitchell Mussifield TX 76063 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor address; City; State; Zip Code Zip Contributor address; City; State; Zip Code Withite Compton Contributor address; City; State; Zip Code Withite (See Instructions) Employer (See Instructions) Date Full name of contributor Subtributor Contributor Contributor Contributor Contributor<	123/2022			100 00/
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Date Date Date Date Date Date Full name of contributor City: State: Zip Code Date Amount of contributor State: Date Date Amount of contributor State: Date Date Date Date Date State: Zip Code Date Suddy Lva Date Contributor address; City: State: Zip Code Date Date Date Date Date Suddy Lva Date	Principal occu			tions)
24/203 Contributor address; City; State; Zip Code 3612 Horaee Are Fort Wirk TX 76244 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Imployer (See Instructions) Arrount of contributor Imployer (See Instructions) Arrount of contributor Imployer (See Instructions) Mattice Compty J. Contributor address; City; State; Zip Code 34ort Kelvin Are Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Buddy Luca Contributor address; City; State; Zip Code 102.02 Imployer (See Instructions)	Date	Full name of contributor 🛛 out-of-st	ate PAC (ID#:)	Amount of contribution (\$)
192/1033 30/2 Horace Are Further TX 70244 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Image: out-of-state PAC (ID#:) Mattic Compton City: State; Zip Code Mattic Compton City: State; Zip Code 34 of 1 Kelvin Are TX 70133 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Image: out-of-state PAC (ID#:) Ator 1 Kelvin Are TX 70133 Employer (See Instructions) Date Full name of contributor Image: out-of-state PAC (ID#:) Date Full name of contributor Image: out-of-state PAC (ID#:) Date Full name of contributor Image: out-of-state PAC (ID#:) Date Full name of contributor Image: out-of-state PAC (ID#:) Mathic Line and contributor Image: out-of-state PAC (ID#:) Image: out-of out-of state PAC (ID#:) Date Full name of contributor Image: out-of state PAC (ID#:) Image: out-of out-of state PAC (ID#:) Mathic Line and the contributor Image: out-of state PAC (ID#:)		Daniche Doucas		
Bit 2 Horaes Are Fort Wirk TX 76244 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Amount of contribution (\$) Multic Compton City; State; Contributor address; City; State; 3407 Kelvis Are TX 70133 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:) Atron Kelvis Are TX 70133 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:) Amount of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Buddy Lice Contributor address; City; State; Zip Code IDD. 02 IB5D Hurders Conarce. Sufflake Tx 76092 IDD. 02	24/2022	Contributor address; City;	State; Zip Code	25 02
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) State; Zip Code White Comptex City; State; Zip Code 34 oft Kelvis Ave T/x 70133 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Date Full name of contributor Buddy Lva Contributor address; Contributor address; City; State; Zip Code B5D Hubraces Ceasoe Surflukke Tx 76092		3612 Horase Are Forth	Jorth TX 76)#4	0-
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	Principal occu			tions)
34 of Kelvin Ave Fort With TX 70133 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Date Full name of contributor Buddy Luce out-of-state PAC (ID#:) Contributor address; City; State: Zip Code 1850 Hunders Creat Or.	Date	Full name of contributor ☐ out-of-state PAC (ID#:)		Amount of contribution (\$)
34 of Kelvin Ave Fort with TX 7/0133 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Date Full name of contributor Buddy Luca out-of-state PAC (ID#:) Contributor address; City; State; Zip Code IB5D Hunders Clear OP.	14/2000	Whitie Compty)		
34 or Kelvin Ave TX 7/133 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Biddy Lva Amount of contribution (\$) 24/2033 Contributor address; City; State; Zip Code 1850 Hubracks Clear OP. SutMake Tx 76092	- Jus		-	25 00/
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) 24/2023 Contributor address; City; State; Zip Code 1850 Hystacks Clear OP. Sufficience Tx 76092		3407 Kelvin Are		
24/2023 Contributor address; City; State; Zip Code 1850 Hurtooles Centrole. Surthlake TX 76092 (DD. 02)	Principal occu	pation / Job title (See Instructions)		ctions)
1850 HUNTERS CLEARLOR. TO 1609 2	Date	Full name of contributor	ate PAC (ID#:)	Amount of contribution (\$)
1850 HUNTERS CLEARLOR. TO 1009 2		Buddy Luce		
1850 HUNTERS CLEARLOR. TO 1009 2	24 2023	Contributor address; City;	State; Zip Code	102 02
		1850 Hurses Com on Suthle	ke Tx 76092	
	Principal occu		Employer (See Instru	ctions)

SCHEDULE A1

		1	
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Haley Ta	ybr Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	Tom Hallford	.C (ID#:)	7 Amount of contribution (\$)
9/29/2023	6 Contributor address; City; 4209 Dec Grock Trail Keller	25. 02	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		C (ID#:)	Amount of contribution (\$)
4/24/2013		State: Zip Code TX 76013	15.02
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor 🛛 out-of-state PA	C (ID#:)	Amount of contribution (\$)
9/29/2023	Contributor address; City;	State; Zip Code	(0. 00/
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor I out-of-state PA	C (ID#:)	Amount of contribution (\$)
4/25/2023	Contributed address. City: 1548 Wodsey St. Berkeley	State; Zip Code CA 94703	25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		
Forms provided by	Texas Ethics Commission www.ethics	s.state.tx.us	Revised 11/15/202

If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME taley Taylor Schlit ybr Schurz 5 Full name of contributor 0 out-of-state PAC (ID#:______) 7 A Elishe Rurka 6 Contributor address; City; State; Zip Code 803 Domision Da. Swithlake TX 76092_ 9 Employer (See Instructions) 7 Amount of contribution (\$) 50. 00L 8 Principal occupation / Job title (See Instructions Full name of contributor Date out-of-state PAC (ID#:_____ Amount of contribution (\$) Bird Guess Contributor address; City; State; Zip Code 4/26/2023 250.00/ 391 Les Colimos rung Tx 75039 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Farukh Asleur Contributor address; City; 4/26/2023 City; State; Zip Code 100.00/ Fort TX 10102 515 Houston St. #621 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Sue Magie Contributor address; City; State; Zip Code 10. OK 126/2023 1164B Notleaf Love Keller TX 76244 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

