FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00051076 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Alliance for Life Date Received **ELECTRONICALLY FILED** 01/15/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 8000 Centre Park Dr., Ste. 380 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78754-5136 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. James C. NAME NICKNAME LAST **SUFFIX** Shaw STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4505 Corazon Cv. STREET **ADDRESS** (Residence or Business) Round Rock, TX 78681 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 8000 Centre Park Dr., Ste. 380 MAILING **ADDRESS** Austin, TX 78754 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 789-0111 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 10/29/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other X Runoff 01/30/2023 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life			00051076	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Christi Craddick Railroad Com	nmissioner	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	31,223.31
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	35,715.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	7,085.73
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u>'</u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Jame	es C. Shaw	
		Signature of Ca	mpaign Treasu	ırer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tl	his the	day
		which, witness my hand and seal of office.		
Circult (#			Tial. 6 65	
Signature of officer ad	ministering oath	Printed name of officer administering oath	ritle of office	cer administering oath

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
ACTIVITY (Iden	Candidates ntify by name or, if licable, classify by party.)	A. Supported	John Devine S	Supreme Court Jus	stice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(Des local	Measures scribe by date and tition of election and ure of issue.)	A. Supported				
		B. Opposed				
(Ider	Officeholders Assisted ntify by name or, if licable, classify by party.)					
COMMITTEE 1.	Candidates	A. Supported	Sharon Keller	Court of Criminal	Appeals Presid	lina Judae
ACTIVITY (Ider	ntify by name or, if licable, classify by party.)		Charen Rener		rippodio, i rooid	mig daags
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(Des local	Measures scribe by date and tition of election and ure of issue.)	A. Supported				
		B. Opposed				
(Ider	Officeholders Assisted ntify by name or, if licable, classify by party.)					
COMMITTEE 1. ACTIVITY (Ider		A. Supported	Barbara Herve	y Court Of Crimin	al Appeals, Jud	ge
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(Des local	Measures scribe by date and tion of election and ure of issue.)	A. Supported				
		B. Opposed				
(Ider	Officeholders Assisted ntify by name or, if licable, classify by party.)					

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12 (COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
-	Texas Alliance for Life				00051076	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Michelle Slaughter Court Of C	iminal Appeals, J	Judge
ļ	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
(COMMITTEE	1. Candidates	A. Supported	Patricia Hardy State Board Of	Education	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Tallista Haray Glade Board G.	_addadon	
ļ	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Pam Little State Board Of Edu	cation	
ļ	(Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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					Page 5 01 98
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Paul Bettencourt State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Angela Paxton State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Phil King State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if)				
	applicable, classify by party.)				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Tan Parker State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Joan Huffman State Senator	r	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Donna Campbell State Sena	ator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
ACTIVITY (Ic	. Candidates dentify by name or, if pplicable, classify by party.)		Adam Hinjosa State Sena	tor	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(D	. Measures Describe by date and cation of election and ature of issue.)	A. Supported			
		B. Opposed			
	. Officeholders Assisted dentify by name or, if pplicable, classify by party.)				
ACTIVITY	. Candidates dentify by name or, if pplicable, classify by party.)		Gary VanDeaver State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(D	Describe by date and location of election and lature of issue.)	A. Supported			
		B. Opposed			
	. Officeholders Assisted dentify by name or, if pplicable, classify by party.)				
ACTIVITY (Ic	. Candidates dentify by name or, if pplicable, classify by party.)		Jill Dutton State Represen	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(D	Describe by date and location of election and lature of issue.)	A. Supported			
		B. Opposed			
(Ic	. Officeholders Assisted dentify by name or, if pplicable, classify by party.)				
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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cecil Bell Jr.	State Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Gregory Rell	State Representat	ive	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Gregory Ben	State Representati	100	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Cole Hefner	State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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12 COMMITTEE I	NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliand	e for Life					00051076	
14 COMMITTEE ACTIVITY		1. Candidates (Identify by name or, if applicable, classify by party.)		Jay Dean State Represe	entative		
(Attach lists on paper to compl report if necess	lete this		B. Opposed				
		2. Measures (Describe by date and location of election and	A. Supported				
		nature of issue.)					
			B. Opposed				
		Officeholders Assisted (Identify by name or, if					
		applicable, classify by party.)					
COMMITTEE ACTIVITY		Candidates (Identify by name or, if	A. Supported	Cody Harris State Repre	esentativ	'e	
		applicable, classify by party.)					
(Attach lists on paper to compl report if necess	lete this		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders Assisted (Identify by name or, if					
		applicable, classify by party.)					
COMMITTEE ACTIVITY		1. Candidates (Identify by name or, if applicable, classify by party.)		Trent Ashby State Repre	esentativ	/e	
(Attach lists on paper to compl report if necess	lete this		B. Opposed				
		2. Measures	A. Supported				
		(Describe by date and location of election and nature of issue.)					
			B. Opposed				
		Officeholders Assisted					
		(Identify by name or, if applicable, classify by party.)					

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12 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)
Texas Alliance for Life			00051076
14 COMMITTEE 1. Cand (Identify by applicable,		Travis Clardy State Representat	ive
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
2. Meas (Describe b location of nature of is:	y date and election and	1	
	B. Opposed		
3. Office Assis (Identify by applicable,	ted		
COMMITTEE 1. Cand	idates A Supportor	Kyle Kacal State Representative	
ACTIVITY (Identify by	name or, if	Nyle Kacai State Representative	•
	classify by party.)		
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
2. Meas (Describe b location of a nature of is:	y date and election and	i	
	B. Opposed		
3. Office Assis (Identify by	ted		
COMMITTEE 1. Cand ACTIVITY (Identify by	idates A. Supported	Angela Orr State Representative	•
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
2. Meas (Describe b location of e nature of is:	y date and election and	i	
	B. Opposed		
3. Office Assis (Identify by applicable,	ted		
1			

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12 CC	OMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Te	exas Alliance for Life					00051076	
	DMMITTEE CTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Will Metcalf	State Representativ	ve	
pa	ttach lists on plain per to complete this port if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
CC	OMMITTEE	1. Candidates	A. Supported	Stan Gerdes	State Representat	ive	
	CTIVITY	(Identify by name or, if applicable, classify by party.)		Ciair Coraco	otato reprocentat		
pa	ttach lists on plain per to complete this port if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	DMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ernest Bailes	State Representa	tive	
рa	ttach lists on plain per to complete this port if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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12 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)
Texas Alliance for Life			00051076
14 COMMITTEE 1. Candic (Identify by na applicable, cla	I	Ellen Troxclair State Representa	ative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measu (Describe by location of ele	date and ction and		
nature of issu	B. Opposed		
3. Officeh Assiste (Identify by na	ed ume or, if		
	assify by party.)		
COMMITTEE ACTIVITY 1. Candid (Identify by na applicable, cla		Terry Wilson State Representat	ive
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measu (Describe by location of elenature of issu	date and ction and		
	B. Opposed		
3. Officeh Assiste (Identify by na	d		
COMMITTEE 1. Candid ACTIVITY (Identify by na	ates A. Supported	Dade Phelan State Representat	ive
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
2. Measu (Describe by location of ele nature of issu	date and ction and		
	B. Opposed		
Officeh Assiste (Identify by ne applicable, cla	d		
1	l		

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Greg Bonnen S	tate Representat	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A Sunnorted	Cody Vasut Sta	to Depresentativ	<u> </u>	
ACTIVITY	(Identify by name or, if		Couy vasut Sta	le Representativ	е	
	applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jacey Jetton St	ate Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Gary Gates S	state Representativ	е	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)	7. Cupportou				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if		Ryan Guillen	State Representati	ive	
	applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Todd Hunter	State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	[,,, 5, party.)	<u> </u>				

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Justin Holland State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Janie Lopez State Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		J.M. Lozano State Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and leastion of election and	A. Supported			
	location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