Forms provided by Texas Ethics Commission

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SCHEDULE A1

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1							
If the reques	sted information is not applicable, DO NOT in	nclude this page in the	report.				
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:				
2 FILER NAME Haley 7	2 FILER NAME Haley Tuylor Schlitz 3 Filer ID (Ethics Commission Filers)						
4 Date 4/26/2023	Christopher Burks 6 Contributor address; City; 6808 First Hill Dr. Worth	c (ID#:) State; Zip Code TY76137	7 Amount of contribution (\$)				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	cions)				
Date 4/26/2023	William Schlip	c (ID#:) State; Zip Code	Amount of contribution (\$)				
	1039 BROOFSRID CET Keller	TY 7624B	P P				
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor 🗍 out-of-state PA Contributor address; City;	c (ID#:) State; Zip Code	Amount of contribution (\$)				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)				
Date	Full name of contributor 🔲 out-of-state PA		Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
		1					
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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1	EXPENDITURES MADE TICAL CONTRIBUTIONS		SCH	EDULE F1
If the requested int	formation is not applicable, DO NOT inclu	de this page in the re	eport.	
	EXPENDITURE CATEGORI	IES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Offic Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement ie Overhead/Reintal Expense ing Expense ries/Wages/Contract Labor v to complete this form.	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1: 8	2 FILER NAME Taylor Schlitz	-	3 Filer ID (Ethio	s Commission Filers)
⁴ Date 03-31-2023	5 Payee name Prosperity Bank			
6 Amount (\$)	7 Payee address; 217 N. Mais St.	City; Keller	State; TX	Zip Code 76248
8	(a) Category (See Categories listed at the top of this schedu	le) (b) Description		
PURPOSE OF EXPENDITURE	fees	Bank Fo	5	
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date 04/03/2023	Payee name BISON Stretegics UC			
Amount (\$)	Payee address;	City;	State;	Zip Code
1270.00/00	PO BOX 2662 C	Klahoma City	OK	73101
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Cansal HEL Superse	e) Description	×	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, TX, officeholder living	a expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/04/2023	DONORDOX			
Amount (\$)	Payee address; 601 King Fred #200	City: Alexandria	State;	Zip Code 22314
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 Austri	n, TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

		DITURES MADE	S		SCI	HEDULE F1
If the requested in	formation is	not applicable, DO NOT	include t	his page in the re	eport.	
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Event Expanse Loan Repayment/Reimbursement Solicitation/Fundraising Expanse Accounting/Banking Fees Office Overhead/Reital Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Giff/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)						
1 Total pages Schedule F1	2 FILER NA Hale	Taylor Schlip			3 Filer ID (Ethi	ics Commission Filers)
4 Date 04/03/2023	5 Payee nar Mail	Chinp			A	
6 Amount (\$)	7 Payee add	Tress; DELEON AVE NE		City;	State;	Zip Code
	GIS HIN Suik SU			Atlanta	GA	30308
8	(a) Category	(See Categories listed at the top of thi	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Solicitat	TO J FUNDROIS	e 5yp.	FUNDER	stre	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ite / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
04/04/2023	GODDA	VON Campaigns L	kC			
Amount (\$)	Payee add	7th st. # 620		City;	State;	Zip Code
987. ⁴⁴ /w		TX 79701				
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Silicitet	ICN/ FUNDRINS inc. 1	Εyρ.	FUNDRAL	ふく	
		Check if travel outside of Texas. Complete s	Schedule T.	Check if Austr	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
04/05/2023	Stva	rt Clegg				
Amount (\$) 300. ⁰³ /	Payee add	iress;		City:	State;	Zip Code
PURPOSE OF EXPENDITURE	A 1	See Categories listed at the top of this:	schedule)	Description	aign Stre Placement	et sijiv
	c	heck if travel outside of Texas. Complete 5	Schedule T.		a, TX, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		te / Officeholder name		Office sought		Office held
	ATTA	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

POLITICAL EXPENDITURES MADE SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expanse Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memonals Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Haley Taylor Schlip 4 Date 5 Payee name Switchboord Roblic Benefit Corp. 04/07/2023 7 Payee address; PD Box 33485 6 Amount (\$) City; State: Zip Code Washintor DC 49 36/100 20033 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Solicited w/ Fundrais OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/10/2023 Amount (\$) City; State: Zip Code Payee address 1471 Keller Plan 16. 22/100 凡 76249 Keller Category (See Categories listed at the top of this schedule) Description PURPOSE TOON FODD OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Bison Strategies LLC 4/12/2023 Amount (\$) Payee address; City; Zip Code State; PO Boy 2662 3101 OK Oklahomacity 275 30/100 Category (See Categories listed at the top of this schedule) Description Campaign Lit. PURPOSE Superse Printin OF EXPENDITURE Check if Austin, TX. officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F1				
If the requested inf	ormation is not applicable, DO NOT include	this page in the re	eport.	
	EXPENDITURE CATEGORIES	、 ,		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politici Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Expense By Gift/Awards/Memonals Expense Printing Expense	xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Haley Taylor Schlitz	_	3 Filer ID (Ethics Commission Filers)	
4 Date 04/17/2023	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
21. 19/100		North Richle	w Hills TX	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other	Supplies		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
04/17/2023	Subway			
Amount (\$)	Payee address;	City;	State; Zip Code	
12.65/100		Los Anjeles	CA.	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Four	FOOD		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austr	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
64/18/223	Bison Strategies UC			
Amount (\$) 3833. 01/100	Payee address; PO BOX 2662	City: Okahona Lil	State: Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Campain	Miler	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

FROM POLI	EXPENDITURES MADE TICAL CONTRIBUTIONS			EDULE F1
If the requested inf	ormation is not applicable, DO NOT inclu	de this page in the r	eport.	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Offic Food/Beverage Expense Polli by Giff/Awards/Memorials Expense Print	e Repayment/Reimbursement e Overhead/Reintal Expense ing Expense ing Expense ries/Wages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME Halen Taylor Schlitz		3 Filer ID (Ethi	cs Commission Filers)
4 Date 04/18/2023	5 Payee hame Edwards & Patterson Siz	fN3		
6 Amount (\$) 729. 61/100	7 Payee address; 203 Belt Live Ro.	city;	State; TK	Zip Code 75060
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Advertizing Expanse	(b) Description	- J1400	
	(C) Check if travel outside of Texas. Complete Schedule	T. Check if Aust	tin, TX, officeholder fivi	ng expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date 04/18/2023	Payee name Mail Chimp			
Amount (\$) 23, ²⁵ /w	Payee address; G75 Porce Le Leon And #5000	City: Atlanta	State; GA	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Solicited as / trappasis a	Description	5 nr	
	Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder livin	g expensa
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 04/18/2023	Payee name WiX			
Amount (\$)	Payee address; 260 (Missid St.	City: Stat Prascing	State:	Zip Code 9410
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Advertising Expense) Description Websile	e Hostog	
	Check if travel outside of Texas. Complete Schedule	F. Check of Austi	n, TX. officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONSSCHEDULE F1				
If the requested inf	formation is not applicable, DO NOT include	this page in the re	port.	
	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Polític Ctedit Card Payment	Fees Office O Food/Beverage Expense Polling F By Grif/Awards/Memonals Expense Printing	payment/Reimbursement verhead/RentalExpense Expense Expense Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	T		3 Filer ID (Ethics Commission Filers)	
	Haley Taylor Schlitz			
4 Date 27 04/19/13	5 Payee name Wheetaburger			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
20. 22/100		Rether	76148	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food	FOOD		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O.	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
04/20)23	Starbucks			
Amount (\$)	Payee address;	City;	State; Zip Code	
31. 7/100		Keller	TX 76248	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FOUD	FOCD		
	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/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
04/20/2023	Kahusas			
Amount (\$)	Payee address;	City:	State; Zip Code	
27.37/100	9509 Davis Bld. #180	NONTH Richle Hills	Tx 76182	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food	FODD		
	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				

	EXPENDITURES MADE TICAL CONTRIBUTIONS	SCHEDULE F1
If the requested inf	ormation is not applicable, DO NOT inclu	de this page in the report.
	EXPENDITURE CATEGORI	ES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Pollin by Grit/Awards/Memorials Expense Print	Repayment/Reimbursement Solicitation/Fundraising Expense e Overhead/Rental Expense Transportation Equipment & Related Expense ing Expense Travel In District res/Wages/Contract Labor Other (enter a category not listed above) to complete this form. Solicitation/Fundraising Expense
1 Total pages Schedule F1:	2 FILER NAME Haley Taeylor Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2023	5 Payee name Bison Stradegies LLC	
6 Amount'(\$) 3845. 89/100	7 Payee address; PO BOX 2662	City: State; Zip Code OklahumeCity OK 73101
8	(a) Category (See Categories listed at the top of this schedul	e) (b) Description
PURPOSE OF EXPENDITURE	Advertesing Expense	Campaign Mader
	(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/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
04/24/2023	Target	
Amount (\$)	Payee address; 3352 Daws Old.	City: State: Zip Code North Richhand Hills TX
x	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	other	Supplies - Walkoo
	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 I	Office sought Office held
Date	Рауее патте	
04/24/2023	Whataberger	
Amount (\$)	Payee address;	City: State: Zip Code
22.92/wo		Keller TX 76248
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	FOUD FOR WALVERS
	Check if travel outside of Texas. Complete Schedule	Check if Austin, TX. officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF T	HIS 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 E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Haley Tember Schlit	2	3 Filer ID (Ethics Commission Filers)
⁴ Date 04/25(2023) 6 Amount (\$)	5 Payee name American Technology	Consulting	State; Zip Code
1575. With	7713 Stoney Creek Ct.	Fairfay Station	VA 22039
8	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Supense	Texting	
	(C) Check if travel outside of Texas. Complete	Schedule T. Check if Ausli	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	schedule) Description	
	Check if travel outside of Texas. Complete	Schedule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 t	Schedule T. Check if Austin	n, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS NEE	DED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	C	OFFICE USE ONLY
NAME	NICKNAME HAST Taylor Sch	suffix Nitz	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; 201 Town Center Lone #1411 Keller TX 76293	CITY, STATE; ZIP CODE	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (469) 968-7239	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Me. William	A	Data Processed
	NICKNAME LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / S 1039 BRADFURD CRT. Keller TK 76448	SUITE #, CITY,	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (469)969-1239	EXTENSION	
9 REPORT TYPE	January 15 30th day before d	ection Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
	<u> </u>	Reporting Limit	
10 PERIOD	Month Day Year	Month	Day Year
COVERED	04 27 2023	THROUGH 06	30 2023
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other	
		Description	
	5 6 2023 General		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known Veller ISD B	SALD OF TRUSTEE, PLACE #4
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN MADE WITHOUT THE CAND	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
		ASURER NAME	
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
	GO TO	PAGE 2	

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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 TO PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	(NS) \$ 29 99.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 5129. 86/100			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY \$ 3665. ⁹³ /_			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	IS OF THE \$			
	wear, or affirm, under penalty of perjury, that the accompanying report is guired to be reported by me under Title 15, Election Code.	s true and correct and includes all informa	ation		
	Apley Jan	1/2 Achilen			
		f Candidate or Officeholder			
		1			
	Please complete either option bel	IOW:			
(1) A#J	G L MONTEMAYOR Notary Public, State of Texas My Commission Expires				
(1) Affidavit	July 24, 2025 NOTARY ID 12393284-2				
NOTARY STAMP/SEAL					
07	before me by <u>bally Taylor Schlitz</u> this t	the <u>11</u> day of <u>July</u>	_,		
20 <u>23</u> , to certify which, witness my hand and seal of office.					
Jo Mon	3 Gayelynne Montemayor	notary			
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering o	bath		
Jan State Lands	OR				
(2) Unsworn Declaratio	on				
My name is	, and my date of birth	th is			
My address is		،،،،،			
	(street) (city)	(state) (zip code) (country)			
Executed in	County, State of, on the day of	nonth) , 20 (year)			
	(11)				
	Signature of Ca	andidate/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Filer ID (Ethics Commission F	llers)			
Haley Taylor Schlitz					
21		TOTAL OUNT			
1.	\$ 239	9. %			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	\$ (Ø			
4.	4. SCHEDULE E: LOANS				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s ø	9.86/100		
7.		5			
8.	s ø				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ Ø			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	SINESS OF C/OH \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$			
12.	2. 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. 1 Total pages Schedule A1: 12 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Date 4 7 Amount of contribution (\$) 100.00/ 4/27/2023 Po Box 1778 Fortworth Τx 76102 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_____ Amount of contribution (\$) 100. 00/____ City; State; Zip Code Fort Wirth 76103 TK. Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date ___ out-of-state PAC (ID#:_____ Amount of contribution (\$) Melanic Kommel 4/29/2023 50. %____ Contributor address; City; State; Zip Code 10708 Givzdyhawsk Leme Fort Worth TK 76244 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) R. Beth Showman Contributor address; City; State; Zip Code +/29/2013 25 00/ 336 Semmel Dei Marriotta GA 20060 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.