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COMMITTEE NAME Texas Alliance for Life					13 Filer ID 00051076	(Ethics Commission Filers)
Texas Alliance for Life					00051070	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		John Kuempel	State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)	7. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Caroline Harris	State Represent	tative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)			·		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	,	B. Opposed				
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Andrew S. Murr	State Represen	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
ACTIVITY	. Candidates dentify by name or, if oplicable, classify by party.)	A. Supported	Brad Buckley State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(D	. Measures Describe by date and cation of election and ature of issue.)	A. Supported			
		B. Opposed			
(Ic	. Officeholders Assisted dentify by name or, if oplicable, classify by party.)				
COMMITTEE 1.	. Candidates	A. Sunnorted	Hugh Shine State Representativ	/A	
ACTIVITY (Ic	dentify by name or, if oplicable, classify by party.)	7 Capported	Trugit State Representati	VC	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(D	. Measures Describe by date and cation of election and ature of issue.)	A. Supported			
		B. Opposed			
(Ic	. Officeholders Assisted dentify by name or, if oplicable, classify by party.)				
COMMITTEE 1. ACTIVITY (10		A. Supported	Richard Hayes State Represent	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(D	. Measures Describe by date and cation of election and ature of issue.)	A. Supported			
		B. Opposed			
(Ic	. Officeholders Assisted dentify by name or, if oplicable, classify by party.)				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		DeWayne Burns State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Shelby Slawson State Represe	ntative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Shelby Slawson State Represen	nauve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Glenn Rogers State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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12 COMMITTEE NAME Texas Alliance for Life					13 Filer ID 00051076	(Ethics Commission Filers)
	1	1				
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Frederick Fraiz	er State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)	7 ii Gapportoa				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Reggie Smith	State Representa	tive	
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	The state of scale,	B. Opposed				
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ben Bumgarne	er State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	Assisted					

	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
T	Texas Alliance for Life				00051076	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Lynn Stucky State Representati	ve	
p	Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
		Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Kronda Thimesch State Represe	entative	
p	Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Matt Shaheen State Representa	itive	
p	Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
		Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jeff Leach Sta	te Representative	3	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Sunnorted	David Spiller S	itate Representati	ive	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		David Spiller S	nate representati		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	James Frank S	State Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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FORM GPAC ADDENDUM

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
ACTIVITY (Id	Candidates lentify by name or, if plicable, classify by party.)	A. Supported	Stan Lambert	State Representat	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(Deloc	Measures escribe by date and cation of election and sture of issue.)	A. Supported				
		B. Opposed				
(Id	Officeholders Assisted lentify by name or, if plicable, classify by party.)					
COMMITTEE 1.	Candidates	A Supported	Drew Darby S	tate Representativ	/A	
ACTIVITY (Id	dentify by name or, if oplicable, classify by party.)	A. Supported	Diew Daiby 3	iale Representativ	/ C	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(Deloc	Measures escribe by date and cation of election and lture of issue.)	A. Supported				
		B. Opposed				
(Id	Officeholders Assisted lentify by name or, if plicable, classify by party.)					
COMMITTEE 1. ACTIVITY (Id		A. Supported	Carrie Isaac S	tate Representativ	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(Deloc	Measures escribe by date and cation of election and ture of issue.)	A. Supported				
		B. Opposed				
(Id	Officeholders Assisted lentify by name or, if plicable, classify by party.)					
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FORM GPAC ADDENDUM

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						1 age 20 01 00
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Brooks Landgraf	State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A Supported	Tom Craddick S	State Depresents	ativo	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Tom Craddick 3	nale Representa	auve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dustin Burrows	State Represent	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	1					

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12 COMM	IITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas	Alliance for Life					00051076	
14 COMM ACTIV	ITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Carl Tepper S	State Representativ	/e	
paper t	lists on plain to complete this f necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMM ACTIV		1. Candidates (Identify by name or, if applicable, classify by party.)		Stan Kitzman	State Representa	tive	
paper t	lists on plain to complete this f necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMM ACTIV		1. Candidates (Identify by name or, if applicable, classify by party.)		John Smithee	State Representa	tive	
paper t	lists on plain to complete this f necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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						1 age 20 01 00
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Alliance for Life				00051076	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ken King State Representative		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	Candidates		Condy Noble State Degree	tivo	
	ACTIVITY	(Identify by name or, if	A. Supported	Candy Noble State Representati	uve	
		applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Stephanie Klick State Represer	itative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				

					Page 26 01 98
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Nate Schatzline State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		David Cook State Representativ	/e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Giovanni Capriglione State Rep	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if)				
	applicable, classify by party.)				

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ler ID (Ethics Commission Filers)
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					Page 28 01 98
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Angie Chen Button State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	John Lujan State Representativ	e	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		John Edjan State Representativ	C	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if)				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Stephen Allison State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

							Page 29 01 98
	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Texas Alliance for Life					00051076	
14 COMMITTEE 1. Candidates ACTIVITY (Identify by name or, i applicable, classify by				Mark Dorazio	State Representa	tive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE	1. Candidates	A. Supported	Sam Harloss	State Representat	tive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Jam Halless	—————		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders Assisted (Identify by name or, if)					
		applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Charles Cunn	ingham State Rep	presentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders Assisted (Identify by name or, if					
		applicable, classify by party.)					

FORM GPAC ADDENDUM

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					-
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Briscoe Cain State Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dennis Paul State Representation	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Tom Oliverson State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mike Schofield	State Represent	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A Supported	Mano DeAvala	State Represent	tativo	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Mano DeAyala	State Represent	auve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Lacey Hull Sta	te Representative	e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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					1 age 02 01 00		
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)		
Texas Alliance for Life				00051076			
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Valoree Swanson State Representative					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE	1. Candidates	A. Supported	Dabney Bassell Court Of Appea	als Tustica			
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Dablicy Bassell Court of Appea	ais, Justice			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jamie Tijerina Court of Appeals	,Chief Justice			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						

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				13 Filer ID	(Ethics Commission Filers)
				00051076	
Candidates (Identify by name or, if applicable, classify by party.)		Ysmael Fonseca C	Court Of Appea	als, Justice	
	B. Opposed				
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
Candidates (Identify by name or, if applicable, classify by party.)		Brent Hagenbuch	State Senator		
	B. Opposed				
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed 3. Officeholders Assisted A. Supported B. Opposed	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Brent Hagenbuch of the property of the property of the party o	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Brent Hagenbuch State Senator B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Brent Hagenbuch State Senator B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of Issue.) B. Opposed A. Supported A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed B. Opposed B. Opposed B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

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	17 COMMITTEE NAME Texas Alliance for Life 18 Filer ID (00051076							
	LE SUBTOTALS	Π						
NAME OF	5	SUBTOTAL AMOUNT						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	30,423.31				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	2,620.00				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$					
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$					
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$					
7. X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	800.00				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$					
9.	SCHEDULE E: LOANS		\$					
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	35,664.83				
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	50.21				
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/15 Rpt: 35/98		
2	FILER NAME Texas Allian				Filer ID (Ethics Commission 00051076	ı Filers)
4	Date 11/28/2023	5 Full name of contributor out-of-state PAC (ID#:) Arnold, Charles 6 Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
_		Pleasanton, TX 78064				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID#:_ Atkins, Mary Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Cedar Park, TX 78613 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#:_ Atkins, Mary Contributor address; City; State; Zip Code Cedar Park, TX 78613)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID#:_ Berger, Becky Contributor address; City; State; Zip Code Schulenberg, TX 78956			Amount of Contribution (\$)	\$50.00
	Principal occu Geologist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#:_ Berger, Becky Contributor address; City; State; Zip Code Schulenberg, TX 78956)		Amount of Contribution (\$)	\$50.00
	Principal occu Geologist	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/15 Rpt: 36/98	
2	FILER NAME Texas Allian	ce for Life	3	Filer ID (Ethics Commission 00051076	n Filers)	
4	Date 11/26/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	SAN ANTONIO, TX 78245 pation / Job title (See Instructions)	Employer (See Instructions	9		
	Retired	salion, cos une (coe mendenone)	2 Employer (GGC moardoner)	,		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID#:_Carder, Darrell & Mary Contributor address; City; State; Zip Code Dripping Springs, TX 78620)		Amount of Contribution (\$)	\$156.25
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>;</u>)		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID#: Cortez, Abel & Kristy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$52.01
	Principal occu	Austin, TX 78717 Dation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/23/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$52.01
	Principal occu	Austin, TX 78717 pation / Job title (See Instructions)	Employer (See Instructions	<u>;</u>)		
	Date 11/27/2023	Full name of contributor out-of-state PAC (ID#:_ Cristofich, Tony Contributor address; City; State; Zip Code Bandera, TX 78003			Amount of Contribution (\$)	\$300.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
		-				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 37/98
2	FILER NAME Texas Allian	e for Life		3	Filer ID (Ethics Commission Filers) 00051076
4	Date 12/19/2023	 Full name of contributor)	7	Amount of Contribution (\$) \$25,000.00
		Austin, TX 78763			
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 11/23/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$625.00
	Principal occu Retired	San Antonio, TX 78248 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)	
	Date 11/23/2023	Full name of contributor			Amount of Contribution (\$) \$100.00
	Dringing! aggs	Denton, TX 76207	Employer (See Instructions	<u></u>	
		pation / Job title (See Instructions) missioner Place 4	Employer (See instructions)	
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$) \$100.00
	•	pation / Job title (See Instructions) missioner Place 4	Employer (See Instructions	<u> </u> 5)	
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$) \$10.00
	Principal occu Tutor	pation / Job title (See Instructions)	Employer (See Instructions	5)	
		<u>'</u>			