MONET	ARY POLITICAL C	ONTRIBL	JTIONS	SCHEDULE A1
If the reque	ested information is not applicat	ole, DO NOT ir	nclude this page in th	e report.
The	e Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	y Taylos Schlitz			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	ull name of contributor [] out-of-state PAC (ID#:)) 7 Amount of contribution (\$)
4/30/2023	Sue Magie 6 Contributor address; 11693 Nefleaf Lom	City;	State; Zip Code TX 76244	25. 00/
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instru	uctions)
Date	Full name of contributor Sunny Crawford		C (ID#:) Amount of contribution (\$)
4/30/2023	Contributor address; 2001 Gripson St.	city: Fortwinta	State; Zip Code TA 76111	5.002
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	uctions)
Date	Full name of contributor Keuren Sterling	out-of-state PAC (ID#:)) Amount of contribution (\$)
150/2023	Contributor address; 127 Mcleod Place	city; Geclas Orcul	State; Zip Code TX 78612	5.01
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	uctions)
Date	Full name of contributor	out-of-state PA	; ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	Amount of contribution (\$)
7/30/2013	Contributor address? 3000 Alcore lone	city: Corinth	State; Zip Code TX 762.(0	10.002
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	Ictions)
			1	
	ATTACH ADDITI If contributor is out-of-state PAC		OF THIS SCHEDULE AS uction guide for additional	

SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Taylor Schlitz	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor [] out-of-state PAC (ID#:) Christina Gragnier	7 Amount of contribution (\$)	
4/30/2013	6 Contributor address; City; State; Zip Code 4195 Chino Hills Parkway Chile Hills 9A 91709	250. W/w-	
8 Principal occ	upation / Job title (See Instructions) 9 Employer (See Instruct	tions)	
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)	
4/30/2023	Contributor address; City; State; Zip Code 2517 Ryan Are. Fort Worth TX 76110	50. °%	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor [] out-of-state PAC (ID#:) Mary Annis Mosre	Amount of contribution (\$)	
1/30/2013	Contributor address; City; State; Zip Code 518 Thulma Dr. Sun Antenio TX 79212	5. ¹⁰ /	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor [] out-of-state PAC (ID#:)	Amount of contribution (\$)	
4/30/2023	Contributor address; City: State; Zip Code 2207 Marvin Gardens St. Arligton TK 760 []	25. 0%	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r		
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 11/15/2022			

SCHEDULE A1

IT I	ne Instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1:
2 FILER NAM	IE				3 Filer ID (Ethics Commission Filers)
Haley To	whor Schlitz				
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
	Nancy Sandara				\sim
4/301	6 Contributor address;	Citv:	State:	Zip Code	10.00
130/2013	1311 Holy Oak St.	Arlight	τx	76012	10.
8 Principal oc	cupation / Job title (See Instructions)	0		oyer (See Instruc	stions)
-	,		0	-7 (
Date	Full name of contributor	out-of-state PA	C (ID#:		Amount of contribution (\$)
A.	Teresa McClellan				
4/30/2023	Contributor address;	City;			
1 1003	4664 Brichberg Lane	-			25. 0/
		TIT UIRK	• • v	1013 1	
Principal occ	upation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
N	Maryan Dorin				
1/30) W23	Contributor address;	City;	State;	Zip Code	
2007	9920 Edleman Court	Fortworth			25.
Delet in i		10rt World	1	· · · · · ·	
	pupation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-slate PAG	C (ID#:)	Amount of contribution (\$)
	Sundra Christian				
4/30/2023	Contributor address;	City;	State;	Zip Code	10,01
1003	4425 Prickly Roor Dr.	Fort	T/L	76244	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDIT				
	If contributor is out-of-state PAC	, please see instr	uction guid	le for additional i	reporting requirements.
Forms provided by	orms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 11/15/2022				

SCHEDULE A1

				T	
The	The Instruction Guide explains how to complete this form.				
2 FILER NAME Haley	agler Schlitz			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	out-of-slate PA	C (ID#:)	7 Amount of contribution (\$)	
4/30/2023	6 Contributor address; 1311 Holy Oak Street.	City; Ar-lington	State; Zip Code TVC 76012	10. 00/	
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Date	Full name of contributor	_	C (ID#:)	Amount of contribution (\$)	
4/30/2023	Contributor address;	City;	State; Zip Code	12. 02/10-	
Principal occu	1209 S Davis Dr.	Drhight	TX- 76013 Employer (See Instruc	tions)	
Date 4/30/2013	Full name of contributor Nelda Harris	🗌 out-of-state PA	C (ID#:)	Amount of contribution (\$)	
342223	Contributor address; 2000 E Leunar Blud. ⁴⁵ 600	City; Arluctur	State; Zip Code Tx: 7 60 06	5. °°L	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor Sue Testerman	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
1./ 603	Contributor address; 4113 Manzinita St.	City; Fort Worth	State; Zip Code TX 76137	12. 02	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
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.					
Th	The Instruction Guide explains how to complete this form.				
2 FILER NAMI Haley	Taylor Schlitz		3 Filer ID (Ethics Commission Filers)		
4 Date $5/1$	5 Full name of contributor Dout-of-state PA	.C (ID#:)	7 Amount of contribution (\$)		
1/2023	6 Contributor address; City;	State; Zip Code	\$250. %		
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
	Full name of contributor 🗇 out-of-state PA	.C (ID#:)	Amount of contribution (\$)		
5/1/2023	Contributor address; City;	State; Zip Code TX 76109	25. 00/		
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor 🗆 out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
5/2/2023	Contributor address; City;	State; Zip Code TX 76021	5. w/_		
Principal occi	upation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor Dout-of-state PAC	C (ID#:)	Amount of contribution (\$)		
5/2/2023	Contributor address; City: 539 W. 16th St. Houston	State; Zip Code TJ: 7700 9	50. 00/		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

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

T	he Instruction Guide explains ho	w to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAM	Registr Schlitz			3 Filer ID (Ethics Commission Filers)
4 Date 🔾	5 Full name of contributor Maryellen Hicks		AC (1D#:)	7 Amount of contribution (\$)
5/2/2023	6 Contributor address; Po Box 19185	City;	State; Zip Code	25.00/
	Contraction (Fortwirth	TX 76119	
8 Principal oc	cupation / Job title (See Instructions		9 Employer (See Instruc	tions)
Date	Full name of contributor	🗌 out-of-state PA	\C (ID#:)	Amount of contribution (\$)
~	Daniel Funtony			
5/2/2023	Contributor address; U	City;	State; Zip Code	1.80
1 12023	2014 Sprin Mist De. #1	420 Artingt	at TX 76011	100.00/
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	🗌 out-of-state PA	.C (ID#:)	Amount of contribution (\$)
<u> </u>	Lucea Suzan Kedro	n		
J/3/2013	Contributor address;	City;	State: Zip Code	122 G/
1 12055	25 Highland Park V. lege	Dollas	TX 75205	[00. a)
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
-	Tom Hallford			
5/3/2023	Contributor address;	City;	State; Zip Code	a)s w/
1013	4209 De Greek Trail	Keller	Tx 76244	
Principal occ	upation / Job title (See Instructions)		Employer (See Instruct	tions)
	ATTACH ADDI If contributor is out-of-state PA		OF THIS SCHEDULE AS N	
orms provided by	/ Texas Ethics Commission	www.ethics		Revised 11/15/202
		************************		Kevised 11/15/202

MONE	TARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1				
If the requ	If the requested information is not applicable, DO NOT include this page in the report.						
Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:				
2 FILER NAM	autor Schlip		3 Filer ID (Ethics Commission Filers)				
4 Date J	Full name of contributor out-of-state P/ Jin Ivey	7 Amount of contribution (\$)					
5/3/2023	6 Contributor address; City; 3202 Carisbrooke Crf. Collegville	State; Zip Code TX 76034	25. ^{al}				
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instruc	tions)				
Date	Full name of contributor Dout-of-state PA Sandra Christian	AC (ID#:)	Amount of contribution (\$)				
5/4/2023	Contributor address; City; 4425 Prickly Pear Dr. Fort	State; Zip Code TX 762.44	10.00/				
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	tions)				
Date	Full name of contributor Dout-of-state PA Rebecce Glasser	AC (ID#:)	Amount of contribution (\$)				
5/4/2023	Contributor address; City;	State; Zip Code TV: 76243	25. 01				
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	tions)				
Date	Full name of contributor Dout-of-state PA	.c (ID#:)	Amount of contribution (\$)				
5/4/2013	Contributor address; City; 2801 Gupsod St. Fort Warfu	State: Zip Code TX 76(1)	25.002				
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
,							
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst						

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

Th	e Instruction Guide explains how to complete th	nis form.	1 Total pages Schedule A1:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
	ylor Schlitz				
4 Date	5 Full name of contributor 🗌 out-of-state F	PAC (ID#:)	7 Amount of contribution (\$)		
5/4/222	DIRY THOUS THOUSE				
P/4/2023	6 Contributor address; City;	State; Zip Code	25.		
	Mary Annis Moore 6 Contributor address; City; 513 Thelma Drie San Antoni	Tr 78412			
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	<u> </u>	AC (ID#:)	Amount of contribution (\$)		
5/11	Michael Ceraso Contributor address; City; 426 N. Contos Ave. West				
1/4/2023	Contributor address; City;	State; Zip Code	16		
	426 N. Conlos Ave. West Grina		1000, 002		
	Covina	0A 91790	-		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
	1				
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)		
		· · · · · · · · · · · · · · · · · · ·			
Slar	Contributor address; City;				
5/4/2023	Contributor address; City;	State; Zip Code	25.002		
	9316 Mountain Lake Crt. Wirth	TX 76179	χ J.		
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	tions)		
			(Child)		
Date	Full name of contributor	Act (194			
	Joldan Zaslow	AC (ID#:)	Amount of contribution (\$)		
5/51,	······				
1-1623	Contributor address; City;	State; Zip Code	200.02		
	Providence	RI (12903			
Principal accur	STAPLOY				
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	cions)		
	ATTACH ADDITIONAL COPIES				
	If contributor is out-of-state PAC, please see Ins	truction guide for additional r	eporting requirements.		

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SCHEDULE A1

SCHEDULE A1

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The	Instruction Guide explains how to comple	te this form.	1 Total pages Schedułe A1:
2 FILER NAME Halea To	wher Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date	1	late PAC (ID#)	7 Amount of contribution (\$)
5/5/223	6 Contributor address; City; 13751 Backwith Dr. Hust	State; Zip Code いっ てん つい4	25.0%
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instru-	ctions)
Date		late PAC (ID#:)	Amount of contribution (\$)
5/6/2023	Contributor address; City;	State; Zip Code Kr TX 762.44	25.002
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🗇 out-of-st	ate PAC (ID#:)	Amount of contribution (\$)
5/6/2023	Contributor address; City;	State; Zip Code Jorth TX 76104	25. 002
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor Dout-of-st	ate PAC (ID#:)	Amount of contribution (\$)
5/9/2023	Contributor address; City; 2201 Gipson St. Fort Wa	State; Zip Code	5. 00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL CO If contributor is out-of-state PAC, please sec	PIES OF THIS SCHEDULE AS New Section 2 (1997) PIES OF THIS SCHEDULE AS New York (1997) PIES (1997) PIE	