	MONET	ARY POLITICAL CO	NTRIBUTION	IS		SCHEDULE	E A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 4/15 Rpt: 38/98	
2	FILER NAME Texas Allian	ce for Life			3	Filer ID (Ethics Commission 00051076	r Filers)
4	Date 12/23/2023	 5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		Waco, TX 76710					
8	Principal occu Tutor/Self	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 11/23/2023	Full name of contributor Floyd, Kathleen Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	5	Dripping Springs, TX 78620		5 1 (0 1 : "	<u></u>		
	Registered N	pation / Job title (See Instructions) Iurse		Employer (See Instructions	5)		
	Date 12/23/2023	Full name of contributor Floyd, Kathleen Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Dripping Springs, TX 78620					
	Principal occu Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions	5)		
	Date 11/23/2023	Full name of contributor Givens, Edward Contributor address; City; State; Austin, TX 78717				Amount of Contribution (\$)	\$50.00
	Principal occu Analyst	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Date 12/23/2023	Full name of contributor Givens, Edward Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	Austin, TX 78717 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Analyst						

	MONET	ARY POLITICAL CONTRIBUT	TONS		SCHEDUL	E A1
	The Instruc	etion Guide explains how to complete th	s form.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 39/98	
2	FILER NAME Texas Alliand	e for Life		3	Filer ID (Ethics Commission 00051076	on Filers)
4	Date 11/23/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_		LOCKHART, TX 78644	<u></u>			
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/23/2023	Full name of contributor	D#:)		Amount of Contribution (\$)	\$10.00
		LOCKHART, TX 78644		Ţ		
	retired	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 11/27/2023	Full name of contributor out-of-state PAC (I Harless, Sam & Patricia Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$1,200.00
		Spring, TX 77379-6900	1	Ţ		
		pation / Job title (See Instructions) st 126, Automobile Dealer	Employer (See Instructions	s)		
	Date 11/23/2023	Full name of contributor out-of-state PAC (I Hashman, Lisa & Tom Contributor address; City; State; Zip Code Driftwood, TX 78619	D#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Pediatrician/	oation / Job title (See Instructions) Retired	Employer (See Instructions	s)		
	Date 12/23/2023	Full name of contributor out-of-state PAC (I Hashman, Lisa & Tom Contributor address; City; State; Zip Code Driftwood, TX 78619	D#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Pediatrician/	pation / Job title (See Instructions) Retired	Employer (See Instructions	s)		

	MONEI	ARY POLITICAL CONTRI	BUTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	ete this form.		Total pages Schedule A1: Sch: 6/15 Rpt: 40/98	
2	FILER NAME Texas Allian	ce for Life			Filer ID (Ethics Commission 00051076	n Filers)
4	Date 11/23/2023	Haynes, Brent 6 Contributor address; City; State; Zip Code	PAC (ID#:	7 /	Amount of Contribution (\$)	\$25.00
8	Principal occu	Houston, TX 77008 pation / Job title (See Instructions)	9 Employer (See In	structions)		
	Attorney / Ga	alveston County District Attorney				
	Date 12/23/2023	Full name of contributor out-of-state Haynes, Brent Contributor address; City; State; Zip Code	PAC (ID#:		Amount of Contribution (\$)	\$25.00
	Dringing con	Houston, TX 77008	Employer (Coo In	atrustiana)		
		pation / Job title (See Instructions) alveston County District Attorney	Employer (See In	structions)		
	Date 11/23/2023	Full name of contributor out-of-state Hayter, Russell & Trudy Contributor address; City; State; Zip Code	PAC (ID#:		Amount of Contribution (\$)	\$300.00
		Mountain City, TX 78610				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date 11/28/2023	Full name of contributor out-of-state Hogan, Ryan Contributor address; City; State; Zip Code Cedar Park, TX 78613	PAC (ID#:		Amount of Contribution (\$)	\$15.00
	Principal occu Staffer	pation / Job title (See Instructions)	Employer (See In Sen Bryan Bird			
	Date 11/23/2023	Full name of contributor out-of-state Huebner, Katherine Contributor address; City; State; Zip Code Richardson, TX 75081	PAC (ID#:		Amount of Contribution (\$)	\$10.00
	Principal occu Semi-Retired	pation / Job title (See Instructions)	Employer (See In	structions)		
			·			

	MONEI	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 41/98	
2	FILER NAME Texas Allian	ce for Life		3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 12/23/2023	 Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu Semi-Retired	Richardson, TX 75081 pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/23/2023	Full name of contributor out-of-state PAC (II Joiner, Diane & Steve Contributor address; City; State; Zip Code Lakeway, TX 78738	D#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 11/23/2023	Full name of contributor out-of-state PAC (II Joiner, Diane and Steve Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$25.00
		Lakeway, TX 78738 pation / Job title (See Instructions)	Employer (See Instructions	s)		
_	Date 11/04/2023	Full name of contributor out-of-state PAC (II Kalish, Michael and Valerie Contributor address; City; State; Zip Code Liberty Hill, TX 78642	D#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Roofing Con	pation / Job title (See Instructions) tractor	Employer (See Instructions	s)		
	Date 11/23/2023	Full name of contributor out-of-state PAC (II Kalish, Michael and Valerie Contributor address; City; State; Zip Code Liberty Hill, TX 78642	D#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Roofing Con	pation / Job title (See Instructions) tractor	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/15 Rpt: 42/98	
2	FILER NAME Texas Allian			3	Filer ID (Ethics Commission 00051076	ı Filers)
4	Date 11/23/2023	5 Full name of contributor out-of-state PAC (ID#:_ Kruczek, Loraine 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_		Austin, TX 78737				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#:_ Kruczek, Loraine Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78737 pation / Job title (See Instructions)	Employer (See Instructions)		
	Retired					
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#:_ Manning, Lillian Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666				
	Principal occu Religious Sis	pation / Job title (See Instructions) ster	Employer (See Instructions)		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID#:_Manning, Lillian (Sister) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	San Marcos, TX 78666 pation / Job title (See Instructions)	Employer (See Instructions)		
	Religious Sis		Employor (Goo moradania	,		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID#:_ Masters, Sue and Glenn Contributor address; City; State; Zip Code Abilene, TX 79604)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/15 Rpt: 43/98	
2	FILER NAME Texas Allian			3	Filer ID (Ethics Commission 00051076	ı Filers)
4	Date 12/23/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_	Deignaiga I annu	Abilene, TX 79604	O Franks or (Cas Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID#:_ Maxey, Sherri and Erik Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Jarrell, TX 76537 pation / Job title (See Instructions)	Employer (See Instructions)		
	Office Mana					
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#:_ Maxey, Sherri and Erik Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Jarrell, TX 76537				
	Principal occu Office Mana	pation / Job title (See Instructions) ger	Employer (See Instructions)		
	Date 12/07/2023	Full name of contributor out-of-state PAC (ID#:_ McDonald, Kate and David Contributor address; City; State; Zip Code Leander, TX 78641			Amount of Contribution (\$)	\$50.00
	Principal occu Traffic Incide	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID#:_ Moreland, Ronda and KC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Radio Produ	pation / Job title (See Instructions) Icer	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/15 Rpt: 44/98	
2	FILER NAME Texas Allian	ce for Life		3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 12/23/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
0	Dringing ogg	Dallas, TX 75218 pation / Job title (See Instructions)	9 Employer (See Instructions			
8	Radio Produ	· · · · · · · · · · · · · · · · · · ·	9 Employer (See Instructions))		
	Date 12/31/2023	Full name of contributor out-of-state PAC (ID#:_ Olsson, Natalie and Fred Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Dringing aggr	Corpus Christi, TX 78413	Employer (See Instructions			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID#:_ Pojman, Beatriz and Joe Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78728				
		pation / Job title (See Instructions) rector Texas Alliance for Life	Employer (See Instructions)		
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#:_Pojman, Beatriz and Joe Contributor address; City; State; Zip Code Austin, TX 78728			Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions) rector Texas Alliance for Life	Employer (See Instructions)		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID#:_Ramsey, Lynn Contributor address; City; State; Zip Code Austin, TX 78717)		Amount of Contribution (\$)	\$50.00
	Principal occu Sr Product D	pation / Job title (See Instructions) Design	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 11/15 Rpt: 45/98	
2	FILER NAME Texas Allian	ce for Life		3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 11/23/2023	 Full name of contributor out-of-state PAC (ID#: Roady, Jack and Nisha Contributor address; City; State; Zip Code 	_	7	Amount of Contribution (\$)	\$100.00
_	Deinsinal assu	Santa Fe, TX 77510	D. Frankriger (Co.) Instructions			
8	District Attori	pation / Job title (See Instructions) ney	9 Employer (See Instructions	5)		
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#:_Roady, Jack and Nisha Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Santa Fe, TX 77510 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	District Attori		Employer (eee mediculers	,,		
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#:_Robinson, Becky Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Austin, TX 78757				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID#:_Samuelson, Brett and Billie Contributor address; City; State; Zip Code Taylor, TX 76574)		Amount of Contribution (\$)	\$10.00
	Principal occu Veterinary To	pation / Job title (See Instructions) ech, Student	Employer (See Instructions	5)		
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#:_Samuelson, Brett and Billie Contributor address; City; State; Zip Code Taylor, TX 76574			Amount of Contribution (\$)	\$10.00
	Principal occu Veterinary To	pation / Job title (See Instructions) ech, Student	Employer (See Instructions	5)		
	-		1			