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	5 Full name of contributor Dout-of-state	PAC (ID#:)	7 Amount of contribution (\$) 22. 9/	
5/11/2023	Linda Jean Matthews 6 Contributor address; City; 9680 Spur PD. Springfield	State; Zip Code VA 22153		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor Dout-of-state Zeciscofie Tayber - Smith		Amount of contribution (\$)	
5/16/2023	Contributor address; City;	State; Zip Code	22. W/	
	2918 S. EdgeField Ave. Dalks Dation / Job title (See Instructions)	Employer (See Instruct	-	
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)	
a 1 .	Lillian Wimberty			
5/17/2023		State; Zip Code	11. 4	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)	
5/21/2023		State; Zip Code	25.0	
Principal occup	2145 Town Center De. Rond H3 Rock Dation / Job title (See Instructions)	TX. 73664 Employer (See Instruct	-	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				
Forme previded by T	Texas Ethics Commission www.eth	ire state ty us		

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SCHEDULE A1

SCHEDULE A1

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The	e Instruction Guide explains	how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME Haten a	cylor Schlitz			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	🗌 out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
	Kathrad Lubars	ier		
5/25/4023	6 Contributor address;	City;	State; Zip Code	$\gamma \subset \Delta \gamma$
1 1005	6 Contributor address; 1548 Woolsey St.	Berkeley	OA 94703	a, L
8 Principal occ	upation / Job title (See Instruction	ons)	9 Employer (See Instruc	tions)
Data	Full name of contributor			
Date			NC (ID#:)	Amount of contribution (\$)
54.	Jue Magie			
5/31/1023	Contributor address;	City;	State; Zip Code	S. W
) 5	Sue Magie Contributor address; 11643 Netleaf Leve	Keller	Tx 76244	0
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	out-of-state PA	LC (ID#:)	Amount of contribution (\$)
	Sunny Grawford			
6/8/2023	Contributor address;	Citv:	State; Zip Code	
1-1-023	2501 Gipson St.		TX 76111	5.00/
Principal occu	pation / Job title (See Instruction	ns)	Employer (See Instruct	tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Loan D. V. ws.		,	
5/26/2023	Contributor address;	City;	State; Zip Code	(2, 0)
·	4401 Forfire way	Firtwith	TX 76133	100. 05/
Principal occu	pation / Job title (See Instruction	ns)	Employer (See Instruct	ions)
	ATTACH AD		OF THIS SCHEDULE AS N ruction guide for additional r	
Forms provided by]	Texas Ethics Commission	www.ethics	.state.tx.us	Revised 11/15/202:

POLITICAL EXPENDITURES MADEFROM POLITICAL CONTRIBUTIONSSCHEDULE F1						
If the requested in	formation is	not applicable, DO NOT	include t	his page in the re	eport.	
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Event Expanse 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)					uipment & Related Expense	
1 Tetal and the Calendaria Ed.		The Instruction Guide explain	ns now to c	complete this form.	9 51 10 (5)	
1 Total pages Schedule F1	2 FILER N. Haleen 5 Payee na	Taylor Schlitz			3 Filer ID (Et	nics Commission Filers)
6/7/2023	ActBl	x				
6 Amount (\$)	7 Payee ad	dress; 441146	6	City;	State;	Zip Code
42.12/00	TUIDOy	שרחיר	20	nerville	MA	02144-0031
8	(a) Categor	Y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Free					
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder li	ring expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date 6 3 2023	Payee na	•				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
3. 32/100	601 Ki	of Street		Alexandria	VA	22314
	Category	(See Categories listed at the top of this a	schedule)	Description		
PURPOSE OF EXPENDITURE	Fees					
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Aust	n, TX, officeholder to	ving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee na	Ime				
5/1/2023	Whole	FONDS				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
41, 97	4901 0	olleyville Bho.		Collegville	TK	76034
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	F601	>				
		Check if travel outside of Texas, Complete S	chedule T.	Check if Austi	n, TX, officeholder in	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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POLITICAL EXPENDITURES MADEFROM POLITICAL CONTRIBUTIONSSCHEDULE F1						
If the requested int	formation is not applicable, DO NOT inclue	de this page in the r	eport.			
	EXPENDITURE CATEGORI	ES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Bevarage Expense Pollin By Gitl/Awards/Memonals Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense ies/Wages/Contract Labor to complete this form	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1			3 Filer ID (Ethics Commission Filers)			
6	Haky Tarywi Schlitz					
4 Date 5/4/223	5 Payee Rahe J GODMAN CAMPAIGNS					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
944 50/	211 E. 7th St. #620					
8	Austin TX 79701 (a) Category (See Categories listed at the top of this schedule	e) (b) Description				
PURPOSE						
OF EXPENDITURE	FUNDRAISING Expense	FUNDRA	isary			
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Aust	in, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
5/8/2023	Starlacks					
Amount (\$)	Payee address;	City;	State; Zip Code			
32. ³⁹ /w	962 Keller Parkwey	Keller	Tx 76249			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	FOOD					
	Check if travel outside of Texas. Complete Schedule T	Check if Aust	in, TX. officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
5/2)2073	Kroger					
Amount (\$)	Payee address;	City;	State; Zip Code			
113. 23/	2061 Rufe Snow DR.	Keller	TN 76249			
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 Aust	in. TX. officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NE	EDED			