	MONEI	ARY POLITICAL CONTRI	BUTIO	NS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to compl	ete this fo	rm.	1	Total pages Schedule A1: Sch: 12/15 Rpt: 46/98	
2	FILER NAME Texas Alliand	ce for Life			3	Filer ID (Ethics Commission 00051076	ı Filers)
4	Date 11/23/2023	Schero, Donna	te PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
8	Principal occur Registered N	Fort Worth, TX 76109 Dation / Job title (See Instructions) urse	9	Employer (See Instructions	i)		
	Date 12/23/2023	Full name of contributor out-of-state Schero, Donna Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 11/23/2023	Full name of contributor out-of-state Schulze, James and Patricia Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occur	Conroe, TX 77304 pation / Job title (See Instructions)		Employer (See Instructions	.)		
	Veterinarian	valion / Job title (See matrictions)		Employer (See instructions	·)		
	Date 12/23/2023	Schulze, James and Patricia Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Veterinarian	Conroe, TX 77304 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 11/23/2023	Full name of contributor out-of-state Shirk, Lynn Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu RE Appraise	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instruc	tion Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 13/15 Rpt: 47/98	
2	FILER NAME Texas Alliand	e for Life		3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 12/23/2023	 Full name of contributor out-of-state PAC (ID# Shirk, Lynn Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00
_	Deireciand	Bastrop, TX 78602	To Francisco (Constructions	<u> </u>		
8	RE Appraise	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 12/09/2023	Full name of contributor out-of-state PAC (ID# Skop, Eli Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$133.04
	Principal occur	San Antonio, TX 78232 pation / Job title (See Instructions)	Employer (See Instructions	<u>=,</u>		
	Student	adion 7 305 title (See instructions)	Employer (See Instructions	3)		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID# Skowbo, James Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$25.00
		Georgetown, TX 78633				
	Principal occup Self Employe	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID# Skowbo, James Contributor address; City; State; Zip Code Georgetown, TX 78633	:)		Amount of Contribution (\$)	\$25.00
	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID# Smith, Clark Contributor address; City; State; Zip Code Austin, TX 78750	:)	•	Amount of Contribution (\$)	\$25.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/15 Rpt: 48/98	
2	FILER NAME Texas Allian			3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 12/23/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Dringing ogg	Austin, TX 78750 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Attorney	pation / Job title (See Instructions)	S Employer (See Instructions)		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID#:_ Umstattd, Thomas & Margaret Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Dringing aggr	Cedar Park, TX 78613 pation / Job title (See Instructions)	Employer (See Instructions			
	Podcaster	pation / 300 title (See Instructions)	Employer (See Instructions	,		
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#:_ Umstattd, Thomas & Margaret Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Cedar Park, TX 78613				
	Principal occu Podcaster	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/03/2023	Full name of contributor out-of-state PAC (ID#: Verastegui, Robert & Sandra Contributor address; City; State; Zip Code Leander, TX 78641			Amount of Contribution (\$)	\$100.00
	Principal occu CyberSecuri	pation / Job title (See Instructions) ty Analyst	Employer (See Instructions)		
	Date 11/23/2023	Full name of contributor out-of-state PAC (ID#:_ Wheatley, Elisabeth Contributor address; City; State; Zip Code Georgetown, TX 78626)		Amount of Contribution (\$)	\$50.00
	Principal occu Writer	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 15/15 Rpt: 49/98	
2	FILER NAME Texas Allian	FILER NAME Texas Alliance for Life			Filer ID (Ethics Commission 00051076	n Filers)
4	Date 12/23/2023 5 Full name of contributor out-of-state PAC (ID#:) Wheatley, Elisabeth 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00	
		Georgetown, TX 78626				
8	Principal occu Writer	upation / Job title (See Instructions)	9 Employer (See Instructions Murphy Nasica	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/23/2023 Wilson, Roger and Peggy Stark Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	Jonestown, TX 78645 Principal occupation / Job title (See Instructions) Retired Pastor Employer (See Instruction					
	Date Full name of contributor out-of-state PAC (ID#:) 12/23/2023 Wilson, Roger and Peggy Stark Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
		Jonestown, TX 78645				
	Principal occu Retired Past	upation / Job title (See Instructions) tor	Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:_ 11/23/2023 Zamarron, Genoveva Contributor address; City; State; Zip Code Round Rock, TX 78664)		Amount of Contribution (\$)	\$25.00
			Employer (See Instructions	s)		

PLEDO	GED CONTRIBU	TIONS			SCHEDULE B
The	Instruction Guide exp	lains how to comple	te this form.	1 Total pages Sched Sch: 1/1 Rpt: 50	
2 FILER NAM Texas Allia	E Ince for Life			3 Filer ID (Ethi 00051076	cs Commission Filers)
4 TOTAL O	F UNITEMIZED PLEDG	ES		\$	0.00
5 Date	6 Full name of pledgor Floyd, Kathleen	out-of-state PAC (ID#:_)	8 Amount of pledge (\$)	9 In-kind description (If applicable)
11/17/2023	7 Pledgor Address;	City; State; Zip Code		\$120.00	
	Dripping Springs, TX	78620		Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occ Registered	cupation / Job title (See Instru I Nurse	ctions)	11 Employer (See Instru	uctions)	
5 Date	6 Full name of pledgor Partridge, John 7 Pledgor Address;	out-of-state PAC (ID#:_		8 Amount of pledge (\$) \$2,500.00	9 In-kind description (If applicable)
12/21/2023					
	Spicewood, TX 78669		T		ide of Texas. Complete Schedule T.
Business (cupation / Job title (See Instru Dwner	ctions)	11 Employer (See Instru Self	uctions)	

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

\vdash							
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule C4: Sch: 1/1 Rpt: 51/98			
2			3	Filer ID	(Ethics Commission Filers)		
L	Texas Alliance for Life				00051076		
4	Date	Date 5 Corporation / Labor Organization name		6	Amount (\$)		
L	11/01/2023	11/01/2023 Texas Alliance for Life, Inc.				4	400.00
Г	Date Corporation / Labor Organization name			Amount (\$)			
	12/01/2023		Texas Alliance for Life, Inc.			•	400.00

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/43 Rpt: 52/98	Texas Alliance for Life 00051076
4 Date	5 Payee name
12/27/2023	Ben Bumgarner Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	5150 Kensington Court
Expenditure from corporate funds	Flower Mound, TX 75022
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefft C/O	
Date	Payee name
12/06/2023	Bryan Hughes Campaign
Amount (\$)	
\$100.00	PO Box 450
Expenditure from	
corporate funds	Mineola, TX 75773
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/27/2023	Candy Noble Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1105 E Main Street #223
·	
Expenditure from	Allan, TV 75000
corporate funds	Allen, TX 75002
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/43 Rpt: 53/98	Texas Alliance for Life 00051076
4 Date	5 Payee name
12/04/2023	Caroline Harris Davila Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	PO Box 700
Expenditure from corporate funds	Round Rock, TX 78680
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/04/2023	Charlie Geren Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	PO Box 1440
Evanditure from	
Expenditure from corporate funds	Ft Worth, TX 76101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	
Date	Payee name
12/27/2023	Cody Harris Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	100 Avenue A
Expenditure from corporate funds	Palestine, TX 75801
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/43 Rpt: 54/98	Texas Alliance for Life 00051076
4 Date	5 Payee name
12/05/2023	Dan Patrick Campaign
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 685085
φοσο.σσ	1 o box doctor
Expenditure from corporate funds	Austin, TX 78768
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/13/2023	Donna Campbell Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	PO Box 171002
Expenditure from	
corporate funds	San Antonio, TX 78217
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Commission ONII V if dispose	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
11/02/2023	Elavon Compliance Services
Amount (\$)	Payee address; City; State; Zip Code
\$96.37	7300 Chapman Hwy
Expenditure from corporate funds	Knoxville, TN 37920
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	merchant services
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORARIO TO BOTTON O/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
, -	
Sch: 4/43 Rpt: 55/98	Texas Alliance for Life 00051076
4 Date	5 Payee name
12/04/2023	Elavon Compliance Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$85.03	7300 Chapman Hwy
Expenditure from corporate funds	Knoxville, TN 37920
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel queside of Taylor Complete Schedule T
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	merchant services
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/13/2023	Giovanni Capriglione Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1352 Ten Bar Trl.
Expenditure from corporate funds	Southlake, TX 76092
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Doto	
Date	Payee name
12/06/2023	Greg Bonnen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	405 David St
Expenditure from corporate funds	Friendswood, TX 77546
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Farmer a marchida al last Tribits F	11: O

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/43 Rpt: 56/98	Texas Alliance for Life 00051076
4 Date	5 Payee name
12/05/2023	Hilton Austin
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7,508.84	500 E 4th St
Expenditure from corporate funds	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Catering at fundraising dinner event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	
Date	Payee name
12/11/2023	Intellipay
Amount (\$)	Payee address; City; State; Zip Code
\$23.85	12884 Frontrunner Blvd, Suite 220
Expenditure from corporate funds	Draper, UT 84020
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense merchant services
	merchant services
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
11/13/2023	Intellipay
Amount (\$)	Payee address; City; State; Zip Code
\$23.85	12884 Frontrunner Blvd, Suite 220
Expenditure from corporate funds	Draper, UT 84020
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense merchant services
	merchant services
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	y

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/43 Rpt: 57/98	Texas Alliance for Life 00051076
4 Date	5 Payee name
12/06/2023	John Kuempel Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	902 E. College St
Expenditure from corporate funds	Seguin, TX 78155
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	1
Date	Payee name
12/04/2023	Justin Holland Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	3021 Ridge Rd Ste 79
Expenditure from corporate funds	Rockwall, TX 75032
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· ·
Date	Payee name
12/05/2023	Keith Bell Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	PO Box 1178
Expenditure from corporate funds	Forney, TX 75126
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
-	Candidate/Officeholder/Political Committee
	Campaign Continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
,	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/43 Rpt: 58/98	Texas Alliance for Life 00051076
4 Date	5 Payee name
12/07/2023	Kelly Hancock Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	PO Box 821349
— Forestitus from	
Expenditure from corporate funds	North Richland Hills, TX 76182
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
O Complete CNII V if aliant	Condidate/Officeholder name Office cought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
12/07/2023	Ken King Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	15074 Marshall Drive
Expenditure from corporate funds	Canadian, TX 79014
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Continuodions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/07/2023	Ken King Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	15074 Marshall Drive
φ100.00	13074 IvidiStidii Diive
Expenditure from	
corporate funds	Canadian, TX 79014
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuution
Commission Chill V if all	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/43 Rpt: 59/98	Texas Alliance for Life 00051076
4 Date	5 Payee name
12/27/2023	Kevin Ellis Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	PO Box 151453
Expenditure from corporate funds	Lufkin, TX 75915
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Campaign Contribution
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/27/2023	Kronda Thimesch Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1301 Justin Road
	Suite 210-310
Expenditure from corporate funds	Lewisville, TX 75077
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/27/2023	Leah Brown Marketing
Amount (\$)	Payee address; City; State; Zip Code
\$540.00	13501 Coomer Path
Expenditure from	
corporate funds	Pflugerville, TX 78660
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Various campaign images
	vanous campaign images
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not list The Instruction Guide explains how to complete this form.	ed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Com	mission Filers)
	Sch: 9/43 Rpt: 60/98	Texas Alliance for Life 00051076	
4	Date	5 Payee name	
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H Devine, John Supreme Court Justice Place 4 Supreme Court Place 4 Supreme	stice Place 4
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
_	T Expenditure from		
L	corporate funds		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense	
		Greek it Austin, 174, officer loads it wing experise	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H Keller, Sharon Court of Criminal Appeals, Court of Criminal A	Appeals,
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
_	T Expenditure from		
L	corporate funds		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense	•
		Greek in Austri, 174, officer order in mig expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H Hervey, Barbara Court Of Criminal Appeals, Court Of Criminal	Appeals,

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Politica Credit Card Payment	Legal Services The Instruction Guide explain:	s how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 10/43 Rpt: 61/98	Texas Alliance for Life		00051076
4 Date	5 Payee name		1
	(see previous)		
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
OF EXPENDITURE		I <u>—</u>	outside of Texas. Complete Schedule T.
		Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Court Of Criminal Appeals	
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State	e; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
OF EXPENDITURE	(·············	outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Maynard, Tom	State Board Of Education	District State Board Of Education
Data	·		
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State	e; Zip Code	
Expenditure from corporate funds			
		1	
PURPOSE OF	(a) Category (See Categories listed at the top of this so		
EXPENDITURE			outside of Texas. Complete Schedule T.
		Crieck if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	[⊣] Hardy, Patricia	State Board Of Education	District State Board Of Education

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide	explains how to complete this fo	rm.		
1	Total pages Schedule F1:			3		(Ethics Commission Filers)
	Sch: 11/43 Rpt: 62/98	Texas Alliance for Life			00051076	
4	Date	5 Payee name (see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check	if travel outsi	de of Texas. Composition officeholder living	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	eld
	expenditure to benefit C/OI	Little, Pam	State Board Of Educ	ation Dis	trict State B	oard Of Education
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check	if travel outsi	de of Texas. Composition officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Bettencourt, Paul	Office sought State Senator Distric	et 7	Office he	enator District 7
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
<u></u>	corporate funds		·			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check	if travel outsi	de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Heavier Paxton, Angela	Office sought State Senator Distric	et 8	Office he State Se	eld enator District 8

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment		explains how to complete this form	, , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 12/43 Rpt: 63/98	Texas Alliance for Life		00051076
4 Date	5 Payee name		•
	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top	p of this schedule) (b) Description	on
OF EXPENDITURE			f travel outside of Texas. Complete Schedule T.
		LI CHECK II	f Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		State Senator District	
<u> </u>			To State Condition 2.52.13. 25
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top	n of this schedule) (b) Descriptio	nn
OF	(See Categories listed at the top	_ '	f travel outside of Texas. Complete Schedule T.
EXPENDITURE			f Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H Parker, Tan	State Senator District	12 State Senator District 12
Date	Payee name		
Dato	(see previous)		
A (h)		Otata: Zin Oada	
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top	p of this schedule) (b) Descriptio	on
OF EXPENDITURE		Check if	f travel outside of Texas. Complete Schedule T.
EXPENDITORL		Check if	f Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H Huffman, Joan	State Senator District	17 State Senator District 17

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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)	-
	Sch: 13/43 Rpt: 64/98	Texas Alliance for Life 00051076	
4	Date	5 Payee name	_
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description 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/O	Campbell, Donna State Senator District 25 State Senator District 25	
_	Date	Payee name	=
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	_
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description 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/OF	Hinojosa, Adam State Senator District 27 None	
	Date	Payee name (see previous)	_
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	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/OI	Hagenbuch, Brent State Senator District 30 None	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1: Sch: 14/43 Rpt: 65/98	FILER NAME Texas Alliance for Life	ı	Filer ID 00051076	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	Expenditure from corporate funds				
8	PURPOSE OF EXPENDITURE	l 🗕		e of Texas. Comp	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought VanDeaver, Gary State Representative Distriction	rict 1	Office hel State Re	d epresentative District 1
	Date	Payee name (see previous)			
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code			
	PURPOSE OF EXPENDITURE	_]		e of Texas. Comp	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Dutton, Jill State Representative Distri	rict 2	Office hel	d
	Date	Payee name (see previous)			
	Amount (\$) Expenditure from	Payee address; City; State; Zip Code			
_	corporate funds	las			
	PURPOSE OF EXPENDITURE			e of Texas. Comp	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Bell Jr., Cecil State Representative Distri	rict 3	Office hel	d epresentative District 3

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide exp	lains how to complete this form	1.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)	
	Sch: 15/43 Rpt: 66/98	Texas Alliance for Life		(00051076		
4	Date	5 Payee name					
_		(see previous)					_
6	Amount (\$)	7 Payee address; City;	State; Zip Code				
	Expenditure from corporate funds						
8	PURPOSE	(a) Category (See Categories listed at the top of t	this schedule) (b) Description	ın			_
-	OF EXPENDITURE	(See Categories listed at the top of t			e of Texas. Com	plete Schedule T.	
	EXPENDITORE		Check if	Austin, TX, o	officeholder living	expense	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	eld	_
	expenditure to benefit C/O	H Bell, Keith	State Representative I	District 4	State R	epresentative District 4	
	Date	Payee name					=
		(see previous)					
	Amount (\$)	Payee address; City;	State; Zip Code				
_	T Expenditure from						
L	corporate funds						
	PURPOSE OF	(a) Category (See Categories listed at the top of t			e of Teyes Com	plete Schedule T.	
	EXPENDITURE				officeholder living		
							_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Hefner, Cole	Office sought State Representative I	District 5	Office he	eld epresentative District 5	
	Data		State Representative i	DISTRICT 3	State N	epresentative District 5	_
	Date	Payee name (see previous)					
	Amount (\$)		State; Zip Code				_
	γιποσπι (φ)	r dyee dddress, City,	otate, Zip Gode				
	Expenditure from corporate funds						
	PURPOSE	(a) Category (See Categories listed at the top of t	this schedule) (b) Description	n			_
	OF EXPENDITURE					plete Schedule T.	
			Check if	Austin, TX, C	officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	eld	_
	expenditure to benefit C/O	H Dean, Jay	State Representative I	District 7	State R	epresentative District 7	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense Legal Services