FROM POLI	EXPENDITURES MADE		SCHEDULE F1		
If the requested info	ormation is not applicable, DO NOT i	nclude this page in the re	port.		
	EXPENDITURE CATE	GORIES FOR BOX 8(a)			
Advertising Expense Evant Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Reintal Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memonals Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME Habo laylor Schlitz		3 Filer ID (Ethics Commission Filers)		
4 Date 5/9/2023	5 Payee name Whata Durger				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
29. 44/00	1520 Keller Plany	letter	TV 76248		
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description			
PURPOSE OF EXPENDITURE	Food				
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Aust	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
5/9/2023	Donna Leun				
Amount (\$)	Payee address;	City;	State; Zip Code		
1100.00/	1097 School House Pro. H	911 Huslet	TK 76052		
	Category (See Categories listed at the top of this				
PURPOSE OF EXPENDITURE	FOOD	Election	N. ght Resty Catery		
	Check if travel outside of Texas. Complete	Schedule T. Check if Aus	tin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office he ld		
Date	Payee name				
5/9/2023	Switchboard				
Arnount (\$) 41. 86/	Payee address; Do Box 33495	City: Washingta	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Found Praising	s schedule) Description			
	Check if travel outside of Texas, Complete	e Schedule T. Check if Au:	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIE	ES OF THIS SCHEDULE AS N	EEDED		

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FROM POLI	EXPENDITURES MADE		SCHEDULE F1
If the requested info	ormation is not applicable, DO NOT includ	e this page in the re	port.
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Office Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printing	Repayment/Reimbursement Overhead/Rental Expense g Expense ig Expense as:Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5/10/2023 6 Amount (\$) 264.54	Hobey Keefer EMitz 5 Payee name GOODMAN Cumpaignes LUL 7 Payee address; 211 E. 7th St. #620 Austij) TX. 78701	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule FUNDRASING	e) (b) Description	
	(c) Check if travel outside of Texas. Complete Schedule	r. Check if Austr	in, TX, officeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 5/24/2023	Payee name Switch board		
Amount (\$) 113.94/	Payee address; Pu Box 33425	City: Washington	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule FUNDRAS		to TV officabolder bying eventse
	Check if travel outside of Texas. Complete Schedule	T. Check if Aus Office sought	tin, TX, officeholder living expense Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	chice dought	
Date 5/24/422	Payee name Jeanette Murtinez Cenn	PAYA	
Amount (\$) 250.01	Payee address; PU Box 34952	Fort Work	State: Zip Code Ty. 76196
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul Rollfrood Donation	Campion	Dowedrued
Complete <u>QNLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED

Revised 11/15/2022

	EXPENDITURES MADE		SCH	IEDULE F1
If the requested in	formation is not applicable, DO NOT incl	ude this page in the re	eport.	
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)		
Advertising Expense Event Expense Lean Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Faes Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Baverage 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. Travel In District				
1 Total pages Schedule F1	2 FILER NAME Haleg Taylor Schlitz		3 Filer ID (Ethi	cs Commission Filers)
4 Date 6 2 2073	5 Payee name Texas Blue Action			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
180.00/	Texas Blue Action PUBOX 41424	Aosta	Τx	78704
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description		
PURPOSE OF EXPENDITURE	CONSULTING EXPENSE			
	(c) Check if travel outside of Texas. Complete Schedu	leT. Check if Austin	n, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date 617/2013	Payee name Staples			
Amount (\$)	Payee address;	City;	State;	Zip Code
310.00/100	200 N. Kimbell Arc. # 221	Southlak	Tx	76092
	Category (See Categories listed at the top of this schedu	le) Description		
PURPOSE OF EXPENDITURE	Printing	Letterhead -	+ Envelope	2
	Check if travel outside of Texas. Complete Schedul	e T. Check of Austin	i, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6 9/2023	Blue Base Group			
Amount (\$)	Payee address;	City;	State;	Zip Code
1026. %	7800 Landmark Ridy St.	Fortwirth	tk	76133
	Category (See Categories listed at the top of this schedul	e) Description		
PURPOSE OF EXPENDITURE	Consulting	Field Orga	curizan	
	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 1	HIS SCHEDULE AS NEE	DED	

FROM POLI	EXPENDITURES MADE TICAL CONTRIBUTIONS		SCHEDULE F1
If the requested in	formation is not applicable, DO NOT inclu	ide this page in the re	port.
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made f Candidate/Officeholder/Politic Credit Card Payment	Fees Offin Food/Beverage Expense Poll By Gift/Awards/Memonals Exponse Print	n Repayment/Reimbursement ce Overhead/Rental Expense Ing Expense ting Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME Hakey Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 6 14 2023	5 Payee name S Casey Thomas Campaign		
250, W/	7 Payee address; P Boy 763203	Dellas	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu		uchear) PullesCity Coucil
	(C) Check if fravel outside of Texas. Complete Schedule	T. Check if Auslin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 6/15/2023	Payee name Emerge American		
Amount (\$) 250. 2	Payee address; 351 California St. #930	City; Sand Trarisco	State; Zip Code CA 94604
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Do Do Late D	Young Lead	ers Cabinet Support
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held
Date 6 23 2023	Payee name Gloria's Lotin Cubine		
Amount (\$) 190. ²² /105	Gilonia's Lotin Curringe Payee address; 320 W. Las (divas BWL.	city: Irniy	State: Zip Code TX 75.39
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Team Than	K You Lunch
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule Candidate / Officeholder name	T. Check if Auslin, Office sought	TX, officeholder living expense Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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

15 C/OH NAME		16 Filer ID (Ethi	cs Commission Filers)
O CICIT NAME			
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 LA OF REPORTING PERIOD	ST DAY \$	1,218.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	S \$	
18 SIGNATURE Is	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and	d includes all information
rec	quired to be reported by me under Title 15, Election Code.		
	Signature of Ca	andidate or Office	eholder
	Please complete either option below	N:	
(4) 6 (2) 1			
(1) Affidavit			
NOTARY STAMP/SEA	L		
Sworn to and subscribed	before me by this the	day d	of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ering oath Printed name of officer administering oath	Title of	officer administering oath
	OR		
(2) Unsworn Declarati	on		
My name is	, and my date of birth is	S	
	······································		
		(state) (zip coo	le) (country)
Executed in	County, State of, on the day of(mon	, 20, 20,	ear)
	Signature of Cand	idate/Officeholder	(Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

λ

20 Filer ID (Ethics Commission Filers)

21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,447.50
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 Comm Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Ex Printing Ex Salaries/M	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not lis		oment & Related Expense
1 Total pages Schedule F1:	2 FILER N Haley Ta	AME aylor Schlitz			3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee na					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	γ (See Categories listed at the top of thi	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	(See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ate / Officeholder name		Office sought		Office held
Date	Payeer	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	Y (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					g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	-	date / Officeholder name		Office sought		Office held
	A	TACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NEI	EDED	

Date	Amount	Payee	Address	Category
7/13/2023	\$798.00	Beyond The Slogan Consulting	na ann an an ann an ann ann ann ann ann	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	ατό το ποιοιομού του το	Banking Fee
otal	\$2,447.50			

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MS.	FIRST Haley	м	OFFICE USE ONLY		
NAME	NICKNAME	LAST Taylor Schlitz	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 1039 Bradfor	apt / suite #; d Court, Keller, T>	city; state; zip code < 76248			
Change of Address	AREA CODE	PHONE NUMBER	EXTENSION			
5 CANDIDATE/ OFFICEHOLDER PHONE	(469)	968-7239	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN	MS / MRS / MR	FIRST	мі	Receipt # Amount \$		
TREASURER NAME	Mr.	William	Α	Date Processed		
	NICKNAME	Schlitz	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / S rd Court, Keller, T>		STATE: ZIP CODE		
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 7	Day Year / 1 / 23	Month THROUGH 12	Day Year 31 23		
11 ELECTION	ELECTION DA Month Day 5 6	TE Year Primary 23 General	ELECTION TYPE Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known Keller ISD Boar	d of Trustee, Place 4		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	TADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	· · · ·			
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
		GO TO	PAGE 2			

15 C/OH NAME 15 FRIE D (Ence Commission of the polatical contributions (other than plebdes, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS KADE ELECTRONICALLY) 1 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (Other than plebdes, LOANS, OR GUARANTEES OF LOANS, OR GUARANTEES OF LOANS) \$ 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ \$ 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ \$ 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ \$ 2. TOTAL POLITICAL EXPENDITURE \$ \$ 2,44 CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1,22 OUTSTANDING 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1,22 OUTSTANDING 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1,22 OUTSTANDING 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1,22 Isst DAY OF THE REPORTING PERIOD Signature of Candidate or Officeholder \$ \$ 1,22 Isst DAY OF THE REPORTING PERIOD Signature of Candidate or Officeholder \$ \$<	mission Filers)
TOTALS PLEDGES, LGANS, OR GUARANTEES OF LGANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAM PLEDGES, LGANS, OR GUARANTEES OF LGANS) \$ EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 4. TOTAL POLITICAL EXPENDITURES \$ 2,44 CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,2' OUTSTANDING LOAN TOTALS 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,2' OUTSTANDING LOAN TOTALS 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,2' OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ \$ 1,2' 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes required to be reported by me under Tile 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by	
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) * EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 4. TOTAL POLITICAL EXPENDITURES \$ 2,44 CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,22 OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL ANOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,22 OUTSTANDING ICOAN TOTALS 6. TOTAL PRINCIPAL ANOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,22 OUTSTANDING ICOAN TOTALS 6. TOTAL PRINCIPAL ANOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,22 OUTSTANDING ICOAN TOTALS 6. TOTAL PRINCIPAL ANOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,22 OUTSTANDING ICOAN TOTALS 6. TOTAL PRINCIPAL ANOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,22 OUTSTANDING ICOAN TOTALS 1 swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder VIDARY STAMP/SEAL Soom to and subscribed before me by	
TOTALS 3. TOTAL ONTERIZED FORTICAL EXPENDITURES \$ \$ 4. TOTAL POLITICAL EXPENDITURES \$ 2,44 CONTRIBUTION BALANCE 5. TOTAL POLITICAL EXPENDITURES \$ 1,2' OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,2' 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes required to be reported by me under Title 15, Election Code. \$ \$ VIENDE Complete either option below: (1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by	0.00
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 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 Swom to and subscribed before me by	
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 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 Signature of officer me by	447.50
LOAN TOTALS LAST DAY OF THE REPORTING PERIOD Image: comparison of the company of	218.43
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 Swom to and subscribed before me bythis thethis theday 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	
Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me bythis thethis theday 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 adm OR (2) Unsworn Declaration My name is, and my date of birth is	les all information
Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by	
Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by	
(1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by	
(1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by	
(1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by	
NOTARY STAMP/SEAL Sworn to and subscribed before me by	
NOTARY STAMP/SEAL Sworn to and subscribed before me by	
NOTARY STAMP/SEAL Sworn to and subscribed before me by	
Sworn to and subscribed before me by	
Sworn to and subscribed before me by	
20, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is, and my date of birth is My address is,,,	
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,,,,,	,
OR (2) Unsworn Declaration My name is, and my date of birth is My address is,,,	
(2) Unsworn Declaration My name is, and my date of birth is My address is,,,	administering oath
My name is, and my date of birth is My address is,,,,,,,	
My address is,,,,,,,	
My address is,,,,,,,	·
	(country)
Executed in County, State of, on the day of, 20 (month) (year)	
(month) (year)	
Signature of Candidate/Officeholder (Declarant	rant)

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
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,447.50
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 E Candidate/Officeholder/Politics Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services The Instruction Guide explains	Office Overhea Polling Expension Printing Expension Salaries/Wage	nse es/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1:	2 FILER M Haley T	aylor Schlitz			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payeen					
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of this s	schedule) (b) Description		
	(c)	Check if travel outside of Texas. Complete Sci	hedule T.	Check if Aus	tin, TX, officeholder living	a expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payeen	ame				
Amount (\$)	Payee a	iddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Catego	${f y}$ (See Categories listed at the top of this so	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Aus	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payeer	name				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Catego	$oldsymbol{\gamma}$ (See Categories listed at the top of this so	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
		ITACH ADDITIONAL COPIES	OF THIS SC	CHEDULE AS NE	EDED	

Date	Amount	Payee	Address	Category
7/13/2023	\$798.00	Beyond The Slogan Consulting	nie o zana na na se n Na se na s	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	nna manananana ina ina mana ina manana na manana manana manana manana manana manana manana mana manana mana ma	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	and former an environment of the state of a state of the second memory of the state of the second of the second	Banking Fee
12/31/2023	\$10.00	Prosperity Bank		Banking Fee
otal	\$2,447.50			and a standard standa