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

Credit Card Payment	The Instruction Guide explains how t	to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 16/43 Rpt: 67/98	Texas Alliance for Life	00051076
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip) Code
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI		sought Office held Representative District 8 State Representative District 8
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip	o Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI		sought Office held Representative District 9 State Representative District 9
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip	o Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Representative District 11 State Representative District 11

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense Legal Services

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

Credit Card Payment	The Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 17/43 Rpt: 68/98	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code	
Expenditure from			
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this	, I ·	outside of Taura Countries Col. 11. T
EXPENDITURE			outside of Texas. Complete Schedule T. , TX, officeholder living expense
			- 1
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Kacal, Kyle	State Representative Distr	ict 12 State Representative District 12
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; St	ate; Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	· • • —	
OF EXPENDITURE			outside of Texas. Complete Schedule T. , TX, officeholder living expense
		LI Check if Austin	, 17, uniceriuluer liviliy experise
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Orr, Angelia	State Representative Distr	ict 13 State Representative District 13
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; St	ate; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	(b) Description	
OF EXPENDITURE		Check if travel	outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/Ol		State Representative Distri	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explain	is how to complete this form.	OTTLA (enter a category not instear above)
1 Total pages Schedule F1:	2 FILER NAME	·	3 Filer ID (Ethics Commission Filers)
Sch: 18/43 Rpt: 69/98	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; Stat	te; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Gerdes, Stan	State Representative Distr	rict 17 State Representative District 17
Date	Payee name		
Dute	(see previous)		
A a		to. Tie Code	
Amount (\$)	Payee address; City; Stat	te; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	[†] Bailes, Ernest	State Representative Distr	rict 18 State Representative District 18
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; Stat	te; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
OF EXPENDITURE		Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	[†] Troxclair, Ellen	State Representative Distr	rict 19 State Representative District 19

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	l Committee L	Legal Services The Instruction Guide	Salaries	/Wages/Contract Labor omplete this form.		ER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME				3 Filer	· ID	(Ethics Commission Filers)
Sch: 19/43 Rpt: 70/98	Texas Allian	ce for Life			000	51076	
4 Date	5 Payee name						
	(see previou	s)					
6 Amount (\$)	7 Payee address	s; City;	State; Zip C	code			
Expenditure from corporate funds							
8 PURPOSE OF	(a) Category (See	e Categories listed at the to	pp of this schedule)	(b) Description			
OF EXPENDITURE				Check if Austin			olete Schedule T. expense
Complete ONLY if direct	L Candidate/Offic	eholder name	Office so	<u>l</u> waht		Office he	ald.
expenditure to benefit C/O		cholder hame		epresentative Distr			epresentative District 20
Date	Payee name						
	(see previou	s)					
Amount (\$)	Payee address	s; City;	State; Zip C	code			
Expenditure from corporate funds							
PURPOSE OF EXPENDITURE	(a) Category (See	e Categories listed at the to	op of this schedule)	(b) Description Check if travel (olete Schedule T. expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic Helan, Dade		Office so State Re	· ·		Office he	eld epresentative District 21
Date	Payee name						
Date	(see previou	s)					
Amount (\$)	Payee address	s; City;	State; Zip C	ode			
Expenditure from corporate funds				_			
PURPOSE	(a) Category (See	e Categories listed at the to	op of this schedule)	(b) Description			
OF EXPENDITURE				1 😐			plete Schedule T.
				Check if Austin	, TX, officel	nolder living	expense
Complete ONLY if direct	Candidate/Offic	eholder name	Office so	ught		Office he	eld
expenditure to benefit C/O	^H Bonnen, Greg	1		epresentative Distr	ict 24	State Re	epresentative District 24

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Politica		explains how to complete this for	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 20/43 Rpt: 71/98	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top	o of this schedule) (b) Description	on
OF EXPENDITURE			if travel outside of Texas. Complete Schedule T.
_//		Check i	if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Representative	
	vasat, souy	——————————————————————————————————————	District 25 State (representative District 25
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top	o of this schedule) (b) Description	on
OF EXPENDITURE	6) (200 canaganas mana an ma	· I —	if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check i	if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^Ⅎ Jetton, Jacey	State Representative	District 26 State Representative District 26
Data	Barra arana		
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
		1	
PURPOSE OF	(a) Category (See Categories listed at the top		
EXPENDITURE			if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		Check1	i Addin, 17, onicerolaer living expense
0 1. 6		000	0"
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experience to belief C/OI	Gates, Gary	State Representative	District 28 State Representative District 28
İ			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide expla	ns how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 21/43 Rpt: 72/98	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; St.	ate; Zip Code	
Expenditure from			
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this	′ I <u> </u>	
EXPENDITURE		<u> </u>	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Guillen, Ryan	State Representative Dist	rict 31 State Representative District 31
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; St	ate; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
EXPENDITURE			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Cricck ii Addiii	ii, 17, directional living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	Hunter, Todd	State Representative Dist	rict 32 State Representative District 32
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; St	ate; Zip Code	
- Cynonditure from			
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE		Check if travel	l outside of Texas. Complete Schedule T.
		Check if Austii	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		State Representative Dist	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

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

	Credit Card Payment	The Instruction Guide explains hov	-		TILK (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	-	3 Fil	er ID	(Ethics Commission Filers)
	Sch: 22/43 Rpt: 73/98	Texas Alliance for Life			0051076	,
4	Date	5 Payee name				
		(see previous)				
6	Amount (\$)	7 Payee address; City; State; Z	ip Code			
	(*)		•			
	Expenditure from corporate funds					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedul	(b)	Description		
	OF	(occ outegoines instead at the top of this sometain	, ,	Check if travel outside of	of Texas. Com	plete Schedule T.
	EXPENDITURE			Check if Austin, TX, offi	ceholder living	g expense
9	Complete ONLY if direct		e sought		Office h	
	expenditure to benefit C/O	T Lopez, Janie Stat	e Repres	sentative District 37	State R	Representative District 37
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City; State; Z	in Code			
	γ unount (Φ)	r dyee dudress, Sidy, State, 2	ip Code			
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of this schedul	(b)	Description		
	OF EXPENDITURE	(2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		Check if travel outside of	of Texas. Com	plete Schedule T.
	EXPENDITORE			Check if Austin, TX, office	ceholder living	g expense
	Complete ONLY if direct		e sought		Office h	eld
	expenditure to benefit C/O	Lozano, J.M. Stat	e Repres	sentative District 43	State R	Representative District 43
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City; State; Z	in Code			
	7 uno ant (4)		.p couc			
Г	Expenditure from					
_	corporate funds					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	e) (b)	Description		
	EXPENDITURE			Check if travel outside of Check if Austin, TX, offi		
				Check if Austin, 17, one	centider living	g expense
	Complete ONLY if direct	Candidate/Officeholder name Offic	e sought		Office h	old
	Complete ONLY if direct expenditure to benefit C/O	_1		sentative District 44		Representative District 44
	•	- Nucripe, John Star	e Kehies	DETIGUIVE DISUICE 44	State R	Lepresentative District 44

SCHEDULE F1

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

Event Expense Fees Foot/Beverage Expense Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explain	s how to complete this form.	OTTER (enter a category not instear above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 23/43 Rpt: 74/98	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; Stat	te; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this se	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Representative Distr	
Date	Davies name	·	·
Date	Payee name (see previous)		
A (A)	, , ,	7' 0 1	
Amount (\$) Expenditure from corporate funds	Payee address; City; Stat	te; Zip Code	
PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
OF EXPENDITURE	() Constant of the constant o	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H Buckley, Brad	Office sought State Representative Distr	Office held ict 54 State Representative District 54
Date	Payee name		
	(see previous)		
Amount (\$)		te; Zip Code	
Expenditure from corporate funds	1.0,00 0.00.	o, <u>L</u> p esus	
PURPOSE	(a) Category (See Categories listed at the top of this se	chedule) (b) Description	
OF EXPENDITURE		Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H Shine, Hugh	State Representative Distr	ict 55 State Representative District 55

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel in District
Printing Expense Travel Out of Dis
Salaries/Wages/Contract Labor OTHER (enter a

Credit Card Payment	The Instruction Guide exp	lains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 24/43 Rpt: 75/98	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of t	′ I — '	el outside of Texas. Complete Schedule T.
EXPENDITURE			in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
	Hayes, Richard	State Representative Dist	trict 57 State Representative District 57
Date	Payee name		
. (4)	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of t	his schedule) (b) Description	
OF EXPENDITURE	, , ,	Check if trave	el outside of Texas. Complete Schedule T.
		Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Burns, DeWayne	State Representative Dist	trict 58 State Representative District 58
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of t		
EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			, in the second of the second
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H Slawson, Shelby	State Representative Dist	trict 59 State Representative District 59

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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)
	Sch: 25/43 Rpt: 76/98	Texas Alliance for Life	00051076
4	Date	5 Payee name	
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE OF EXPENDITURE	I	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	H Rogers, Glenn State Representative Dist	rict 60 State Representative District 60
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE	I <u> </u>	I outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Frazier, Frederick State Representative Dist	Office held rict 61 State Representative District 61
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE	I	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H Smith, Reggie State Representative Dist	Office held rict 62 State Representative District 62

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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)
Sch: 26/43 Rpt: 77/98	Texas Alliance for Life	00051076
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office s H Bumgarner, Ben State	Sought Office held Representative District 63 State Representative District 63
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s Stucky, Lynn State	Sought Office held Representative District 64 State Representative District 64
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office s Thimesch, Kronda State	Sought Office held Representative District 65 State Representative District 65

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

Credit Card Payment	The Instruction Guide explain	s how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Sch: 27/43 Rpt: 78/98	Texas Alliance for Life		00051076	
4 Date	5 Payee name			
	(see previous)			
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code		
Expenditure from				
corporate funds				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this so	′ I — ·	andride of Tanas Committee Call 11 T	
EXPENDITURE			outside of Texas. Complete Schedule T. , TX, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/OI	H Shaheen, Matt	State Representative Distr	ict 66 State Representative District 66	
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City; Stat	e; Zip Code		
Expenditure from				
corporate funds				
PURPOSE OF	(a) Category (See Categories listed at the top of this so	· · · —		
EXPENDITURE		I —	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
		LI CHECK II AUSUIII	, 1.1, chocholder living expense	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/O	H Leach, Jeff	State Representative Distr	ict 67 State Representative District 67	
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City; Stat	e; Zip Code		
Evponditure from				
Expenditure from corporate funds				
PURPOSE	(a) Category (See Categories listed at the top of this se	chedule) (b) Description		
OF EXPENDITURE		Check if travel	outside of Texas. Complete Schedule T.	
		Check if Austin	, TX, officeholder living expense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/O		State Representative Distr		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide exp	plains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 28/43 Rpt: 79/98	Texas Alliance for Life		00051076
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
	T Frank, James	State Representative Distr	rict 69 State Representative District 69
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Lambert, Stan	Office sought State Representative Distr	Office held rict 71 State Representative District 71
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Darby, Drew	Office sought State Representative Distr	Office held rict 72 State Representative District 72
	Dailby, Diew	State Representative Bist	The TE State Representative District TE

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
3 Filer ID (Ethics Commission Filers)						
00051076						
ntside of Texas. Complete Schedule T. TX, officeholder living expense						
Office held et 73 State Representative District 73						
atside of Texas. Complete Schedule T. TX, officeholder living expense						
Office held						
t 81 State Representative District 81						

Credit Card Payment	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 29/43 Rpt: 80/98	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top of this s	· I —	
OF EXPENDITURE			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			n, m, amasilada ilmig alpanat
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Isaac, Carrie	State Representative Dist	rict 73 State Representative District 73
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
OF EXPENDITURE			l outside of Texas. Complete Schedule T.
		Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	¹ Landgraf, Brooks	State Representative Dist	rict 81 State Representative District 81
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this s	·	
OF EXPENDITURE			l outside of Texas. Complete Schedule T.
		Crieck ii Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	¹ Craddick, Tom	State Representative Dist	rict 82 State Representative District 82
Forms provided by Texas E	thics Commission www.ethics	s.state.tx.us	Version V3.5.1.0f381ab6

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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

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

Credit Card Payment	The Instruction Guide expla	ains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 30/43 Rpt: 81/98	Texas Alliance for Life		00051076
4 Date	5 Payee name		•
	(see previous)		
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code	
Expenditure from			
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of thi	′ I — ·	
EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			3 p
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Burrows, Dustin	State Representative Dist	trict 83 State Representative District 83
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; S	tate; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of thi	· • —	
EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Tepper, Carl	State Representative Dist	trict 84 State Representative District 84
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; S	tate; Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of thi		
OF EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		L Check if Austi	in, 175, omocnologi namy expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Kitzman, Stan	State Representative Dist	trict 85 State Representative District 85

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

	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)
	Sch: 31/43 Rpt: 82/98	Texas Alliance for Life	0005	51076
4	Date	5 Payee name	•	
		(see previous)		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
Ь	corporate funds			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of To	exas. Complete Schedule T. older living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office s	ought (Office held
	expenditure to benefit C/OI	¹ Smithee, John State F	epresentative District 86	State Representative District 86
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; State; Zip	`ada	
	Expenditure from corporate funds			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Te Check if Austin, TX, officeh	exas. Complete Schedule T. older living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s		Office held
	<u>'</u>	¹ King, Ken State F	epresentative District 88	State Representative District 88
	Date	Payee name (see previous)		
	Amount (\$)	Payee address; City; State; Zip	Code	
	Expenditure from corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	OF EXPENDITURE		Check if travel outside of To	exas. Complete Schedule T. older living expense
	Complete ONLY if direct	Candidate/Officeholder name Office s	ought (Office held
	expenditure to benefit C/OI	¹ Noble, Candy State F	epresentative District 89	State Representative District 89

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1: Sch: 32/43 Rpt: 83/98	2 FILER NAME Texas Alliance for Life	1	er ID 051076	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	Expenditure from corporate funds				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel Check if Austin			llete Schedule T. expense
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Klick, Stephanie State Representative Distr	rict 91	Office he State Re	ld epresentative District 91
	Date	Payee name (see previous)			
	Amount (\$)	Payee address; City; State; Zip Code			
	corporate funds				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel Check if Austin			llete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Schatzline, Nate State Representative Distr	rict 93	Office he State Re	ld epresentative District 93
	Date	Payee name (see previous)			
	Amount (\$)	Payee address; City; State; Zip Code			
	Expenditure from corporate funds				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel Check if Austin			lete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Cook, David State Representative Distriction	rict 96	Office he State Re	ld epresentative District 96

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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)	-
	Sch: 33/43 Rpt: 84/98	Texas Alliance for Life 00051076	
4	Date	5 Payee name	_
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	Expenditure from corporate funds		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	¹ Capriglione, Giovanni State Representative District 98 State Representative District 98	3
	Date	Payee name	_
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	_
	γ unount (φ)	rayoo aaarooo, ony, oaao, zip oodo	
	Expenditure from corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to benefit C/Or	Geren, Charlie State Representative District 99 State Representative District 99)
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	_
	(,)		
Г	Expenditure from		
_	corporate funds		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Creck if Austin, 17, Unicertolate living expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
		otate representative district 100 State representative district	_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains ho	ow to complete this form.	OTTLER (eliter a category not listed above)
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics Commission Filers)
Sch: 34/43 Rpt: 85/98	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
O Commission ONLY if disposit	Condidate/Officeholder name	i a a a cualet	Office hold
Complete ONLY if direct expenditure to benefit C/O	1.1	ice sought ate Representative Dist	Office held trict 108 State Representative District
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State;	Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ice sought ate Representative Dist	Office held trict 112 State Representative District
Date	Payee name		
	(see previous)		
Amount (\$) Expenditure from	Payee address; City; State;	Zip Code	
corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct Candidate/Officeholder name Office sought			Office held
expenditure to benefit C/O	H Lujan, John Sta	ate Representative Dist	trict 118 State Representative District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

divertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 35/43 Rpt: 86/98	Texas Alliance for Life 00051076
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to beliefit C/O	Allison, Stephen State Representative District 121 State Representative District
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
(+)	
Expenditure from	
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
Operation ONLY if allowed	Our stide to 10 ff as had done as one
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Candidate/Officeholder name Office sought Office held Candidate/Officeholder name Office sought Office held
	Dorazio, Mark State Representative District 122 State Representative District
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
•	(1) -
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
	Cano i topi sosmano biomot 220 Giato i topi sosmano biomot

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u>_</u>
_	Sch: 36/43 Rpt: 87/98	Texas Alliance for Life 00051076
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
Ĭ	, (+)	- Layou dadinoss, City, Clark, Elp Code
	Expenditure from corporate funds	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Cunningham, Charles State Representative District 127 State Representative District
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	(+)	- 1900 data: 300,
	Expenditure from corporate funds	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1 Cain, Briscoe State Representative District 128 State Representative District
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	Expenditure from corporate funds	
	PURPOSE	(a) Cotogony
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

Credit Card Payment	The Instruction Guide explains	how to complete this form.	OTTLA (enter a category not listed above)
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	<u> </u>	3 Filer ID (Ethics Commission Filers)
Sch: 37/43 Rpt: 88/98	Texas Alliance for Life		00051076
4 Date	5 Payee name		•
	(see previous)		
6 Amount (\$)	7 Payee address; City; State,	; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	1	Office sought State Representative Dist	Office held rict 130 State Representative District
Date	Davisa nama	·	
Date	Payee name (see previous)		
Amount (\$)	• •	; Zip Code	
Amount (\$)	Payee address, City, State,	, zip code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
OF EXPENDITURE		· · ·	outside of Texas. Complete Schedule T.
		Check if Austil	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name C	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI			rict 132 State Representative District
		State Representative Dist	The 102 State Representative District
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State;	; Zip Code	
- Cynanditura fram			
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
OF EXPENDITURE	5 (Check if travel	outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought	Office held
experialitie to beliefft C/OI	1 DeAyala, Mano S	State Representative Dist	rict 133 State Representative District

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to	o complete this form.			
1	Total pages Schedule F1:			3 File		(Ethics Commission Filers)
	Sch: 38/43 Rpt: 89/98	Texas Alliance for Life		000)51076	
4	Date	5 Payee name (see previous)				
6	Amount (\$)	7 Payee address; City; State; Zip	Code			
	Expenditure from corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel Check if Austin			plete Schedule T. expense
9	Complete ONLY if direct		sought		Office he	eld
	expenditure to benefit C/OI	H Hull, Lacey State	Representative Dist	rict 138	State R	epresentative District
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City; State; Zip	Code			
	Expenditure from corporate funds					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel Check if Austin			plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	1	sought Representative Dist	rict 150	Office he	eld epresentative District
	Date	Payee name (see previous)				
	Amount (\$) Expenditure from	Payee address; City; State; Zip	Code			
	corporate funds					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel Check if Austi			plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O		sought Of Appeals, Justice	Place	Office he	eld of Appeals, Justice Place

SCHEDULE F1

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

Event Expense
Fees
Foot/Beverage Expense
Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.	<i>(e)</i>
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	n Filers)
Sch: 39/43 Rpt: 90/98		,
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description 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		ce Place
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds PURPOSE	(b) Description	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description 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/O	PH Fonseca, Ysmael Court Of Appeals, Justice Place District Judge District 4	76
Date	Payee name	
12/27/2023	Murphy Nasica	
Amount (\$) \$12,300.00	Payee address; City; State; Zip Code PO Box 1648	
Expenditure from corporate funds	Austin, TX 78767	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Poll greeters for Jill Dutton for HD 2	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

kpense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 40/43 Rpt: 91/98	Texas Alliance for Life 00051076
4 Date	5 Payee name
11/20/2023	Murphy Nasica
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$507.91	PO Box 1648
- Funanditura from	
Expenditure from corporate funds	Austin, TX 78767
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Push cards for for Jill Dutton for HD 2
	T don't dated for for one Batton for Fib 2
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
11/20/2023	Murphy Nasica
Amount (\$)	Payee address; City; State; Zip Code
\$527.32	PO Box 1648
Expenditure from corporate funds	Austin, TX 78767
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	T-shirts for Jill Dutton for HD 2
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/27/2023	Murphy Nasica
Amount (\$)	Payee address; City; State; Zip Code
\$7,687.50	PO Box 1648
·	
Expenditure from corporate funds	Austin, TX 78767
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
_/	Check if Austin, TX, officeholder living expense
	Poll greeters for Jill Dutton for HD 2
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

,	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 41/43 Rpt: 92/98	Texas Alliance for Life	00051076
4 Date	5 Payee name	
11/20/2023	Murphy Nasica	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$2,269.68	PO Box 1648	
Expenditure from corporate funds	Austin, TX 78767	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Text message for Jill Dutton for HD 2
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soil	ught Office held
experialitate to benefit C/O		
Date	Payee name	
11/13/2023	Stan Kitzman Campaign	
Amount (\$)	Payee address; City; State; Zip C	ode
\$100.00	PO Box 553	
Expenditure from corporate funds	Pattison , TX 77466	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Caradate/Officerolaci/i Silical Committee	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	-	
Date	Payee name	
12/05/2023	Stan Lambert Campaign	
Amount (\$)	Payee address; City; State; Zip C	ode
\$100.00	P.O. BOX 3752	
Expenditure from corporate funds	Abilene, TX 79604	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Sandidate/Officeriolaet/Folitical Committee	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	H	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	<u> </u>
Sch: 42/43 Rpt: 93/98	Texas Alliance for Life 00051076
4 Date	5 Payee name
12/27/2023	Stephanie Klick Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	PO Box 7592
Expenditure from corporate funds	Fort Worth, TX 76111
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/05/2023	Steve Allison Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	200 Morningstar Dr
Expenditure from corporate funds	San Antonio, TX 78209
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/08/2023	Texas Alliance for Life, Inc
Amount (\$)	Payee address; City; State; Zip Code
\$1,300.65	8000 Centre Park Dr Ste 380
+ =,000.00	
Expenditure from corporate funds	Austin, TX 78754
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Contract labor to support activities
	Communication to support distribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 43/43 Rpt: 94/98	2 FILER NAME3 Filer ID(Ethics Commission Filers)Texas Alliance for Life00051076
4 Date	5 Payee name
12/05/2023	Todd Hunter Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	15217 S.P.I.D., Suite 205
Expenditure from corporate funds	Corpus Christi, TX 78418
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/19/2023	Wells Fargo Business Card
Amount (\$)	Payee address; City; State; Zip Code
\$49.41	PO Box 51174
Expenditure from corporate funds	Los Angeles, CA 90051-5474
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	Monthly payment
Commission ONII V if dispose	Condidate/Office helder name Office pought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/29/2023	Wells Fargo Business Card
Amount (\$)	Payee address; City; State; Zip Code
\$44.42	PO Box 51174
Expenditure from corporate funds	Los Angeles, CA 90051-5474
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense monthly payment
	montally payment
Commission Chill Mile aller	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3	

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/4 Rpt: 95/98 Texas Alliance for Life 00051076 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 12/05/2023 177 Chase Tower Garage Amount (\$) Payee address; City; State; Zip Code \$5.00 201 W 6th St Expenditure from Austin, TX 78701 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. parking **EXPENDITURE** Check if Austin, TX, officeholder living expense parking 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/06/2023 Capitol Cafe Payee address: Amount (\$) City; State; Zip Code \$6.27 1001 Congress Ave Ste 180 Expenditure from Austin, TX 78701 corporate funds TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense food for TAL staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/4 Rpt: 96/98 Texas Alliance for Life 00051076 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 12/04/2023 Leander Area Republican Women Amount (\$) Payee address; City; State; Zip Code \$31.55 P.O. Box 551 Expenditure from corporate funds Leander, TX 78646 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Membership 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name TX Capitol Parking Meter 12/06/2023 Amount (\$) Payee address; City; State; Zip Code \$1.00 112 E 11th St Expenditure from Austin, TX 78701 corporate funds TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. parking **EXPENDITURE** Check if Austin, TX, officeholder living expense parking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/4 Rpt: 97/98 Texas Alliance for Life 00051076 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 11/08/2023 TX Capitol Parking Meter Amount (\$) Payee address; City; State; Zip Code \$2.25 112 E 11th St Expenditure from corporate funds Austin, TX 78701 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. parking **EXPENDITURE** Check if Austin, TX, officeholder living expense parking 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name TX Capitol Parking Meter 10/29/2023 Amount (\$) Payee address; City; State; Zip Code \$3.00 112 E 11th St Expenditure from Austin, TX 78701 corporate funds TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. parking **EXPENDITURE** Check if Austin, TX, officeholder living expense parking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/4 Rpt: 98/98 Texas Alliance for Life 00051076 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 12/20/2023 Wells Fargo Business Card Amount (\$) Payee address; City; State; Zip Code \$0.60 PO Box 51174 Expenditure from Los Angeles, CA 90051-5474 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense finance charge 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/19/2023 Wells Fargo Business Card Amount (\$) Payee address; City; State; Zip Code \$0.54 PO Box 51174 Expenditure from Los Angeles, CA 90051-5474 corporate funds TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense finance charge Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH