#### 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) 206 00051076 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Alliance for Life Date Received **ELECTRONICALLY FILED** 02/26/2024 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** 01/26/2024 02/24/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special

# 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)	\$	2,733.34	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			
	4. TOTAL POLITICA	L EXPENDITURES	\$	28,700.96	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	8,837.92	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT					
		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	rer	
AFFIX NOTAR	Y STAMP / SEAL ABOVE				
Sworn to and subscribe	d before me, by the said	, tl	his the	day	
of	, 20, to certify	which, witness my hand and seal of office.			
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of offic	er administering oath	

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12 COMMITTEE NAME Texas Alliance for Life					<b>13</b> Filer ID 00051076	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported	Jimmy Blacklock	Supreme Cour		
(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.)		John Devine Su	preme Court Jus	stice	
(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.)		Jane Bland Sup	reme Court Just	ice	
(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 (Identify by name or, if					

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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.)		Sharon Keller	Court of Criminal	Appeals, Presi	ding Judge
(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.)		Barbara Herve	ey Court Of Crimin	nal Appeals, Jud	dge
(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.)		Michelle Slaug	hter Court Of Crir	minal Appeals,	Judge
(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					

#### FORM GPAC **ADDENDUM**

				Page 5 01 206
12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life			00051076	
14 COMMITTEE 1. Candid (Identify by n applicable, cl		Tom Maynard State Boa	rd Of Education	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measu     (Describe by location of el nature of issu	date and ection and			
	B. Opposed			
3. Officel Assist (Identify by n applicable, cl	ed			
COMMITTEE 1. Candid (Identify by n applicable, cl		Patricia Hardy State Boa	ard Of Education	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measu     (Describe by location of el nature of issu	date and ection and			
	B. Opposed			
Officel     Assistr     (Identify by n     applicable, cl	ed			
COMMITTEE 1. Candid ACTIVITY (Identify by n applicable, cl	l	Pam Little State Board C	Of Education	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measu (Describe by location of elenature of issue)	date and ection and			
	B. Opposed			
3. Officel Assiste	ed ame or, if			
applicable, cl	assify 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.)		Aaron Kinsey State Board Of Ed	lucation	
	(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				
	COMMITTEE	applicable, classify by party.)		David Datter and Chate Country		
	COMMITTEE ACTIVITY	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	1. 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.)				
		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.)		Phil King State Sena	tor		
(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.)		Tan Parker State Ser	nator		
(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.)		Joan Huffman 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.)					

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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.)		Donna Campbell 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	1. Candidates	A. Supported	Adam Hinojosa State Senator		
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Additivinojosa State Schator		
	(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	Brent Hagenbuch 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.)				

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COMMITTEE NAME				<b>13</b> Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Gary VanDeaver State Represe	ntative	
(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		Jill Dutton State Representative		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Jiii Button 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			
	Officeholders     Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Cecil Bell Jr. 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	A. Supported			
	nature of issue.)	B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	applicable, 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.)		Keith Bell 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 ACTIVITY	1. Candidates	A. Supported	Cole Hefner State Representativ	ve	
	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				
	OOMMITTEE	applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jay Dean 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.)				
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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.)		Cody Harris S	tate Representativ	re	
(Attach lists on plain paper to complete this report if necessary.)		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 applicable, classify by party.)		Trent Ashby S	tate 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				
	Officeholders     Assisted     (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Travis Clardy	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				
	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	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Trey Wharton State Representa	I 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.)				
	COMMITTEE	1. Candidates	A. Supported	Angelia Orr State Representativ	/e	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		<b>3</b>		
	(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				
	COMMITTEE	applicable, classify by party.)		ANTH AN A STATE OF THE PROPERTY OF THE STATE		
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Will Metcalf State Representative	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 NAME					13 Filer ID	(Ethics Commission Filers)
	Texas Alliance for Life					00051076	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Stan Gerdes	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	1. Candidates	A. Supported	Ernest Bailes	State Representat	tive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		222 2330		-	
	(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.)		Ellen Troxclaiı	r 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				
		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	Candidates     (Identify by name or, if applicable, classify by party.)		Terry Wilson	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	1. Candidates	A. Supported	Dade Phelan	State Representat	ive	
	(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	1. Candidates (Identify by name or, if applicable, classify by party.)		Greg Bonnen	State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and	A. Supported				
	nature of issue.)					
		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	
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Cody Vasut 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			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Jacey Jetton State Representat	tive	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		outer cutto 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				
	00111111111	applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Gary Gates State Representative	<i>v</i> 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			
		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	
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Ryan Guillen 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.)				
	COMMITTEE	1. Candidates		Todd Hunter State Representati	ve	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Total Heriot Clare Hope Control		
	(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				
	COMMITTEE	applicable, classify by party.)		Tuestic Hellend Otata Democratic	4	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Justin Holland 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			
		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	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Janie Lopez State Representativ	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	1. Candidates	A. Supported	John (Doc) Robert Guerra State	Representative
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	1. Candidates (Identify by name or, if applicable, classify by party.)		J.M. Lozano 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.)			
	(Identify by name or, if applicable, classify by party.)			

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COMMITTEE NAME				40 File : ID	/=::: a : : : : : :
				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
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 (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.)		Caroline Harris Davila State Rep	presentative	
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	1. Candidates	A. Supported	Hatch Smith 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)				
	ACTIVITY  Attach lists on plain paper to complete this eport if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this eport if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain paper to complete this eport if necessary.)	Attach lists on plain paper to complete this eport if necessary.)  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.)  Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders (Describe by date and location of election and nature of issue.)  3. Officeholders (Describe by date and location of election and nature of issue.)  3. Officeholders (Describe by date and location of election and nature of issue.)  3. Officeholders (Describe by date and location of election and nature of issue.)  3. Officeholders (Describe by date and location of election and nature of issue.)  3. Officeholders (Describe by date and location of election and nature of issue.)  3. Officeholders (Describe by date and location of election and nature of issue.)	Attach lists on plain 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.)  EXACTIVITY  Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  COMMITTEE (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  B. Opposed  A. Supported (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  COMMITTEE  A. Supported (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  COMMITTEE  ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  COMMITTEE  ACTIVITY  2. Measures (Identify by name or, if applicable, classify by party.)  B. Opposed  COMMITTEE  ACTIVITY  2. Measures (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed  A. Supported  I. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  B. Opposed  A. Supported  In Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed	Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of electron and nature of issue.)  3. Officeholders Assisted (dentity by name or, if applicable, classify by party.)  Attach lists on plain paper to complete this eport if necessary.)  2. Measures (dentity by name or, if applicable, classify by party.)  Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of electron and nature of issue.)  3. Officeholders Assisted (dentity by name or, if applicable, classify by party.)  Attach lists on plain paper to complete this eport if necessary.)  3. Officeholders Assisted (dentity by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (dentity by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (dentity by name or, if applicable, classify by party.)  Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of electron and nature of issue.)  B. Opposed  4. Supported Hatch Smith State Representation and location of electron and nature of issue.)  B. Opposed  3. Officeholders Assisted (dentity by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (dentity and or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (dentity and or, if applicable, classify by party.)	Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue)  3. Officeholders Assisted (defently by name or, if applicable, classify by party)  DOMMITTEE ACTIVITY  Attach lists on plain paper to complete this eport if necessary.)  2. Measures (Describe by date and location of election and nature of issue)  B. Opposed  3. Officeholders Assisted (defently by name or, if applicable, classify by party)  B. Opposed  Caroline Harris Davila State Representative (defently by name or, if applicable, classify by party)  B. Opposed  3. Officeholders (Describe by date and location of election and nature of issue)  B. Opposed  3. Officeholders Assisted (defently by name or, if applicable, classify by party)  B. Opposed  3. Officeholders Assisted (defently by name or, if applicable, classify by party)  B. Opposed  3. Officeholders Assisted (defently by name or, if applicable, classify by party)  B. Opposed  3. Officeholders Assisted (defently by name or, if applicable, classify by party)  B. Opposed  3. Officeholders Assisted (defently by name or, if applicable, classify by party)  B. Opposed  3. Officeholders Assisted (Describe by date and location of election and nature of issue)  B. Opposed  3. Officeholders Assisted (Describe by date and location and nature of issue)  B. Opposed  B. Opposed

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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.)		Brad Buckley State Representa	ıtive	
(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.)		Hugh Shine State Representati	ve	
(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 ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Pat Curry 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			
	Officeholders     Assisted (Identify by name or, if				
	applicable, classify by party.)				

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					_
COMMITTEE NAME					Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Richard Hayes 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.)	уч. Зарропеа			
		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.)		DeWayne Burns State Represer	ntative	
(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 ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Shelby Slawson 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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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COMMITTEE NAME				<b>13</b> Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Glenn Rogers State Representa	tive	
(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.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Frederick Frazier State Represe	entative	
(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.)		Reggie Smith State Representa	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			
	3. 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.)		Ben Bumgarner State Represen	tative	
(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 a Capportoa			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates	A. Supported	Lynn Stucky State Representative	ve	
	(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.)		Kronda Thimesch State Represo	entative	
(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.)				
	applicable, classify by party.)				

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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.)		Matt Shaheen 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.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates	A. Supported	Jeff Leach State Representative	<del>)</del>	
	(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.)		David Spiller 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.)				
	applicable, classify by 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.)		James Frank	State Representat	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	1. Candidates	A. Supported	Stan Lambert	State Representa	tive	
	(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.)		Drew Darby S	tate 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.)					
	application of account by partyry					

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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.)		Carrie Isaac S	tate 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	1. Candidates	A. Supported	Robert Garza	State Representat	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				
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		JR Ramirez S	tate Representativ	re	
(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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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.)		Brooks Landgraf 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.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Tom Craddick State R	enresentative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)			op. 600	
(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	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.)				
	applicable, classify by party.)				

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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.)		Carl Tepper S	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				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
COMMITTEE	Candidates	A. Supported	Stan Kitzman	State Representat	tive	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Stari Nitzman	otate representa	uvo	
(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	1. Candidates (Identify by name or, if applicable, classify by party.)		John Smithee	State Representa	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				
	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	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ken King State R	epresentative		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		Measures     (Describe by date and	A. Supported				
		location of election and nature of issue.)					
			B. Opposed				
		3. Officeholders Assisted (Identify by name or, if					
		applicable, classify by party.)					
	COMMITTEE ACTIVITY	1. Candidates	A. Supported	Candy Noble Star	te Representati	ve	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(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	1. Candidates (Identify by name or, if applicable, classify by party.)		Stephanie Klick S	tate 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.)					
			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	Candidates (Identify by name or, if applicable, classify by party.)		Nate Schatzline State Represen	ntative	
(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.)		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			
	Officeholders     Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		John McQueeney State Represe	entative	
(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.)				
	applicable, 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.)		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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Charlie Geren State Representa	ative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		η,		
	(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				
	COMMITTEE	applicable, classify by party.)		James d Datharras a Charles Dannas and		
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jared Patterson State Represer	itative	
	(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	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Morgan Meyer 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.)				
	COMMITTEE	1. Candidates	A. Supported	Angie Chen Button State Repre	sentative	
	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	1. Candidates (Identify by name or, if applicable, classify by party.)		John Lujan 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			
		Officeholders     Assisted     (Identify by name or, if				
		applicable, classify by party.)				

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						-
COMMITTEE NAME					<b>13</b> Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Steve Allison	State Representat	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.)	7 ii Gapportoa				
		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.)		Steve Allison	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				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Mark Dorazio	State 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				
	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	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sam Harless 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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Charles Cunningham State Rep	resentative	
	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	1. 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			
		Officeholders     Assisted     (Identify by name or, if				
		applicable, classify by party.)				

## FORM GPAC ADDENDUM

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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.)		Dennis Paul Si	ate Representat	ive	
(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	Tom Oliverson	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				
	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.)		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.)					

## FORM GPAC ADDENDUM

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12 COMMITTEE NAME				<b>13</b> File		(Ethics Commiss	sion Filers)
Texas Alliance for Life				000	051076		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mano DeAyala State Re	presentative			
(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	1. Candidates	A. Supported	Lacey Hull State Repres	entative			
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.)		Valoree Swanson State	Representative	<del></del>		
(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.)						
	Assisted						

## FORM GPAC ADDENDUM

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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.)		Dabney Bassel Court Of Appea	ls, 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	1. Candidates	A. Supported	Jaime Tijerina Court of Appeals	Chief Justice	
	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	1. Candidates (Identify by name or, if applicable, classify by party.)		Jenny Cron Court Of Appeals, J	ustice	
	(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.)				

# 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.)		Ysmael Fonseca Court Of Appe	als, Justice	
(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.)	7t. 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.)		Jon West Court Of Appeals, Jus	tice	
(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.)		Jason Herring District Attorney (	Multi-county)	
(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.)				
	1	<u> </u>			

# FORM GPAC ADDENDUM

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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.)		Grant Moody Bexar County Con	nmissioner, Precinct 3
	(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	Cam McCall Collin County Tax A	Assessor-Collector
	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	1. Candidates (Identify by name or, if applicable, classify by party.)		Sean Whittmore Criminal Distric	t Attorney
	(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.)			

# FORM GPAC ADDENDUM

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DMMITTEE NAME  EXAS Alliance for Life  DMMITTEE  CTIVITY  Ittach lists on plain uper to complete this port if necessary.)	Candidates (Identify by name or, if applicable, classify by party.)      Measures (Describe by date and location of election and nature of issue.)		Lorne Liechty Rockwall	13 Filer ID (Ethics Commission Filers) 00051076  County Commissioner, Precinct 3
OMMITTEE CTIVITY ttach lists on plain uper to complete this	(Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and	B. Opposed  A. Supported	Lorne Liechty Rockwall	
CTIVITY ttach lists on plain uper to complete this	(Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and	B. Opposed  A. Supported	Lorne Liechty Rockwall	County Commissioner, Precinct 3
per to complete this	(Describe by date and location of election and	A. Supported		
	(Describe by date and location of election and			
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
OMMITTEE CTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Jeff Bauknight State Re	presentative
ttach lists on plain uper 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.)			
OMMITTEE CTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Cindi Bulla State Repres	sentative
ttach lists on plain uper 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.)			
ו ו	DMMITTEE CTIVITY  ttach lists on plain per to complete this	per to complete this port if necessary.)  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.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if	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.)  DIMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  Example 2. Measures (Describe by date and location of election and nature of issue.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted  A. Supported  B. Opposed  B. Opposed	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.)  DMMITTEE CTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  Ettach lists on plain per to complete this port if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported Cindi Bulla State Representation B. Opposed  B. Opposed  A. Supported  B. Opposed  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. 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.)		Kenna Seiler Court Of Appeals,	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	1. Candidates	A. Supported	Bryan Christ County Party Chair	•	
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	1. Candidates (Identify by name or, if applicable, classify by party.)		Michael Salvo County Party Cha	air	
(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.)				

# **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

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		EE NAME ance for Life	<b>18</b> Filer ID 00051076	(Ethic	cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,333.34
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	1,200.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	400.00
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	28,700.96
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 42/206	
2	FILER NAME Texas Allian	ce for Life		3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 02/23/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$10.00
		Cedar Park, TX 78613				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 01/26/2024	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	Austin, TX 78727  pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Dringinal occu	Schulenberg, TX 78956 pation / Job title (See Instructions)	Employer (See Instructions			
	Geologist	oution 7 300 title (See manuchons)	Employer (See manuchons	')		
	Date 02/23/2024	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	)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#: Cortez, Abel & Kristy  Contributor address; City; State; Zip Code  Austin, TX 78717			Amount of Contribution (\$)	\$52.09
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 43/206	
2	FILER NAME Texas Allian	ce for Life		3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 02/23/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		7	Amount of Contribution (\$)	\$625.00
		San Antonio, TX 78248				
8	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#: Edmondson, Dianne and Bob  Contributor address; City; State; Zip Code  Denton, TX 76207	)		Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)	Employer (See Instructions	)		
	County Com	missioner Place 4				
	Date 02/23/2024	Full name of contributor	)		Amount of Contribution (\$)	\$10.00
		Waco, TX 76710				
	Principal occu Tutor/Self	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#: Givens, Edward  Contributor address; City; State; Zip Code  Austin, TX 78717	)		Amount of Contribution (\$)	\$50.00
	Principal occu Analyst	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 44/206	
2	FILER NAME Texas Allian	ce for Life		3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 02/23/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$10.00
		LOCKHART, TX 78644				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_ Hashman, Lisa & Tom Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Driftwood, TX 78619 pation / Job title (See Instructions)	Employer (See Instructions	<u>;)</u>		
	Pediatrician/		p.o) o. (000ou double.	-,		
	Date 02/23/2024	Full name of contributor		•	Amount of Contribution (\$)	\$25.00
		Houston, TX 77008				
	•	pation / Job title (See Instructions) Alveston County District Attorney	Employer (See Instructions	5)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_ Hayter, Russell & Trudy  Contributor address; City; State; Zip Code  Mountain City, TX 78610		•	Amount of Contribution (\$)	\$300.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_ Joiner, Diane & Steve  Contributor address; City; State; Zip Code  Lakeway, TX 78738		•	Amount of Contribution (\$)	\$25.00
	Principal occu Association I	pation / Job title (See Instructions)  Executive	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CON	ITRIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to c	omplete this for	m.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 45/206	
2	FILER NAME Texas Allian	ce for Life			3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 02/23/2024	<ul> <li>Full name of contributor out out Kruczek, Loraine</li> <li>Contributor address; City; State; Zi</li> </ul>		)	7	Amount of Contribution (\$)	\$10.00
		Austin, TX 78737					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 01/27/2024	Full name of contributor ou Lindsey, Mack Contributor address; City; State; Zi		)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/23/2024	Full name of contributor ou Manning, Lillian  Contributor address; City; State; Zi	p Code			Amount of Contribution (\$)	\$10.00
	Principal occu	San Marcos, TX 78666 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Religious Sis	ster					
	Date 02/23/2024	Full name of contributor ou Masters, Sue & Glenn Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Abilene, TX 79604 pation / Job title (See Instructions)		Employer (See Instructions	j)		
	Date 02/23/2024	Full name of contributor ou Maxey, Sherri & Erik  Contributor address; City; State; Zi  Jarrell, TX 76537	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Office Manag	pation / Job title (See Instructions) ger		Employer (See Instructions	)		
			<b>'</b>				

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 46/206	
2	FILER NAME Texas Allian	ce for Life			3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 02/23/2024	<ul> <li>5 Full name of contributor  out-of-state  out-of-</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
_	Deinainal assu	Austin, TX 78728	lo lo	Franks on (Cas Instructions			
8	Executive Di	pation / Job title (See Instructions) rector	9	Employer (See Instructions Texas Alliance for Life	5)		
	Date 02/23/2024	Roady, Jack & 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	<u> </u> 5)		
	District Attor	ney		Galveston County			
	Date 02/23/2024	Full name of contributor	e PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Austin, TX 78757					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/23/2024	SCHULZE, JAMES & PATRICIA		)		Amount of Contribution (\$)	\$25.00
	Principal occu VETERINAR	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/23/2024	Full name of contributor out-of-state Samuelson, Brett & Billie Contributor address; City; State; Zip Code Taylor, TX 76574	e PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu Veterinary To	pation / Job title (See Instructions) ech, Student		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 47/206	
2	FILER NAME Texas Alliand	ce for Life		3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 02/23/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$10.00
0	Dringing aggr	Fort Worth, TX 76109	Employer (See Instructions	_		
8	Registered N	pation / Job title (See Instructions) urse	9 Employer (See Instructions	)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_Shaw, James & Shannon  Contributor address; City; State; Zip Code  Round Rock, TX 78681			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Chiropractor					
	Date 02/23/2024	Full name of contributor			Amount of Contribution (\$)	\$50.00
		Bastrop, TX 78602				
	Principal occu RE Appraise	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 02/23/2024	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 occu Self Employe	oation / Job title (See Instructions) ed	Employer (See Instructions	)		
	Date 02/23/2024	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 occu Attorney	oation / Job title (See Instructions)	Employer (See Instructions	i)		
		•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 48/206	
2	FILER NAME Texas Allian	ce for Life		3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 02/23/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Cedar Park, TX 78613 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> 5)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_ WILSON, ROGER & PEGGY STARK Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	JONESTOWN, TX 78645 pation / Job title (See Instructions) ASTOR	Employer (See Instructions	<u> </u> s)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_ Wheatley, Elisabeth  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Georgetown, TX 78626 pation / Job title (See Instructions)	Employer (See Instructions Murphy Nasica	<u> </u> ;)		

SCHEDULE B
Total pages Schedule B: Sch: 1/1 Rpt: 49/206
Filer ID (Ethics Commission Filers)
00051076
\$ 0.00
Amount of 9 In-kind description
pledge (\$) (If applicable)
\$1,200.00
i
I I
Check if travel outside of Texas. Complete Schedule T.
nns)
,

# NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 50/206 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Alliance for Life 00051076 Date 5 Corporation / Labor Organization name 6 Amount (\$) 02/01/2024 400.00 Texas Alliance for Life, Inc.

### 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

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

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 1/156 Rpt:	Texas Alliance for Life 00051076		
4 Date	5 Payee name		
02/14/2024	Candy Noble Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$100.00	1105 E Main Street #223		
Expenditure from corporate funds	Allen, TX 75002		
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 Campaign Contribution		
	Campaign Contribution		
• • · · · · · · · · · · · · · · · · · ·			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
·			
Date	Payee name		
02/02/2024	Elavon Compliance Services		
Amount (\$)	Payee address; City; State; Zip Code		
\$71.28	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 ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
02/11/2024	Intellipay		
Amount (\$)	Payee address; City; State; Zip Code		
\$18.80	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	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Merchant Services		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			

#### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of 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: 2/156 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
02/13/2024	John Smithee Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	320 S. Polk LB 5
Expenditure from corporate funds	Amarillo, TX 79101
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
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/14/2024	Kronda Thimesch Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1301 Justin Road
φ100.00	
Expenditure from	Suite 210-310
corporate funds	Lewisville, TX 75077
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVEN DITUE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/26/2024	Leah Brown Marketing
Amount (\$)	Payee address; City; State; Zip Code
\$1,010.00	13501 Coomer Path
Expenditure from corporate funds	Pflugerville, TX 78660
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
LAFLINDITORL	Check if Austin, TX, officeholder living expense
	Endorsement Images for Candidates
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Craddick, Christi Railroad Commissioner Railroad Commissioner

### 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

Credit Card Payment	The Instruction Guide e	explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 3/156 Rpt:	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 trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name  Handle Blacklock, Jimmy	Office sought Supreme Court Justice P	Office held lace 2 Supreme Court Justice Place 2
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	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name  Devine, John	Office sought Supreme Court Justice P	Office held lace 4 Supreme Court Justice Place 4
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	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/OI	Candidate/Officeholder name  Hand, Jane	Office sought Supreme Court Justice P	Office held lace 6 Supreme Court Justice Place 6

### 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

The Instruction Guide e	explains how to complete this form.	, <u>,</u> ,
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Texas Alliance for Life		00051076
5 Payee name		
(see previous)		
7 Payee address; City;	State; Zip Code	
(a) Category (See Categories listed at the top	· I —	
	I <del>-</del>	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
	Check if Ac	astin, 17, unicertolider living expense
Candidate/Officeholder name		Office held
' Keller, Sharon	Court of Criminal Appea	als, Court of Criminal Appeals,
Payee name		
(see previous)		
Payee address; City;	State; Zip Code	
(a) Category (See Categories listed at the top	of this schedule) (b) Description	
		avel outside of Texas. Complete Schedule T.
	LI CHECK II AL	ustin, TX, officeholder living expense
Candidate/Officeholder name	Office sought	Office held
LI.	·	
Tiervey, Barbara	— Court Or Orinina Appor	ais, Court of Crimina, Appeals,
Payee name		
(see previous)		
Payee address; City;	State; Zip Code	
(a) Category (See Categories listed at the top	of this schedule) (b) Description	
, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	avel outside of Texas. Complete Schedule T.
1	Check if Au	ustin, TX, officeholder living expense
Candidate/Officeholder name	Office sought	Office held
<sup>1</sup> Slaughter, Michelle	Court Of Criminal Appea	als, Court Of Criminal Appeals,
	The Instruction Guide of Texas Alliance for Life  Texas Alliance for Life  Payee name (see previous)  Payee address; City;  Candidate/Officeholder name Keller, Sharon  Payee name (see previous)  Payee address; City;  (a) Category (See Categories listed at the top  Candidate/Officeholder name  Hervey, Barbara  Payee name (see previous)  Payee address; City;  Candidate/Officeholder name  Hervey, Barbara  Payee name (see previous)  Payee address; City;	The Instruction Guide explains how to complete this form.  2 FILER NAME Texas Alliance for Life  5 Payee name (see previous)  7 Payee address; City; State; Zip Code  (a) Category (see Categories listed at the top of this schedule)  Candidate/Officeholder name  Court of Criminal Appear  Payee name (see previous)  Payee address; City; State; Zip Code  (a) Category (see Categories listed at the top of this schedule)  (b) Description Check if Ai  Check if Ai  Check if Ai  Check if Ai  Candidate/Officeholder name  Office sought Hervey, Barbara  Court Of Criminal Appear  Payee name (see previous)  Payee address; City; State; Zip Code  (a) Category (see Categories listed at the top of this schedule)  Payee name (see previous)  Payee address; City; State; Zip Code  (b) Description Check if Ai  Check if Ai

### 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 to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/156 Rpt:	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		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H Maynard, Tom State Board Of Education	n District State Board Of Education
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE	l <u>-</u>	el outside of Texas. Complete Schedule T. iin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Office sought  Hardy, Patricia  State Board Of Education	Office held n District State Board Of Education
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE	I <u> </u>	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name  Office sought  Little, Pam  State Board Of Education	Office held n District State Board Of Education

### 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	to complete this form.	
1	Total pages Schedule F1: Sch: 6/156 Rpt:	2 FILER NAME Texas Alliance for Life		3 Filer ID (Ethics Commission Filers) 00051076
4	Date	5 Payee name (see previous)		
6	Amount (\$)	<b>7</b> Payee address; City; State; Zi	p Code	
	Expenditure from corporate funds			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if trave	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O		e sought e Board Of Education	Office held District State Board Of Education
	Date	Payee name (see previous)		
	Amount (\$)  Expenditure from corporate funds	Payee address; City; State; Zi	p Code	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if trave	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		e sought e Senator District 7	Office held State Senator District 7
	Date	Payee name (see previous)		
	Amount (\$)  Expenditure from	Payee address; City; State; Zi	p Code	
L	corporate funds			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if trave	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	1.1	e sought e Senator District 8	Office held State Senator District 8

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
nse 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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide ex		omplete this form.	OTTLK (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	•	•	3 Filer ID	(Ethics Commission Filers)
	Sch: 7/156 Rpt:	Texas Alliance for Life			00051076	
4	Date	5 Payee name			•	
		(see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip C	ode		
	Expenditure from corporate funds					
8	PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	(b) Description		
	OF EXPENDITURE	Coop outline to be at the top of	and derivation		outside of Texas. Com	plete Schedule T.
	LAFENDITORE			Check if Austin	n, TX, officeholder living	g expense
_	Operation ONLY if alice at	O and industry (Office In add an account	04:		O#: I-	-1.1
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  King, Phil	Office so	ugnt enator District 10	Office h	eid Senator District 10
	·	King, Filli	Siale Se	Eliator District 10		——————————————————————————————————————
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip C	ode		
_	T Expenditure from					
L	corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	(b) Description		
	OF EXPENDITURE			l <b>—</b>	outside of Texas. Com	
				Check if Austii	n, TX, officeholder living	g expense
	Complete ONLY if direct	Candidate/Officeholder name	Office so	<u> </u> ught	Office h	eld
	expenditure to benefit C/O			enator District 12		senator District 12
	Data					
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip C	ode		
г	Expenditure from					
	corporate funds					
	PURPOSE OF	(a) Category (See Categories listed at the top of	this schedule)	(b) Description		
	EXPENDITURE			l <u>L</u>	outside of Texas. Com n, TX, officeholder living	
					i, ix, omeender ivii	g expense
	Complete ONLY if direct	Candidate/Officeholder name	Office so	<u> </u>	Office h	eld
	expenditure to benefit C/O			enator District 17		enator District 17
_						

### 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: 8/156 Rpt:	2 FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 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		outside of Texas. Complete Schedule T. , TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Office sought Campbell, Donna  State Senator District 25	Office held State Senator District 25
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Office sought  Hinojosa, Adam  State Senator District 27	Office held None
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Office sought Hagenbuch, Brent State Senator District 30	Office held None

### 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
Credit Card Payment

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 ex	xplains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 9/156 Rpt:	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	l 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  VanDeaver, Gary	Office sought State Representative Dist	Office held rict 1 State Representative District 1
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	I outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name  Dutton, Jill	Office sought State Representative Dist	Office held rict 2 None
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	Check if travel	l 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  H Bell Jr., Cecil	Office sought State Representative Dist	Office held rict 3 State Representative District 3

### SCHEDULE F1

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

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: 10/156 Rpt:	Texas Alliance for Life		00051076
4 Date	<ul><li>5 Payee name (see previous)</li></ul>		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if tra	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name  Bell, Keith	Office sought State Representative Di	Office held istrict 4 State Representative District 4
Date	Payee name	<u> </u>	
Date	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if tra	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name  Hefner, Cole	Office sought State Representative Di	Office held istrict 5 State Representative District 5
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 to	Check if tra	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
3.4.2.2.2.2.2.2.2.2.3.3.3.3.3.3.3.3.3.3.	1 Dean, Jay	State Representative Di	istrict 7 State Representative District 7

### SCHEDULE F1

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

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

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

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

The Instruction Guide explains how to complete this fo

	ine instruction Guide explains now	to complete this form.
1 Total pages Schedule F1: Sch: 11/156 Rpt:	2 FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 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 <u>ONLY</u> if direct expenditure to benefit C/Oł	1.1	sought Office held Representative District 8 State Representative District 8
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 expenditure to benefit C/O	1	sought Office held Representative District 9 State Representative District 9
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zi	) 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 expenditure to benefit C/O	1.1	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 explains	how to complete this form.	
1 Total pages Schedule F1: Sch: 12/156 Rpt:	FILER NAME     Texas Alliance for Life	-	iler ID (Ethics Commission Filers) 0051076
4 Date	5 Payee name (see previous)		0031070
6 Amount (\$)		; 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. iceholder living expense
Complete ONLY if direct expenditure to benefit C/OI		Office sought State Representative District 12	Office held None
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 sci	Check if travel outside	of Texas. Complete Schedule T. iceholder living expense
Complete ONLY if direct expenditure to benefit C/OI	i .	Office sought State Representative District 13	Office held State Representative District 13
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 sci	Check if travel outside	of Texas. Complete Schedule T. iceholder living expense
Complete ONLY if direct expenditure to benefit C/OI		Office sought State Representative District 16	Office held State Representative District 16

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Reimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
ontract Labor OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form	n.
1	Total pages Schedule F1: Sch: 13/156 Rpt:	FILER NAME     Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 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		on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought  Gerdes, Stan State Representative	Office held  District 17 State Representative District 17
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE	I — I — I — I — I — I — I — I — I — I —	on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Office sought  Bailes, Ernest  State Representative	Office held District 18 State Representative District 18
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE		on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Troxclair, Ellen State Representative	Office held District 19 State Representative District 19

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 explains ho	w to complete this form.			
1	Total pages Schedule F1: Sch: 14/156 Rpt:	2 FILER NAME Texas Alliance for Life			ler ID 0051076	(Ethics Commission Filers)
4	Date Date	5 Payee name (see previous)		1 00	5001010	
6	Amount (\$)		Zip Code			
	Expenditure from corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	· —			plete Schedule T. J expense
9	Complete ONLY if direct expenditure to benefit C/O		ice sought ate Representative Dist	rict 20	Office he State R	eld epresentative District 20
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City; State; 2	Zip Code			
	Expenditure from corporate funds					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)				plete Schedule T. J expense
	Complete ONLY if direct expenditure to benefit C/O		ice sought ate Representative Dist	rict 21	Office he	eld epresentative District 21
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City; State; 2	Zip Code			
	corporate funds					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	′ I <u> </u>			plete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/O	ᆸ	ice sought ate Representative Dist	rict 24	Office he State R	eld epresentative District 24

### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide of	explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 15/156 Rpt:	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		las	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if trave	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	T Vasut, Cody	State Representative Dis	rict 25 State Representative 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	Check if trave	ol outside of Texas. Complete Schedule T. In, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name  Jetton, Jacey	Office sought State Representative Dis	Office held rict 26 State Representative District 26
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	Check if trave	ol outside of Texas. Complete Schedule T. In, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name  Gates, Gary	Office sought State Representative Dis	Office held rict 28 State Representative District 28

### 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 G	uide explains how to o	complete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3 File	er ID	(Ethics Commission	Filers)
	Sch: 16/156 Rpt:		Texas Alliance for Life			00	051076		
4	Date	5	Payee name						
			(see previous)						
6	Amount (\$)	7	Payee address; City;	State; Zip C	Code				
	l								
	T Expenditure from								
L	corporate funds								
8	PURPOSE OF	(a)	Category (See Categories listed at t	the top of this schedule)	(b) Description				
	EXPENDITURE				Check if travel			plete Schedule T.	
	l					1, 170, 01110	cholder living	гехрепас	
	l								
9	Complete ONLY if direct		Candidate/Officeholder name	Office so	ought		Office he	eld	
	expenditure to benefit C/OI	)H E	Bauknight, Jeff	State R	Representative Dist	rict 30	None		
	Date	$\overline{T}$	Payee name						
	l		(see previous)						
	Amount (\$)	+	Payee address; City;	State; Zip C	 Code				
	` '		•	-					
	!								
	Expenditure from corporate funds								
	PURPOSE	(a)	Category (See Categories listed at t	the top of this schedule)	(b) Description				
	OF EXPENDITURE				Check if travel			plete Schedule T.	
	l				Crieck ii Austii	ii, TA, Ullic	centionaer living	i expense	
	l								
	Complete ONLY if direct		Candidate/Officeholder name	Office so	 ought		Office he	eld	
	expenditure to benefit C/OF	)H (	Guillen, Ryan	State R	Representative Distr	rict 31	State R	epresentative Dis	trict 31
_	Date	T	Payee name						
	l		(see previous)						
	Amount (\$)	+	Payee address; City;	State; Zip C	 Code				
				, ,					
	!								
	Expenditure from corporate funds								
	PURPOSE	(a)	Category (See Categories listed at t	the ten of this schedule)	(b) Description				
	OF	"	(See Categories listed at t	The top of this scriedule)		outside o	f Texas. Com	plete Schedule T.	
	EXPENDITURE				Check if Austin	n, TX, offic	ceholder living	expense	
	1								
		Ш							
	Complete ONLY if direct expenditure to benefit C/OH	NI I	Candidate/Officeholder name	Office so		wint 00	Office he		tuint 00
	- cxperialitate to bettern over	··· F	Hunter, Todd	State R	Representative Distr	rict 32	State R	epresentative Dis	trict 32

### 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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 17/156 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	•
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	е
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 T.  Check if Austin, TX, officeholder living expense
		Circle in Austin, 174, officeriolider living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/OI	Holland, Justin State Repr	resentative District 33 State Representative District 33
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	٥
7 anount (4)	ayou dudi oss, Sity, State, Zip osa	
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.
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/OI		resentative District 37 State Representative District 37
Date	<u> </u>	
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	e
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.
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/OI	1	resentative District 41 None
	State Nepi	esentative District 41 None

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 explains hov	to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 18/156 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	<b>7</b> Payee address; City; State; Z	ip Code
Expenditure from		
corporate funds		Tur
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	1.1	e sought Office held e Representative District 43 State Representative District 43
·	LUZANO, J.IVI.	e rrepresentative District 43 State Representative District 43
Date	Payee name	
Amount (th)	(see previous)	in Code
Amount (\$)	Payee address; City; State; Z	up Code
Expenditure from corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	·
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		e sought Office held
experiorare to benefit C/O	H Kuempel, John Stat	e Representative District 44 State Representative District 44
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Z	ip Code
Expenditure from		
corporate funds	(6) Cotomoru	(b) Decementary
PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Commission ONU V. V. V.	Condidate Office Indiana	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	1.1	e sought Office held e Representative District 52 State Representative District 52
	. Iamo Daviia, Garoniio Stat	o representative District of Otale Representative District of

#### SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services		lls Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
				The Instruction (	Guide explains h	now to cor	nplete this form.					
1	Total pages Schedule F1:	2	FILER NAME	Ξ				3	Filer I	D	(Ethics Commission Filers)	
	Sch: 19/156 Rpt:		Texas Allia	nce for Life				1	0005	1076		
4	Date	5	Payee name (see previo					•				
6	Amount (\$)	7	Payee addre	ess; City;	State:	Zip Coo	de					_
	Expenditure from corporate funds		,	,,								
8	PURPOSE OF EXPENDITURE	(a)	Category (S	ee Categories listed a	t the top of this sche	edule)	(b) Description Check if travel Check if Austin				olete Schedule T. expense	
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi Smith, Hatch	iceholder name 1		office souç State Rep	ght presentative Distr	rict		ffice he lone	ld	
	Date		Payee name									_
			(see previo	us)								
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de					
	Expenditure from corporate funds											
	PURPOSE OF EXPENDITURE	(a)	Category (S	ee Categories listed a	t the top of this sche	edule)	(b) Description  Check if travel  Check if Austin				olete Schedule T. expense	
	Complete ONLY if direct		:andidate/Offi	iceholder name		Office soug	nht		0	ffice he	ld .	
	expenditure to benefit C/Oh		Buckley, Bra				resentative Distr	rict			epresentative District 5	4
	Date		Payee name (see previo									
	Amount (\$)		Payee addre	ess; City;	State;	Zip Cod	de					
	Expenditure from corporate funds						<b>4</b> 2. –					
	PURPOSE OF	(a)	Category (S	ee Categories listed a	t the top of this sche	edule)	(b) Description	outei	ide of Tev	vas Comr	olete Schedule T.	
	EXPENDITURE						Check if Austin					
	Complete ONLY if direct		Candidate/Off	iceholder name	0	Office sou	ght			ffice he		
	expenditure to benefit C/OF	٦ ج	Shine, Hugh		S	State Rep	resentative Distr	rict	55 S	tate Re	epresentative District 5	5
Г <u>с</u>	rms provided by Tayas F	thio.	c Commissi	ion	MANANA Othics S	tata tv ···					Version V2 5 1 9000c	17

### SCHEDULE F1

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

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 ex	plains how to complete this form.	, , ,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 20/156 Rpt:	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 trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Curry, Patrick	Office sought State Representative Dist	Office held rict 56 None
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 trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name  Hayes, Richard	Office sought State Representative Dist	Office held rict 57 State Representative District 57
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 trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name  Burns, DeWayne	Office sought State Representative Dist	Office held rict 58 State Representative District 58
-	Build, Devrayine	State Representative Dist	The 30 State representative District 30

### 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 ex	plains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 21/156 Rpt:	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	·	Louiside of Tours Committee Cabadala T
EXPENDITURE			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	<sup>1</sup> Slawson, Shelby	State Representative Dist	rict 59 State Representative District 59
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	′ I —	
EXPENDITURE			l 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 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	(a) Category (See Categories listed at the top of	·	
EXPENDITURE			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		ensum rues.	in the constitution in the constitution of the
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	<sup>H</sup> Frazier, Frederick	State Representative Dist	rict 61 State Representative District 61

### 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 explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 22/156 Rpt:	Texas Alliance for Life		00051076	
4	Date	5 Payee name			
		(see previous)			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
_	T Expenditure from				
L	corporate funds				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE			de of Texas. Com officeholder living	plete Schedule T.
		LI CHECK II AUS	suii, 17,	onicendider living	g expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	Smith, Reggie State Representative Dis	strict 6	32 State R	epresentative District 62
	Date	Payee name			
		(see previous)			
	Amount (\$)	Payee address; City; State; Zip Code			
_	T Expenditure from				
	corporate funds				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	l <u>–</u>		de of Texas. Com officeholder living	plete Schedule T.
		L CHECK II ALL	Juli, 17.,	omeenoider iiving	у схропос
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	Bumgarner, Ben State Representative Dis	strict (	63 State R	epresentative District 63
	Date	Payee name			
		(see previous)			
	Amount (\$)	Payee address; City; State; Zip Code			
_	T Expenditure from				
	corporate funds				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	l <u>⊟</u>		de of Texas. Com officeholder living	plete Schedule T.
		Li Crieck ii Aus	suii, 17,	onicendider living	g expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	State Representative Dis	strict (	64 State R	epresentative District 64

## 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 exp	lains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 23/156 Rpt:	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/O	Candidate/Officeholder name	Office sought	Office held
·	Tillinescii, Kionaa	State Representative Dist	trict 65 State Representative District 65
Date	Payee name		
A	(see previous)	Otata Zin C	
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds  PURPOSE	(a) Catagony	(h) D	
OF	(a) Category (See Categories listed at the top of t		el outside of Texas. Complete Schedule T.
EXPENDITURE		ı <b>—</b>	in, TX, officeholder living expense
Complete ONLY if alice -	Condidate/Officeholder	Office sought	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name  H Shaheen, Matt	Office sought State Representative Dist	Office held trict 66 State Representative District 66
Data	1	State Representative Dist	Cata Noprosoniative District 60
Date	Payee name (see previous)		
Amount (\$)		State; Zip Code	
, πιοαπτ (ψ)	. ayou dudiess, Oity,	outo, Lip oodo	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of t	his schedule) (b) Description	
OF EXPENDITURE	Coo Salegories indica at the top of t	Check if trave	el outside of Texas. Complete Schedule T.
LAFLINDITURE		Check if Aust	in, 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)
ertising 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 ex	xplains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 24/156 Rpt:	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	, l —	
OF EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			<b>.</b>
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
experioliture to beliefit C/O	H Spiller, David	State Representative Dis	trict 68 State Representative District 68
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	·	destrict of Towns Countries C. 1.1.7
EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		"	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
	Trank, James	State Representative Dis	trict 69 State Representative District 69
Date	Payee name		
Amount (ft)	(see previous)	State: Zin Sada	
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Description	
OF EXPENDITURE	(222 233232.000 0000 00 000 000 000 000 000 000 00	Check if trave	el outside of Texas. Complete Schedule T.
LA LIBITORE		Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	<sup>H</sup> Lambert, Stan	State Representative Dis	trict 71 State Representative District 71

## SCHEDULE F1

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

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

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  The Instruction Gui	Salaries ide explains how to d	/Wages/Contract Labor complete this form.	ОТН	HER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E			3 File	er ID	(Ethics Commission Filers)
	Sch: 25/156 Rpt:	Texas Allia	nce for Life			00	051076	
4	Date	5 Payee name (see previo						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	code			
	Expenditure from corporate funds							
8	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the	e top of this schedule)	(b) Description  Check if travel of Check if Austin,			plete Schedule T. g expense
9	Complete ONLY if direct expenditure to benefit C/OF		ficeholder name I	Office so State R	-	ct 72	Office he State R	eld epresentative District 72
	Date	Payee name (see previo						
	Amount (\$)	Payee addre		State; Zip C	Code			
	Expenditure from corporate funds							
	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the	e top of this schedule)	(b) Description  Check if travel of Check if Austin,			plete Schedule T. J expense
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office so State R	ught epresentative Distri	ct 73	Office he	eld epresentative District 73
	Date	Payee name (see previo						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	Code			
	Expenditure from corporate funds							
	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the	e top of this schedule)	(b) Description  Check if travel of the Check if Austin,			plete Schedule T. J expense
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name ert	Office so State R	ought epresentative Distri	ct 74	Office he	eld

## SCHEDULE F1

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

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 to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 26/156 Rpt:	Texas Alliance for Life	(	00051076	
4	Date	5 Payee name			
		(see previous)			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
_	<b>¬</b> Expenditure from				
L	corporate funds				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE			e of Texas. Comp officeholder living	olete Schedule T.
		Cleck ii Ausuli	, 17, 0	Jiliceriolder living	ехрепае
9		Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	<sup>1</sup> JR, Ramirez State Representative Distr	ict 8	0 None	
	Date	Payee name			
		(see previous)			
	Amount (\$)	Payee address; City; State; Zip Code			
_	T Expenditure from				
L	corporate funds				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE			e of Texas. Comp officeholder living	olete Schedule T.
		Cilcekii Austin	, 17, 0	onicentiaer living	САРСПЗС
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	H Landgraf, Brooks State Representative Distr	ict 8	1 State R	epresentative District 81
	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	l		e of Texas. Comp officeholder living	plete Schedule T. expense
				<b>3</b>	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	<sup>1</sup> Craddick, Tom State Representative Distr	ict 8	2 State R	epresentative District 82

## 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	ins how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 27/156 Rpt:	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 = '
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		3,4,
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name	Office sought Office held
experiorare to benefit C/O	H Burrows, Dustin	State Representative District 83 State Representative District 83
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	· I —
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		g sipones
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought Office held
experiorare to benefit C/O	Tepper, Carl	State Representative District 84 State Representative District 84
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	schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		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 District 85 State Representative District 85
		· · · · · · · · · · · · · · · · · · ·

## 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		plains 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: 28/156 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		•
	(see previous)		
6 Amount (\$)	<b>7</b> Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of	· I —	
EXPENDITURE			el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		State Representative Dis	
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	· I —	
OF EXPENDITURE			el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
		L Clieck ii Ausi	un, 17, uniceriolder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	<sup>†</sup> Bulla, Cindi	State Representative Dis	trict 87 None
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	(coo categorise notes at the top of		el outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		State Representative Dis	
		-p 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	.,

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng 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 Guid	de explains how to	complete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3 Fil	er ID	(Ethics Commission Filers)	,
	Sch: 29/156 Rpt:		Texas Alliance for Life			oc	0051076		
4	Date	5	Payee name						
		$oxedsymbol{oldsymbol{oxed}}$	(see previous)						
6	Amount (\$)	7	Payee address; City;	State; Zip C	Code				
	T Expenditure from								
ᆫ	corporate funds	上							
8	PURPOSE OF	(a)	Category (See Categories listed at the	top of this schedule)	(b) Description				
	EXPENDITURE				Check if travel			plete Schedule T.	
						,,		,	
9	Complete ONLY if direct		Candidate/Officeholder name	Office so	ought		Office he	eld	
	expenditure to benefit C/OI	н г	Noble, Candy	State R	Representative Dist	rict 89	State R	epresentative District 8	89
	Date	Т	Payee name						_
			(see previous)						
	Amount (\$)	十	Payee address; City;	State; Zip C	Code				
	Expenditure from corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the	top of this schedule)	(b) Description				
	OF EXPENDITURE				<b> </b>			plete Schedule T.	
					Check if Austir	1, 1 X, ОПІ	cenolaer living	g expense	
	Complete ONLY if direct	Т (	Candidate/Officeholder name	Office so	l ought		Office he	eld	
	expenditure to benefit C/O	H	Klick, Stephanie		Representative Dist	rict 91	State R	epresentative District 9	91
	Date	Т	Payee name						_
			(see previous)						
	Amount (\$)	$\vdash$	Payee address; City;	State; Zip C	Code				_
			3,	γ, μ					
	Expenditure from corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the	top of this cahadula)	(b) Description				
	OF	"	(See Categories listed at the	top of this schedule)		outside o	of Texas. Com	plete Schedule T.	
	EXPENDITURE				Check if Austin	n, TX, offic	ceholder living	ı expense	
		丄							
	Complete ONLY if direct expenditure to benefit C/OI	ıLI.	Candidate/Officeholder name	Office so		.i.a.t. 0.0	Office he		00
	- cxperialitate to belieff of et		Schatzline, Nate	State R	Representative Dist	ict 93	State R	epresentative District 9	93

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising 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 explains ho	w to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 30/156 Rpt:	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  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		_
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ce sought Office held
·	Cook, David Sta	tte Representative District 96 State Representative District 96
Date	Payee name	
A / /h\	(see previous)	Zin Oods
Amount (\$)	Payee address; City; State;	Zip Code
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedu	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Chester assume the officer and developed assume the control of the
Complete ONLY if direct		ce sought Office held
expenditure to benefit C/O	H McQueeney, John Sta	te Representative District 97 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 Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if dayer outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ce sought Office held
experiorale to beliefft C/O	<sup>1</sup> Capriglione, Giovanni Sta	tte Representative District 98 State Representative District 98
_		

## 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 to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 31/156 Rpt:	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	Candidate/Officeholder name Office solution Geren, Charlie State F	ought Office held Representative District 99 State Representative District 99
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/OI	Candidate/Officeholder name Office so Patterson, Jared State F	ought Office held Representative District 106 State Representative District
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so State F	ought Office held Representative District 108 State Representative District

## SCHEDULE F1

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

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

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

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how	lanes/wages/contract Labor OTHER (enter a category not listed above) to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 32/156 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	·
	(see previous)	
6 Amount (\$)	<b>7</b> Payee address; City; State; Z	ip Code
Expenditure from corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	·   _
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Offic	e sought Office held
expenditure to benefit C/OI		e Representative District 112 State Representative District
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Z	ip Code
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule	· I —
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Citeck it Austin, 17, uniceriolider living expense
Complete ONLY if direct	Candidate/Officeholder name Offic	e sought Office held
expenditure to benefit C/OI		e Representative District 118 State Representative District
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Z	ip 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 Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Offic	e sought Office held
expenditure to benefit C/OI	1	e Representative District 121 State Representative District
	,	, 2 20000

## 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

	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: 33/156 Rpt:	Texas Alliance for Life	00051076
4	Date	5 Payee name	
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	<b>¬</b> Expenditure from		
L	corporate funds		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		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
Ī	expenditure to benefit C/OI		ct 122 State Representative District
	Date	Payee name	<u> </u>
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	(4)		
	Expenditure from corporate funds		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	l <u> </u>	outside of Texas. Complete Schedule T.  TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Harless, Sam State Representative Distri	ct 126 State Representative District
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	■ Evponditure from		
L	Expenditure from corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if travel of	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		ct 127 State Representative District
		<u> </u>	

## 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 to	complete this form.
1	Total pages Schedule F1: Sch: 34/156 Rpt:	FILER NAME     Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
4	Date	5 Payee name (see previous)	I
6	Amount (\$)  Expenditure from	7 Payee address; City; State; Zip (	Code
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 expenditure to benefit C/ON	Candidate/Officeholder name  Office so Cain, Briscoe  State R	ought Office held representative District 128 State Representative District
	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/OF	Candidate/Officeholder name Office so	ought Office held depresentative District 129 State Representative District
	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 so State R	ought Office held sepresentative District 130 State Representative District

#### 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/Officeholder/Politica Credit Card Payment	Committee Legal Services  The Instruction Guide explains	Salaries/Wages/Contract Labor 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: 35/156 Rpt:	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 sch	nedule) (b) Description	
OF EXPENDITURE		I <u>—</u>	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
		Crieck II Austin	, i.v., uniceriolider living expense
9 Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/OI	Schofield, Mike	State Representative Distr	rict 132 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 sch	· I —	
EXPENDITURE		<u> </u>	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
		Cricck ii Addiii	, 17, Uniceriolaer living expense
Complete ONLY if direct	Candidate/Officeholder name 0	I Office sought	Office held
expenditure to benefit C/OI	<sup>H</sup> DeAyala, Mano	State Representative Distr	rict 133 State Representative District
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State	; Zip Code	
γ αποαπε (Φ)	r ayou address, Oxy, State	, 2.p 3000	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this sch	(b) Description	
OF EXPENDITURE		·····/	outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austir	n, TX, officeholder living expense
0 1: 0:::::::::::::::::::::::::::::::::		200	000
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	Office sought	Office held
onponential to bollolit 0/01	<sup>1</sup> Hull, Lacey	State Representative Distr	rict 138 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

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

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

g Expense Travel in District ng Expense Travel Out of Dis ies/Wages/Contract Labor OTHER (enter a

Candidate/Officeholder/Politica Credit Card Payment	Al 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: 36/156 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
- Evpanditura from	
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.
	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date	Payee name  (see provious)
	(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 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	<b>o</b>
Data	
Date	Payee name (see previous)
A	
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
	Check if Additil, 1A, Unicertaider living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>o</b>
	··

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng 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 expl	ains how to complete this form.			
1	Total pages Schedule F1: Sch: 37/156 Rpt:	2 FILER NAME Texas Alliance for Life		1	Filer ID 00051076	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)		<u> </u>		
6	Amount (\$)	7 Payee address; City; S	State; Zip Code			
	Expenditure from corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Check if trave		e of Texas. Comp officeholder living	olete Schedule T. expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  H Tijerina, Jaime	Office sought Court of Appeals,Chief Ju	stice	Office he Court O	eld f Appeals, Justice Place
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City; S	State; Zip Code			
	Expenditure from corporate funds					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th	Check if trave		e of Texas. Comp	olete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  H Cron, Jenny	Office sought Court Of Appeals, Justice	Plac	Office he e None	ld
	Date	Payee name (see previous)				
	Amount (\$)  Expenditure from corporate funds	Payee address; City; S	State; Zip Code			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Check if trave		e of Texas. Comp	olete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  H Fonseca, Ysmael	Office sought Court Of Appeals, Justice	Plac	Office he e District	old Judge District 476

## 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	explains how to complete this	form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 38/156 Rpt:	Texas Alliance for Life			00051076	
4	Date	5 Payee name		· ·		
		(see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip Code			
	<b>¬</b> Expenditure from					
L	corporate funds					
8	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule) (b) Desc	ription		
	OF EXPENDITURE			neck if travel outsic		
			□ Cr	neck if Austin, TX,	officenolder living	g expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	eld
	expenditure to benefit C/OI	<sup>H</sup> West, Jon	Court Of Appeals,	Justice Plac	ce None	
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule) (b) Desc	ription		
	OF EXPENDITURE			neck if travel outsion neck if Austin, TX,		
				ieck ii Austin, TX,	onicenoider livinç	g expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	eld
	expenditure to benefit C/OI	<sup>H</sup> Herring, Jason	District Attorney (N	Multi-county)	District	Attorney (Multi-county)
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule) (b) Desc	ription		
	OF EXPENDITURE	, ,	☐ Cr			plete Schedule T.
			☐ Cr	neck if Austin, TX,	officeholder living	g expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	eld
	expenditure to benefit C/OI		Bexar County Cor	nmissioner,		County Commissioner,
_		•	,	<u>,                                      </u>		<u> </u>

## SCHEDULE F1

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

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

Event Expense 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	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/156 Rpt:	Texas Alliance for Life 00051076
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	Expenditure from	
<u>_</u>	Corporate funds	
8	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	McCall, Cam Collin County Tax Assessor- None
	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 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	
	Date	
	Date	Payee name (see previous)
	Δ == = == (Φ)	
	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  Check if travel cyteride of Taylor Camplete Schedule T
	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/O	

## 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 Guid	e explains how to complete this	form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 40/156 Rpt:	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 t	·	•
EXPENDITURE			eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
		"	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Salvo, Michael	County Party Chai	r 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 t	·	iption eck if travel outside of Texas. Complete Schedule T.
EXPENDITURE			eck if dustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
experience to serious 670	H Whittmore, Sean	Criminal District A	torney Criminal District Attorney
Date	Payee name		
01/30/2024	Leah Brown Marketing		
Amount (\$)	Payee address; City;	State; Zip Code	
\$165.00	13501 Coomer Path		
Expenditure from corporate funds	Pflugerville, TX 78660		
PURPOSE OF	(a) Category (See Categories listed at the t		
EXPENDITURE	Advertising Expense		eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
			us campaign images for candidates
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Craddick, Christi	Railroad Commiss	ioner Railroad Commissioner

## 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 to complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 41/156 Rpt:	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	′ I — ·	avel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if A	austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Blacklock, Jimmy	Supreme Court Justice	Place 2 Supreme Court Justice Place 2
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	· • • • • • • • • • • • • • • • • • • •	
EXPENDITURE		<b> </b>	avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name  H. Doving, John	Office sought Supreme Court Justice	Office held  Place 4 Supreme Court Justice Place 4
	T Devine, 30mi	Supreme Court Justice	Place 4 Supreme Court Justice Place 4
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
γ unodine (φ)	i ayoo addi ooo, Oky,	otato, Lip oodo	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top	· I	
OF EXPENDITURE			avel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense
			g - <del> </del>
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
experientare to beliefit 6/0	H Bland, Jane	Supreme Court Justice	Place 6 Supreme Court Justice Place 6

## SCHEDULE F1

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

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 $\epsilon$	explains how to complete this form	n.		
1	Total pages Schedule F1: Sch: 42/156 Rpt:	2 FILER NAME Texas Alliance for Life		3	Filer ID 00051076	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)		<u> </u>		
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 outs	ide of Texas. Com <sub>l</sub> , officeholder living	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name  H Keller, Sharon	Office sought Court of Criminal App	eals,	Office he	eld f Criminal Appeals,
	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	Check if	travel outs	ide of Texas. Com , officeholder living	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name  H Hervey, Barbara	Office sought Court Of Criminal App	eals,	Office he Court O	eld f Criminal Appeals,
	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	Check if	travel outs	ide of Texas. Com <sub>l</sub>	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name  H Slaughter, Michelle	Office sought Court Of Criminal App	eals,	Office he Court O	eld If Criminal Appeals,

## 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.	OTHER (enter a category not instead above)
1 Total pages Schedule F1:	·	·	3 Filer ID (Ethics Commission Filers)
Sch: 43/156 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		•
	(see previous)		
6 Amount (\$)	7 Payee address; City; State; Zi	p Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if trave	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office held
expenditure to benefit C/O			District State Board Of Education
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; Zi	p Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if trave	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e sought Board Of Education	Office held District State Board Of Education
Date	Payee name		
Date	(see previous)		
Amount (\$)	Payee address; City; State; Zi	p Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if trave	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	1	e sought Board Of Education	Office held District State Board Of Education

## 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	o complete this form.	
1	Total pages Schedule F1: Sch: 44/156 Rpt:	FILER NAME     Texas Alliance for Life		3 Filer ID (Ethics Commission Filers) 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)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O		sought Board Of Education	Office held District State Board Of Education
	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)	, <u>–</u>	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		sought Senator District 7	Office held State Senator District 7
	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)	· · ·	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		sought Senator District 8	Office held State Senator District 8

## 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

Credit Card Payment	· ·	e explains how to complete t	·	egory not listed above)
1 Total pages Schedule F1:		·	· · · · · · · · · · · · · · · · · · ·	Ethics Commission Filers)
Sch: 45/156 Rpt:	Texas Alliance for Life		00051076	,
4 Date	5 Payee name		•	
	(see previous)			
6 Amount (\$)	<b>7</b> Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t	op of this schedule) (b) De	Scription Check if travel outside of Texas. Complet Check if Austin, TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name  H King, Phil	Office sought State Senator D	Office held istrict 10 State Sen	ator District 10
Dete				2.00.00.20
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 t	op of this schedule) (b) De	Scription Check if travel outside of Texas. Complet Check if Austin, TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held	
	Tarker, Tarr	State Senator D	State Sen	ator District 12
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 t	op of this schedule) (b) De	SCription Check if travel outside of Texas. Complet Check if Austin, TX, officeholder living ex	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name  Huffman, Joan	Office sought State Senator D	Office held	ator District 17
	Hullitali, Joan	State Seriator L	isuict 17 State Sett	מנטו טוטנווטנ 11

## 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: 46/156 Rpt:	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 to	op of this schedule) (b) Description	
OF EXPENDITURE			vel outside of Texas. Complete Schedule T.
		Check if Au	ıstin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Senator District 25	
Date	Payee name		
Jano	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
(+)	,	эми, тр ээг	
Expenditure from corporate funds			
PURPOSE	(a) Catagory (a)	on of this schedule) <b>(b)</b> Description	
OF	(a) Category (See Categories listed at the to		evel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Au	ıstin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experientare to benefit ere	<sup>-1</sup> Hinojosa, Adam	State Senator District 27	7 None
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the to	·	
OF EXPENDITURE			ivel outside of Texas. Complete Schedule T. istin, TX, officeholder living expense
		Crieck ii At	istin, 17, onicendiaer living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Senator District 30	

## 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 Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 47/156 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
<b>6</b> Amount (Φ)	(see previous)	ato: Zin Codo	
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 Texas. Complete Schedule T.
EXPENDITURE			, TX, officeholder living expense
		0.5	0"
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name  H VanDeaver, Gary	Office sought State Representative Distri	Office held ict 1 State Representative District 1
Date	<u> </u>	- Clare Hopi Goornanie Didin	- Cato Representative Biotilet 1
Daic	Payee name (see previous)		
Amount (\$)	` ' '	ate; Zip Code	
`,		•	
- Cynonditure from			
Expenditure from corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this	· I —	
EXPENDITURE		<b> </b>	outside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
	T Dutton, Jill	State Representative Distri	ict 2 None
Date	Payee name		
Amount (#)	(see previous)	oto: Zin Codo	
Amount (\$)	Payee address; City; St	ate; 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 of	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	H Bell Jr., Cecil	State Representative Distri	ict 3 State Representative 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 explains how to	complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
	Sch: 48/156 Rpt:	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)		tside of Texas. Complete Schedule T. X, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OH		sought Representative Distric	Office held t 4 State Representative District 4
			Tropiosomativo Biotilis	14 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)	_ i	tside of Texas. Complete Schedule T. 'X, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	1	sought Representative Distric	Office held t 5 State Representative District 5
	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)	· · 😐	tside of Texas. Complete Schedule T. X, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office  H Dean, Jay State	sought Representative Distric	Office held t 7 State Representative District 7

## SCHEDULE F1

Advertising Expense Event I
Accounting/Banking Fees
Consulting Expense Food/E
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal S

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: 49/156 Rpt:	2 FILER NAME Texas Alliance for Life		3 Filer ID (Ethics Commission Filers) 00051076
4 Date	5 Payee name (see previous)		1
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 trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Harris, Cody	Office sought State Representative Dist	Office held trict 8 State Representative District 8
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 trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name  Ashby, Trent	Office sought State Representative Dist	Office held trict 9 State Representative District 9
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 trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name  Clardy, Travis	Office sought State Representative Dist	Office held trict 11 State Representative District 11
·	Gialuy, Havis	State Representative DISI	ind 11 State Representative District 11

#### 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

Ing Expense I ravel II
nting Expense Travel (
aries/Wages/Contract Labor OTHER

	Candidate/Officeholder/Politica Credit Card Payment	l Committee	Legal Services The Instruction Guid		Wages/Contract Labor complete this form.	01	HER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	<b>=</b>			3 Fil	er ID	(Ethics Commission Filers)
	Sch: 50/156 Rpt:	Texas Allia	nce for Life			00	051076	
4	Date	5 Payee name						
		(see previo	us)					
6	Amount (\$)	<b>7</b> Payee addre	ess; City;	State; Zip C	Code			
	Expenditure from corporate funds				_			
8	PURPOSE OF EXPENDITURE	(a) Category (s	ee Categories listed at the	top of this schedule)	1 =	avel outside o	of Texas. Com ceholder living	olete Schedule T. expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name Ey	Office so State R	ought epresentative D	istrict 12	Office he	eld
	Date	Payee name						
		(see previo						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode			
	, ( <del>+</del> )	. ayoo aaa.o	0.57	Otato, 2.p				
	Expenditure from corporate funds							
	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedule)	(b) Description			
	OF EXPENDITURE				ı <u>—</u>		of Texas. Composeholder living	olete Schedule T. expense
	Complete ONLY if direct	L Candidate/Off	iceholder name	Office so	 ought		Office he	eld
	expenditure to benefit C/O				· ·	istrict 13		epresentative District 13
	Date	Payee name (see previo						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	code			
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, <b>- - - - - - - - -</b>	, ,				
	Expenditure from corporate funds							
	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedule)	(b) Description			
	OF EXPENDITURE				1 🖳		of Texas. Composer living	olete Schedule T. expense
	Complete ONLY if direct		iceholder name	Office so	ught		Office he	eld
	expenditure to benefit C/OI	H Metcalf, Will		State R	epresentative D	istrict 16	State R	epresentative District 16

## 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 Guid	le explains how to	complete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission File	rs)
	Sch: 51/156 Rpt:		Texas Alliance for Life				00051076		
4	Date	5	Payee name			•			
			(see previous)						
6	Amount (\$)	7	Payee address; City;	State; Zip	Code				
_	T Expenditure from								
L	corporate funds								
8	PURPOSE	(a)	Category (See Categories listed at the	top of this schedule)	(b) Description				
	OF EXPENDITURE						de of Texas. Com officeholder living	plete Schedule T.	
					Crieck ii Austi	11, 17,	onicendider living	у ехрепае	
9			Candidate/Officeholder name	Office s	ought		Office he	eld	
	expenditure to benefit C/OI	)H G	Gerdes, Stan	State F	Representative Dist	rict 1	17 State R	epresentative Distric	t 17
	Date		Payee name						
			(see previous)						
	Amount (\$)	T	Payee address; City;	State; Zip	Code				
_	T Expenditure from								
L	corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the	top of this schedule)	(b) Description				
	OF EXPENDITURE				1 <u>–</u>		de of Texas. Com officeholder living	plete Schedule T.	
					Cricck ii Addi	11, 17,	omeenoider iiviiig	у схрензе	
	Complete ONLY if direct		Candidate/Officeholder name	Office s	ought		Office he	eld	
	expenditure to benefit C/OI	)H B	sailes, Ernest	State F	Representative Dist	rict 1	18 State R	epresentative Distric	t 18
	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						de of Texas. Com officeholder living	plete Schedule T.	
						., .,,		, охронов	
	Complete ONLY if direct		andidate/Officeholder name	Office s	ought		Office he	eld	
	expenditure to benefit C/OI	Н Т	roxclair, Ellen	State F	Representative Dist	rict 1	19 State R	epresentative Distric	t 19

## 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	<b>v</b>	ins how to complete this form.	OTTLA (enter a category not listed above)
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics Commission Filers)
Sch: 52/156 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		•
	(see previous)		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	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/OI		State Representative Dist	rict 20 State Representative District 20
Date	Payee name		
Date	(see previous)		
A a		ata. Zin Cada	
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	(b) Description	
OF EXPENDITURE			outside of Texas. Complete Schedule T.
LA LABITORL		Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	<sup>1</sup> Phelan, Dade	State Representative Distr	rict 21 State Representative District 21
Date	Payee name		
	(see previous)		
Amount (\$)		ato: Zin Codo	
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Cotogon	(h) Description	
OF	(a) Category (See Categories listed at the top of this		outside of Texas. Complete Schedule T.
EXPENDITURE			n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Representative Distr	
			2

## 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 ex	xplains how to complete this	form.		
1 Total pages Schedule F1:	2 FILER NAME		<b>3</b> Fi	iler ID	(Ethics Commission Filers)
Sch: 53/156 Rpt:	Texas Alliance for Life		0	0051076	
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 o	☐ Ch	ription neck if travel outside neck if Austin, TX, off		
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	
expenditure to benefit C/OI	H Vasut, Cody	State Representat	tive District 25	State R	epresentative District 25
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 o	Ch	ription neck if travel outside neck if Austin, TX, off		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name  H Jetton, Jacey	Office sought State Representat	ive District 26	Office he	eld epresentative District 26
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 o	Ch	ription neck if travel outside neck if Austin, TX, off		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name  H Gates, Gary	Office sought State Representat	ive District 28	Office he State R	eld epresentative District 28

## SCHEDULE F1

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

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

	Credit Card Payment		The Instruction Guide	explains how to c	omplete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3 File	er ID	(Ethics Commission Filers)	
	Sch: 54/156 Rpt:		Texas Alliance for Life			00	051076		
4	Date	5	Payee name						
			(see previous)						
6	Amount (\$)	7	Payee address; City;	State; Zip C	ode				
	!								
_	T Expenditure from								
L	corporate funds								
8	PURPOSE	(a)	Category (See Categories listed at the to	p of this schedule)	(b) Description				
	OF EXPENDITURE				ı <u>—</u>			plete Schedule T.	
	!				Check if Austin	, IX, UIIIC	enolaer living	j expense	
	!								
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	Office so	_ <b>I</b> vuaht		Office he	eld	_
	expenditure to benefit C/O		Bauknight, Jeff		epresentative Distr	ict 30	None		
H	Date	$\overline{}$	Payee name						=
	Juic		(see previous)						
H	Amount (\$)	+	Payee address; City;	State; Zip C	:ode				$\dashv$
	/ unoant (4)		r dyoo dddioos, e.s.,	Julio,					
	!								
	Expenditure from corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the to	p of this schedule)	(b) Description				
	OF EXPENDITURE				<b> </b>			plete Schedule T.	
	!				Check if Austin	, IX, UIIIC	enolaer living	j expense	
	!								
	Complete ONLY if direct		Candidate/Officeholder name	Office so	_ <b>_</b> uqht		Office he	eld	_
	expenditure to benefit C/O		Guillen, Ryan		epresentative Distr	ict 31	State R	epresentative District 3	1
H	Date	$\overline{}$	Payee name						=
	ļ		(see previous)						
	Amount (\$)	+	Payee address; City;	State; Zip C					-
	, (+)		. <b>ayo</b>	, <sub>[</sub> -					
	!								
	Expenditure from corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the to	(Alain and Alain)	(b) Description				
	OF	"	Category (See Categories listed at the to	p of this schedule)		outside of	f Texas. Com	plete Schedule T.	
	EXPENDITURE				Check if Austin	, TX, offic	eholder living	j expense	
	!								
		$\perp$							
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office so			Office he		_
	- experientare to benefit or or		Hunter, Todd	State Re	epresentative Distr	ict 32	State R	epresentative District 3	<u> </u>

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising 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	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: 55/156 Rpt:	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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Holland, Justin State Representative District 33 State Representative District 33
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Amount (Φ)	rayee address, Gity, 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 Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Lopez, Janie State Representative District 37 State Representative District 37
Date	Payee name
	(see previous)
A management (th)	
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	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	John, Guerra State Representative District 41 None

## 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 ho	w to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 56/156 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	<u> </u>
	(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 schedul	, I = 1
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	1.1	ce sought Office held
expenditure to benefit C/O	H Lozano, J.M. Sta	te Representative District 43 State Representative District 43
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 schedul	· I —
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Circux ii Austin, 17, uniocinducti living expense
Complete ONLY if direct		ce sought Office held
expenditure to benefit C/O	H Kuempel, John Sta	te Representative District 44 State Representative District 44
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; 2	Zip Code
Evponditure from		
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedul	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
-		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Offi	
expenditure to benefit C/O	1.1	te Representative District 52 State Representative District 52

## 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

1

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

orealt card r dyment		The Instruction Guide explains how to complete this form.			
Total pages Schedule F1:	2	FILER NAME	3	Filer ID	(Ethics Commission Filers)
Sch: 57/156 Rpt:		Texas Alliance for Life		00051076	
Date	5	Payee name			
		(see previous)			

4 Date	<ul><li>5 Payee name (see previous)</li></ul>			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if	N travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name  Smith, Hatch	Office sought State Representative I	Office held District 53 None	
Date	Payee name	State Representative I	None 33 None	
	(see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if	n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Handley, Brad	Office sought State Representative I	Office held  District 54 State Representative Dis	strict 54
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 to	Check if	n travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held	otriot FF
experiencie to beliefit 6/01	<sup>1</sup> Shine, Hugh	State Representative I	District 55 State Representative Dis	strict 55

## 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 to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 58/156 Rpt:	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 sched	, <u> </u>
EXPENDITURE		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	1.1	ice sought Office held
expenditure to benefit C/OH Curry, Patrick State Representative District 56 None		
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 sched	ule) (b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Crieck if Adstirt, 17., Uniceriolider living expense
Complete ONLY if direct		ice sought Office held
expenditure to benefit C/OH Hayes, Richard State Representative District 57 State Representative District 57		
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 sched	·
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ice sought Office held
expenditure to benefit C/OH Burns, DeWayne State Representative District 58 State Representative District 58		
_		

### 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 59/156 Rpt:	Texas Alliance for Life	00051076
4	Date	5 Payee name	·
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	T Expenditure from		
L	corporate funds		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		c if travel outside of Texas. Complete Schedule T. c if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	Slawson, Shelby State Representative	e District 59 State Representative District 59
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
_	T Expenditure from		
L	corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion
	OF EXPENDITURE		cif travel outside of Texas. Complete Schedule T. cif Austin, TX, officeholder living expense
		Circu	Kii Austili, 1A, oliicettolidet livilig experise
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH	Rogers, Glenn State Representative	e District 60 State Representative District 60
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	- Evpanditura from		
L	Expenditure from corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	tion
	OF EXPENDITURE		k if travel outside of Texas. Complete Schedule T.
	_	Check	cif Austin, TX, officeholder living expense
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Oh		e District 61 State Representative District 61
		<del>`</del>	·

### 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

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

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: 60/156 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; Sta	e; Zip Code	
Expenditure from			
corporate funds		•	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this s	′ I — '	utside of Texas. Complete Schedule T.
EXPENDITURE			TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experiantare to benefit 6/61	<sup>1</sup> Smith, Reggie	State Representative Distric	ct 62 State Representative District 62
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	e; Zip Code	
Expenditure from			
corporate funds		la,	
PURPOSE OF	(a) Category (See Categories listed at the top of this s	· I —	utside of Texas. Complete Schedule T.
EXPENDITURE		I 🛏	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experience to belief eye	Bumgarner, Ben	State Representative Distric	ct 63 State Representative District 63
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	e; Zip Code	
Expenditure from			
corporate funds	(4) 2	(n-) - · ·	
PURPOSE OF	(a) Category (See Categories listed at the top of this s	· I —	utside of Texas. Complete Schedule T.
EXPENDITURE			TX, officeholder living expense
		_	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
experialture to beliefft C/OI	1 Stucky, Lynn	State Representative Distric	ct 64 State Representative District 64

### 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 to com	plete this form.	
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Fi	ler ID (Ethics Commission Filers)
	Sch: 61/156 Rpt:	Texas Alliance for Life	00	0051076
4	Date	5 Payee name	•	
		(see previous)		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
_	T Expenditure from			
L	corporate funds			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Description	
	EXPENDITURE			of Texas. Complete Schedule T. iceholder living expense
			Check if Additif, 174, offi	icellolder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sougl	nt	Office held
	expenditure to benefit C/O	<sup>1</sup> Thimesch, Kronda State Repr	esentative District 65	State Representative District 65
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	`,			
	Expenditure from corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
	OF EXPENDITURE		<b>-</b>	of Texas. Complete Schedule T.
			Check if Austin, 1X, offi	iceholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sougl	 nt	Office held
	expenditure to benefit C/O	1	esentative District 66	State Representative District 66
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; State; Zip Code	 e	
	(,,	, special sea, spe		
	Expenditure from corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
	OF	(See Categories listed at the top of this scriedule)		of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, offi	iceholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough		Office held
	experience to benefit 6/6/	Leach, Jeff State Repr	esentative District 67	State Representative District 67

### 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: 62/156 Rpt:	Texas Alliance for Life		00051076
4	Date	5 Payee name	•	
		(see previous)		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	T Expenditure from			
ᆫ	corporate funds			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	de ef Taure Countlete Calculula T
	EXPENDITURE		· ·	de of Texas. Complete Schedule T. officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office s	-	Office held
	expenditure to benefit C/OI	State I Spiller, David	Representative District	68 State Representative District 68
	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		<b> </b>	de of Texas. Complete Schedule T. officeholder living expense
				and an income of the second of
	Complete ONLY if direct	Candidate/Officeholder name Office s	ought	Office held
	expenditure to benefit C/OI	<sup>H</sup> Frank, James State I	Representative District	69 State Representative District 69
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; State; Zip	Code	
_	■ Expenditure from			
L	corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	OF EXPENDITURE			de of Texas. Complete Schedule T.
			Check if Austin, 1X,	officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office s		Office held
	expenditure to benefit C/OI			71 State Representative District 71

### 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

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

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: 63/156 Rpt:	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.					
EXPENDITORE	Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	Darby, Drew State Representative District 72 State Representative District 72					
Date	Payee name					
Dato	(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	(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/OI						
	State Representative Blother To					
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 Children	Orandidate (Office health a grants					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
3.,50	expenditure to benefit C/OH Garza, Robert State Representative District 74 None					

### 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

Credit Card Layment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 64/156 Rpt:	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)		de of Texas. Complete Schedule T. officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office s		Office held
expenditure to benefit C/O	<sup>H</sup> JR, Ramirez State F	Representative District 8	30 None
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)		de of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office s  Landgraf, Brooks State F	-	Office held State Representative District 81
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	1 (Tours Consists Cabadula T
EXPENDITURE		I <u>—</u>	de of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office s	-	Office held
experiulture to benefit C/Or	T Craddick, Tom State F	Representative District 8	32 State Representative District 82

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 exp	plains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 65/156 Rpt:	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	′ I — '	Jautaida of Tayan Complete Cabadula T
EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
experiorare to berieff C/O	H Burrows, Dustin	State Representative Dist	trict 83 State Representative District 83
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	· I —	
EXPENDITURE		<b> </b>	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;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of	·	d outside of Toyon Consults Calabella T
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 Kitzman, Stan	State Representative Dist	trict 85 State Representative District 85

### 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 e	explains how to co	mplete this form.				
1	Total pages Schedule F1:			;	3 File		(Ethics Commission	n Filers)
	Sch: 66/156 Rpt:	Texas Alliance for Life			000	51076		
4	Date	5 Payee name (see previous)						
6	Amount (\$)	7 Payee address; City;	State; Zip Co	ode				
	Expenditure from corporate funds							
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	EXPENDITURE			Check if travel of Check if Austin,			plete Schedule T. expense	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sou	•		Office he		
	experientare to benefit 6/01	H Smithee, John	State Re	presentative Distric	et 86	State Re	epresentative Di	istrict 86
	Date	Payee name						
		(see previous)						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	Expenditure from corporate funds							
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	EXPENDITURE			Check if travel of Check if Austin,			plete Schedule T. expense	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	-		Office he	eld	
	experientare to benefit eror	H Bulla, Cindi	State Re	presentative Distric	et 87	None		
	Date	Payee name						
		(see previous)						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	Expenditure from corporate funds							
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	EXPENDITURE			Check if travel ou			plete Schedule T. expense	
					,	3		
	Complete ONLY if direct	Candidate/Officeholder name	Office sou			Office he		
	expenditure to benefit C/OI	H King, Ken	State Re	presentative Distric	t 88	State Re	epresentative Di	istrict 88

### 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 to c	complete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3 Fil	er ID	(Ethics Commission Filers	s)
	Sch: 67/156 Rpt:		Texas Alliance for Life			oc	051076		
4	Date	5	Payee name						
		$oxedsymbol{oldsymbol{oldsymbol{oldsymbol{eta}}}$	(see previous)						ļ
6	Amount (\$)	7	Payee address; City;	State; Zip C	Code				
	T Expenditure from								
ᆫ	corporate funds	上							
8	PURPOSE OF	(a)	Category (See Categories listed at the top	p of this schedule)	(b) Description				
	EXPENDITURE				Check if travel			plete Schedule T.	
						, ,	g	,	
9	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught		Office he	eld	
	expenditure to benefit C/OI	'H 1	Noble, Candy	State Ro	epresentative Distr	ict 89	State R	epresentative District	t 89
	Date	Т	Payee name						
			(see previous)						
	Amount (\$)	T	Payee address; City;	State; Zip C	code				
	Expenditure from corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the top	p of this schedule)	(b) Description				
	OF EXPENDITURE							plete Schedule T.	
					Check if Austir	ı, TX, offic	ceholder living	g expense	
	Complete ONLY if direct	Т (	Candidate/Officeholder name	Office so	<u>l</u> puaht		Office he	eld	
	expenditure to benefit C/OI		Klick, Stephanie		epresentative Distr	ict 91		epresentative District	t 91
_	Date	$\overline{}$	Payee name						_
	Bute		(see previous)						
	Amount (\$)	┼	Payee address; City;	State; Zip C	ode.				
	Αποαπτ (ψ)		rayee address, Gity,	State, Zip C	,ouc				
Г	Expenditure from corporate funds								
	PURPOSE	(2)	Cotogon		(h) Description				
	OF OF	(a)	Category (See Categories listed at the top	p of this schedule)	(b) Description  Check if travel	outside o	f Texas. Com	plete Schedule T.	
	EXPENDITURE				Check if Austir	, TX, offic	ceholder living	j expense	
	Complete ONLY if direct expenditure to benefit C/OH	ıLI.	Candidate/Officeholder name	Office so			Office he		
	experionality to benefit C/O		Schatzline, Nate	State Re	epresentative Distr	ict 93	State R	epresentative District	i 93

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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 Gard Layment	The Instruction Guide explains how to co	mplete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3 File	er ID	(Ethics Commission Filers)	
	Sch: 68/156 Rpt:	Texas Alliance for Life		00	051076		
4	Date	5 Payee name					
		(see previous)					
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode				
_	T Expenditure from						
L	corporate funds						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
	EXPENDITURE		Check if travel Check if Austin			plete Schedule T.	
				,,			
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	eld	_
	expenditure to benefit C/O	Cook, David State Re	presentative Distr	ict 96	State R	epresentative District 9	6
	Date	Payee name					_
		(see previous)					
	Amount (\$)	Payee address; City; State; Zip Co	ode				
_	T Expenditure from						
	corporate funds						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
	EXPENDITURE		Check if travel Check if Austin			plete Schedule T. expense	
				, , ,	3		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	eld	
	expenditure to benefit C/O	<sup>1</sup> McQueeney, John State Re	presentative Distr	ict 97	None		
	Date	Payee name					
		(see previous)					
	Amount (\$)	Payee address; City; State; Zip Co	ode				
_	T Expenditure from						
L	corporate funds						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		- 0		
	EXPENDITURE		Check if travel			plete Schedule T. expense	
					J	•	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he		
	expenditure to benefit C/O	Capriglione, Giovanni State Re	presentative Distr	ict 98	State R	epresentative District 9	8

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising 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 explains how to	complete this form.
1 Total pages Schedule F1: Sch: 69/156 Rpt:	2 FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
4 Date	5 Payee name (see previous)	00031070
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	Candidate/Officeholder name Office :  Geren, Charlie State	Sought Office held Representative District 99 State Representative District 99
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 expenditure to benefit C/O	Candidate/Officeholder name Office : Patterson, Jared State	Sought Office held Representative District 106 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)	(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	Candidate/Officeholder name Office :  Meyer, Morgan State	Sought Office held Representative District 108 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

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

Credit Card Payment	The Instruction Guide explains h	now to complete this form.	OTTLEN (enter a category not listed above)
1 Total pages Schedule F1:	•	·	3 Filer ID (Ethics Commission Filers)
Sch: 70/156 Rpt:	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 sche	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct		ffice sought	Office held
expenditure to benefit C/OI	H Button, Angie Chen S	tate Representative Dist	rict 112 State Representative District
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 sche	dule) (b) Description	
OF EXPENDITURE			l outside of Texas. Complete Schedule T.
		Cneck if Austi	n, TX, officeholder living expense
0 1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0		· · ·	0.00
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ffice sought	Office held
	¹ Lujan, John S	tate Representative Dist	rict 118 State Representative District
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State;	Zip Code	
Expenditure from corporate funds			
	(5) 5	(In) = 1 i	
PURPOSE OF	(a) Category (See Categories listed at the top of this sche		l outside of Texas. Complete Schedule T.
EXPENDITURE		I <b>—</b>	n, TX, officeholder living expense
		"	- ,
Complete ONLY if direct	Candidate/Officeholder name O	I ffice sought	Office held
expenditure to benefit C/OI			rict 121 State Representative District
		I I procedurate Diot	

### 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	to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 71/156 Rpt:	Texas Alliance for Life	00051076					
4 Date	5 Payee name	·					
	(see previous)						
6 Amount (\$)	7 Payee address; City; State; Z	p Code					
Expenditure from							
corporate funds							
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	, <u> </u>					
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct		e sought Office held					
expenditure to benefit C/OI	<sup>1</sup> Dorazio, Mark Stat	e Representative District 122 State Representative District					
Date	Payee name						
	(see previous)						
Amount (\$)	Payee address; City; State; Z	p Code					
Expenditure from							
corporate funds							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	′ I —					
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
Complete ONLY if direct		e sought Office held					
expenditure to benefit C/OI	Harless, Sam Stat	e Representative District 126 State Representative District					
Date	Payee name						
	(see previous)						
Amount (\$)	Payee address; City; State; Z	p Code					
Expenditure from							
corporate funds							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	′ I —					
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
Complete ONLY if direct		e sought Office held					
expenditure to benefit C/OI	expenditure to benefit C/OH Cunningham, Charles State Representative District 127 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 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: 72/156 Rpt:	Texas Alliance for Life	00051076
4	Date	5 Payee name	
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	T Expenditure from		
ᆫ	corporate funds		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descr	•
	EXPENDITURE	I <u></u>	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Cain, Briscoe State Representati	ive District 128 State Representative District
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
_	T Expenditure from		
	corporate funds		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descr	•
	EXPENDITURE	Ⅰ	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
		"	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH	H Paul, Dennis State Representati	ive District 129 State Representative District
	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) Descr	•
	OF EXPENDITURE	I	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
		Che	eck ii Austin, 17, oniceriolaer iiving expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	11	ive District 130 State Representative District

### 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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains h	now 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: 73/156 Rpt:	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 scho	·	
EXPENDITURE		<b> </b>	outside of Texas. Complete Schedule T. TX, officeholder living expense
			Try amountain iming expense
9 Complete ONLY if direct		ffice sought	Office held
expenditure to benefit C/OI	Schofield, Mike S	tate Representative Distri	ct 132 State Representative District
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 sche	(b) Description	
OF EXPENDITURE		·   —	outside of Texas. Complete Schedule T.
LAPENDITORE		Check if Austin,	TX, officeholder living expense
			255
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		office sought	Office held
	DeAyala, Mano S	tate Representative Distri	ct 133 State Representative District
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State;	Zip Code	
— Forestitus from			
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
OF EXPENDITURE		·····/   ·	outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		office sought	Office held
experience to beliefit 6/01	<sup>¬</sup> Hull, Lacey S	tate Representative Distri	ct 138 State Representative District

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla		kpense /ages/Contract Labor	Trave	el in District el Out of District IER (enter a category not listed above)
1 Total pages Schedule F1: Sch: 74/156 Rpt:	1	E ance for Life			3 File:	r ID (Ethics Commission Filers) 051076
4 Date	5 Payee name					
	(see previo					
6 Amount (\$)	7 Payee addr	ess; City; St	ate; Zip Co	de		
Expenditure from corporate funds						
8 PURPOSE	(a) Category (	See Categories listed at the top of this	s schedule)	(b) Description		
OF EXPENDITURE				=		Texas. Complete Schedule T.
				Check if Austin	, TX, office	cholder living expense
9 Complete ONLY if direct	L Candidate/Of	ficeholder name	Office sou	ght		Office held
expenditure to benefit C/O	H Swanson, V	aloree			ict 150	State Representative District
Date	Payee name					
	(see previo	ous)				
Amount (\$)	Payee addr	ess; City; St	ate; Zip Co	de		
Expenditure from						
corporate funds						
PURPOSE OF	(a) Category (	See Categories listed at the top of this	s schedule)	(b) Description		
EXPENDITURE				<b>=</b>		Texas. Complete Schedule T. Pholder living expense
				ш		
Complete ONLY if direct		ficeholder name	Office sou	ght		Office held
expenditure to benefit C/OI	H Bassel, Dab	ney	Court Of	Appeals, Justice	Place	Court Of Appeals, Justice Place
Date	Payee name	9				
	(see previo	ous)				
Amount (\$)	Payee addr	ess; City; St	ate; Zip Co	de		
Expenditure from						
corporate funds						
PURPOSE OF	(a) Category (	See Categories listed at the top of this	s schedule)	(b) Description		
EXPENDITURE						Texas. Complete Schedule T. Pholder living expense
				LI Sheek ii Adstiii	, 17, 011100	
Complete ONLY if direct		ficeholder name	Office sou	ght		Office held
expenditure to benefit C/O	<sup>H</sup> Seiler, Kenr	na	Court Of	Appeals, Justice	Place	None
Formes musicide di la Tarrica F	4la: a a O a man ' ' '	the second secon				\/\\O.F.4.0000.45

### 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

	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: 75/156 Rpt:	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			de of Texas. Com officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Office sought  Tijerina, Jaime  Court of Appeals, Chief Ju	ıstice	Office he Court O	eld of Appeals, Justice Place
	Date	Payee name (see previous)			
	Amount (\$)	Payee address; City; State; Zip Code			
	Expenditure from corporate funds				
	PURPOSE OF EXPENDITURE	I <u></u>		de of Texas. Composition	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Office sought  Cron, Jenny  Court Of Appeals, Justice	Plac	Office he	eld
	Date	Payee name (see previous)			
	Amount (\$)  Expenditure from corporate funds	Payee address; City; State; Zip Code			
	PURPOSE OF EXPENDITURE			de of Texas. Com <sub>l</sub>	plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Fonseca, Ysmael Court Of Appeals, Justice	Plac	Office he	eld Judge District 476

### SCHEDULE F1

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

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

Feen 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 to complete th	is form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 76/156 Rpt:	Texas Alliance for Life			00051076	
4	Date	5 Payee name		<u> </u>		
		(see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip Code			
	<b>¬</b> Expenditure from					
L	corporate funds					
8	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule) (b) Des	cription		
	OF EXPENDITURE			Check if travel outsic		
			Ц	Check if Austin, TX,	omcenoider livinç	g expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	eld
	expenditure to benefit C/OI	<sup>H</sup> West, Jon	Court Of Appeals	s, Justice Plac	ce None	
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule) (b) Des	cription		
	OF EXPENDITURE			Check if travel outsic		
			L °	Check if Austin, TX,	officeholder livinç	g expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	eld
	expenditure to benefit C/OI		District Attorney	(Multi-county)		Attorney (Multi-county)
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	μ			
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Des	cription		
	OF EXPENDITURE	(occ outegories inside at the to		Check if travel outsic	de of Texas. Com	plete Schedule T.
	LAFENDITORE			Check if Austin, TX,	officeholder living	g expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	ald
	expenditure to benefit C/OI		Bexar County Co	mmissioner.		County Commissioner,

### 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 ho	w to complete this form.	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 77/156 Rpt:	Texas Alliance for Life		00051076
4	Date	<ul><li>5 Payee name (see previous)</li></ul>		
6	Amount (\$)	7 Payee address; City; State;	Zip Code	
8	Expenditure from corporate funds  PURPOSE  OF  EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel	outside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OH		ce sought	Office held
	experiditure to benefit C/Or	<sup>1</sup> McCall, Cam Co	llin County Tax Assesso	r- None
	Date	Payee name		
		(see previous)		
	Amount (\$)  Expenditure from	Payee address; City; State;	Zip Code	
L	corporate funds			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct		ce sought	Office held
	expenditure to benefit C/O	<sup>†</sup> Christ, Bryan Co	unty Party Chair	County Party Chair
	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 travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct		ce sought	Office held
	expenditure to benefit C/O	H Liechty, Lorne Ro	ckwall County Commiss	ioner, 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 Sch: 78/156 Rpt			3 Filer ID (Ethics Commission Filers) 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 t	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete ONLY if dir expenditure to benefit		Office sought County Party Chair	Office held None
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 t	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete ONLY if dir expenditure to benefi		Office sought Criminal District Attorn	Office held ey Criminal District Attorney
Date 02/01/2024	Payee name Mammoth Marketing		
Amount (\$) \$12,834	Payee address; City; 4500 Bissonnet Street Suite 37	State; Zip Code '0	
Expenditure from corporate funds	Bellaire, TX 77401		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	Check if t	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense Pat Curry Campaign for HD 56
Complete ONLY if dir expenditure to benefi		Office sought	Office held

### 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

1 Total pages Schedule P1: Sch. 79/156 Rpt: Texas Alliance for Life  Date 0/2/22/2024  Description Complete DNLY if direct expenditure to benefit C/OH  Complete DNLY if direct expenditure to benefit C/OH  Complete DNLY if direct expenditure to benefit C/OH  Date 0/2/24/2024  Page address: City: State: Zip Code Page and Complete DNLY if direct expenditure to benefit C/OH  Complete DNLY if direct expenditure from composite brids  Page address: City: State: Zip Code 8000 Centre Park Dr Ste 380  Austin, TX 78754  Description Complete DNLY if direct expenditure from composite brids  Complete DNLY if direct expenditure to benefit C/OH  Complete DNLY if direct expenditure from composite brids  Complete DNLY if direct expenditure from composite brids  Complete DNLY if direct expenditure to benefit C/OH	Credit Card Payment	The Instruction Guide explains how to c	comple	ete this form.
4 Date 02/22/2024 5 Payee name Quantum Digital Quantum Digital 5 Amount (S) 5 12,877.84  8 PUPPOSE OF EXPENDITURE  Candidate/Officeholder name OZ/24/2024  Amount (S) 5 Payee name CZ/24/2024  Austin, TX 78754  Candidate/Officeholder name Office sought Office Sught O	1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
O2/22/2024   Quantum Digital	Sch: 79/156 Rpt:	Texas Alliance for Life		00051076
O2/22/2024   Quantum Digital	4 Date	5 Payee name		
Expenditure from comporate funds   Austin, TX 78714	02/22/2024			
Expenditure from corporate funds	6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
Complete QNLY if direct components funds   Qalegory   Sano Categories listed at the top of this schedule)   Complete QNLY if direct components   Qalegory   Sano Categories listed at the top of this schedule)   Complete QNLY if direct   Candidate/Officeholder name   Office sought   Office held	\$12,877.84	PO Box 140825		
Complete QNLY if direct components funds   Qalegory   Sano Categories listed at the top of this schedule)   Complete QNLY if direct components   Qalegory   Sano Categories listed at the top of this schedule)   Complete QNLY if direct   Candidate/Officeholder name   Office sought   Office held				
Check if raved outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder Inling expense		Austin, TX 78714		
Check if raved outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder Inling expense	8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
Complete ONLY if direct expenditure to benefit C/OH				
9 Complete QNLY if direct expenditure to benefit C/OH  Date	EXPENDITORE			
Date 02/24/2024  Payee name Texas Alliance for Life, Inc  Amount (\$)  Payee address; City; State; Zip Code 8000 Centre Park Dr Ste 380  Austin, TX 78754  PURPOSE EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if Austin, TX, officeholder living expense Email for Tom Maynard Campaign for SBOE 10  Complete QNLY if direct expenditure to benefit C/OH  Date 02/24/2024  Payee name Texas Alliance for Life, Inc  Amount (\$) Payee address; City; State; Zip Code 8000 Centre Park Dr Ste 380  Expenditure from corporate funds Austin, TX 78754  Payee address; City; State; Zip Code 8000 Centre Park Dr Ste 380  Austin, TX 78754  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if Taxas Complete Schedule T. Check if Austin, TX, officeholder living expense Email for Pat Hardy Campaign for SBOE 11  Complete QNLY if direct Candidate/Officeholder name Office sought Office held				Mailed Pro-Life Voter Guide
Date 02/24/2024  Payee name Texas Alliance for Life, Inc  Amount (\$)  Payee address; City; State; Zip Code 8000 Centre Park Dr Ste 380  Austin, TX 78754  PURPOSE EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if Austin, TX, officeholder living expense Email for Tom Maynard Campaign for SBOE 10  Complete QNLY if direct expenditure to benefit C/OH  Date 02/24/2024  Payee name Texas Alliance for Life, Inc  Amount (\$) Payee address; City; State; Zip Code 8000 Centre Park Dr Ste 380  Expenditure from corporate funds Austin, TX 78754  Payee address; City; State; Zip Code 8000 Centre Park Dr Ste 380  Austin, TX 78754  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if Taxas Complete Schedule T. Check if Austin, TX, officeholder living expense Email for Pat Hardy Campaign for SBOE 11  Complete QNLY if direct Candidate/Officeholder name Office sought Office held	Complete ONLY if direct	Candidate/Officeholder name Office of	nught.	Office hold
Date O2/24/2024  Amount (\$)  Payee address; City; State; Zip Code 8000 Centre Park Dr Ste 380    Category (see Categories listed at the top of this schedule)			ougni	Office field
Date O2/24/2024  Amount (\$)  Payee address; City; State; Zip Code 8000 Centre Park Dr Ste 380    Category (see Categories listed at the top of this schedule)	Dete	T _		
Amount (\$)		'		
\$139.05 8000 Centre Park Dr Ste 380    Expenditure from corporate funds				
Expenditure from corporate funds  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description		' ' ' '	Code	
Corporate funds	\$139.05	8000 Centre Park Dr Ste 380		
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description   Check if vauel outside of Texas. Complete Schedule T.	Expenditure from			
Advertising Expense  Advertisi	corporate funds	Austin, TX 78754		
Complete ONLY if direct expenditure to benefit C/OH  Date O2/24/2024 Payee name Texas Alliance for Life, Inc  Amount (\$) Payee address; City; State; Zip Code 8000 Centre Park Dr Ste 380  Expenditure from corporate funds Austin, TX 78754  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  Email for Tom Maynard Campaign for SBOE 10  Office held  Office held  Office held  Office held		(a) Category (See Categories listed at the top of this schedule)	(b)	·
Complete ONLY if direct expenditure to benefit C/OH  Date		Advertising Expense		
Complete ONLY if direct expenditure to benefit C/OH  Date				<b>—</b>
Date 02/24/2024 Payee name Texas Alliance for Life, Inc  Amount (\$) Payee address; City; State; Zip Code 8000 Centre Park Dr Ste 380  Expenditure from corporate funds Austin, TX 78754  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email for Pat Hardy Campaign for SBOE 11  Complete ONLY if direct  Candidate/Officeholder name Office sought  Office held				, , ,
Date 02/24/2024 Payee name Texas Alliance for Life, Inc  Amount (\$) Payee address; City; State; Zip Code 8000 Centre Park Dr Ste 380  Expenditure from corporate funds Austin, TX 78754  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email for Pat Hardy Campaign for SBOE 11  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office held
Texas Alliance for Life, Inc  Amount (\$)	expenditure to benefit C/OI	Н		
O2/24/2024  Texas Alliance for Life, Inc  Amount (\$)  \$46.26  Payee address; City; State; Zip Code  8000 Centre Park Dr Ste 380  Austin, TX 78754  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email for Pat Hardy Campaign for SBOE 11  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	Date	Pavee name		
\$46.26 8000 Centre Park Dr Ste 380    Expenditure from corporate funds	02/24/2024	I		
\$46.26 8000 Centre Park Dr Ste 380    Expenditure from corporate funds	Amount (\$)	Payee address; City; State: Zip C	Code	
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email for Pat Hardy Campaign for SBOE 11  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	` '			
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email for Pat Hardy Campaign for SBOE 11  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held				
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email for Pat Hardy Campaign for SBOE 11  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		Austin, TX 78754		
OF EXPENDITURE  Advertising Expense  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Email for Pat Hardy Campaign for SBOE 11  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			(h)	Description
Complete ONLY if direct  Candidate/Officeholder name  Check if Austin, TX, officeholder living expense  Email for Pat Hardy Campaign for SBOE 11  Office sought  Office held	OF		(5)	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	EXPENDITURE	, tarontoning Expones		
				Email for Pat Hardy Campaign for SBOE 11
			ought	Office held
	3.50			

### 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

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

Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services	Salaries/Wages/Contract Labor  kplains 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: 80/156 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
02/24/2024	Texas Alliance for Life, Inc		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
\$41.61	8000 Centre Park Dr Ste 380		
— Forest dit us from			
Expenditure from corporate funds	Austin, TX 78754		
8 PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense		outside of Texas. Complete Schedule T.
			, TX, officeholder living expense n Little Campaign for SBOE 12
		Linai ioi Faii	in Little Campaign for 3BOL 12
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Office sought	Office field
·			
Date	Payee name		
01/29/2024	Texas Alliance for Life, Inc		
Amount (\$)	Payee address; City;	State; Zip Code	
\$34.78	8000 Centre Park Dr Ste 380		
Expenditure from corporate funds	Austin, TX 78754		
PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Description	
OF	Advertising Expense	· — ·	outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin	, TX, officeholder living expense
		Email for Jill I	Dutton Campaign for HD 2
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H		
Date	Payee name		
01/26/2024	Texas Alliance for Life, Inc		
Amount (\$)	Payee address; City;	State; Zip Code	
\$620.09	8000 Centre Park Dr Ste 380	State, Zip Code	
φ020.09	8000 Certile Faik Di Ste 360		
Expenditure from			
corporate funds	Austin, TX 78754		
PURPOSE	(a) Category (See Categories listed at the top of		
OF EXPENDITURE	Advertising Expense	l <u>—</u>	outside of Texas. Complete Schedule T.
		1 <del>-</del>	, TX, officeholder living expense ife voter guide
		Ivialieu P10-Li	ile voter guide
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought Railroad Commissioner	Oπice neid Railroad Commissioner
,	Craudick, Christi	Naiii Uau CUIIIIIIIISSIUITEI	Railloau Colfillissioliei
<del></del>			.,

### 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 to o	complete this form.	
1	Total pages Schedule F1: Sch: 81/156 Rpt:	2 FILER NAME Texas Alliance for Life	3	Filer ID (Ethics Commission Filers) 00051076
4	Date	5 Payee name (see previous)	·	
6	Amount (\$)	<b>7</b> Payee address; City; State; Zip C	Code	
	Expenditure from corporate funds			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	1 <del>-</del>	de of Texas. Complete Schedule T. officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so Blacklock, Jimmy Suprem	ought ne Court Justice Place	Office held  Supreme Court Justice Place 2
	Date	Payee name (see previous)		
	Amount (\$)  Expenditure from corporate funds	Payee address; City; State; Zip C	Code	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	<u> </u>	de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so Devine, John Suprem	ought ne Court Justice Place	Office held 4 Supreme Court Justice Place 4
	Date	Payee name (see previous)		
	Amount (\$)  Expenditure from	Payee address; City; State; Zip C	Code	
_	Corporate funds	() -	Tax	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	<b>│</b>	de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so Bland, Jane Suprem	ought ne Court Justice Place	Office held  Supreme Court Justice Place 6

### 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: Sch: 82/156 Rpt:	2 FILER NAME Texas Alliance for Life		3	Filer ID 00051076	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)		ı		
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. Com officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  H Keller, Sharon	Office sought Court of Criminal Ap	peals,	Office he	eld f Criminal Appeals,
	Date	Payee name (see previous)	<u> </u>	<u> </u>		
	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. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  H Hervey, Barbara	Office sought Court Of Criminal Ap	peals,	Office he	eld of Criminal Appeals,
	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. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  H Slaughter, Michelle	Office sought Court Of Criminal Ap	peals,	Office he Court O	eld of Criminal Appeals,

### 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	to complete this form.		
1	Total pages Schedule F1: Sch: 83/156 Rpt:	2 FILER NAME Texas Alliance for Life		<b>3</b> Filer ID 0005107	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)			
6	Amount (\$)	<b>7</b> Payee address; City; State; Z	ip Code		
	Expenditure from corporate funds				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if tra	avel outside of Texas. C ustin, TX, officeholder li	
9	Complete ONLY if direct expenditure to benefit C/O	1.1	e sought e Board Of Education	Office on District State	held Board Of Education
	Date	Payee name (see previous)			
	Amount (\$)	Payee address; City; State; Z	ip Code		
	Expenditure from corporate funds				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if tra	avel outside of Texas. C ustin, TX, officeholder li	
	Complete ONLY if direct expenditure to benefit C/O		e sought e Board Of Education	Office on District State	held Board Of Education
	Date	Payee name (see previous)			
	Amount (\$)	Payee address; City; State; Z	ip Code		
	corporate funds				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if tra	avel outside of Texas. C ustin, TX, officeholder li	
	Complete ONLY if direct expenditure to benefit C/O		e sought e Board Of Education	Office on District State	held 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	e explains how to complete this for	m.		
1	Total pages Schedule F1: Sch: 84/156 Rpt:	FILER NAME     Texas Alliance for Life			Filer ID 00051076	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)		I		
6	Amount (\$)	7 Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check	if travel outside	e of Texas. Comp	olete Schedule T. expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  High Kinsey, Aaron	Office sought State Board Of Educa	ation Distr	Office he	
	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 to	Check i	if travel outside	e of Texas. Comp	olete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name  Bettencourt, Paul	Office sought State Senator District	: 7	Office he	eld enator District 7
	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 to	Check i	if travel outside	e of Texas. Comp	olete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Paxton, Angela	Office sought State Senator District	: 8	Office he State Se	eld enator District 8

### 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	e explains how to complete this forr	n.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 85/156 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	<b>7</b> Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the to	· · · · · · · · · · · · · · · · · · ·	
EXPENDITURE			travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		l Genesia.	Account the content of the content o
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	<sup>H</sup> King, Phil	State Senator District	10 State Senator District 10
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Description	on
OF EXPENDITURE	2 2 (333 333 33 33 33 33 33	Check if	travel outside of Texas. Complete Schedule T.
LXI LINDITORE		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 Senator District	
D-1-		State Contact Blother	TE GLACO CONTACT PICTURE TE
Date	Payee name		
A (A)	(see previous)	0 7. 0.1	
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds		T	
PURPOSE OF	(a) Category (See Categories listed at the to	· · · · · · · · · · · · · · · · · · ·	on travel outside of Texas. Complete Schedule T.
EXPENDITURE			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 -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

Printing Expense Travel (
Salaries/Wages/Contract Labor OTHER

Credit Card Payment	The Instruction Guid	le explains how to complete t	his form.	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 86/156 Rpt:	Texas Alliance for Life		00051076	
4 Date	5 Payee name			
	(see previous)			
6 Amount (\$)	<b>7</b> 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) De	SCription Check if travel outside of Texas. Cor Check if Austin, TX, officeholder livin	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office h	eld
expenditure to benefit C/O	<sup>⊣</sup> Campbell, Donna	State Senator D	istrict 25 State S	Senator District 25
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
Expenditure from corporate funds		In .		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	top of this schedule) (b) De	SCription Check if travel outside of Texas. Cor Check if Austin, TX, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name  Hinojosa, Adam	Office sought State Senator D	Office histrict 27 None	ield
5.	-	State Seriator B	ISTRICT Z7 NOTIC	
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) De	SCription Check if travel outside of Texas. Cor Check if Austin, TX, officeholder livin	•
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office h	eld
SAPORGICATO TO DOTTORE OF OT	Hagenbuch, Brent	State Senator D	istrict 30 None	

### 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 ex	plains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 87/156 Rpt:	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	·   ·	
EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			- '
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
experiordine to benefit C/O	H VanDeaver, Gary	State Representative Dist	trict 1 State Representative District 1
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	· I —	
EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		📙	3
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Dutton, Jill	State Representative Dist	trict 2 None
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds		- In.	
PURPOSE OF	(a) Category (See Categories listed at the top of	· I —	el outside of Texas. Complete Schedule T.
EXPENDITURE			in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
	H Bell Jr., Cecil	State Representative Dist	trict 3 State Representative 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 explains how to complete this form.			
1	Total pages Schedule F1: Sch: 88/156 Rpt:	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			lete Schedule T. expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Bell, Keith State Representative Distri	rict 4	Office hel	d epresentative District 4
	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  Hefner, Cole  State Representative Distr	rict 5	Office hel	d epresentative District 5
	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 Dean, Jay State Representative Distr	rict 7	Office hel	d 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 ex	kplains how to complete this form.	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 89/156 Rpt:	Texas Alliance for Life		00051076
4 Date	<ul><li>Payee name (see previous)</li></ul>		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
, ,		·	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Description	
OF EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		L Crieck ii Aust	in, 1X, oniceriolaer iving expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Harris, Cody	State Representative Dist	trict 8 State Representative District 8
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	of this schedule) (b) Description	
OF EXPENDITURE		Check if trave	el outside of Texas. Complete Schedule T.
		Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	<sup>H</sup> Ashby, Trent	State Representative Dist	trict 9 State Representative District 9
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	of this schedule) (b) Description	
OF EXPENDITURE	C y (cor canagement at the top o	, I —	el outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Representative Dist	
		State : Optobolitative Dist	State Representative District II

### SCHEDULE F1

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

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 explai	ns how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 90/156 Rpt:	Texas Alliance for Life		00051076
4	Date	5 Payee name		•
		(see previous)		
6	Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
	T Expenditure from			
L	corporate funds			
8	PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
	OF EXPENDITURE			outside of Texas. Complete Schedule T.
			Check it Austir	n, 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	Payee name		
	Batto	(see previous)		
_	Amount (\$)		ate; Zip Code	
	γ unount (Φ)	r dyce dddress, Gily, Sil	ate, 21p code	
-	Expenditure from corporate funds			
Ë	PURPOSE	(6) 0-4	(h) Description	
	OF	(a) Category (See Categories listed at the top of this	· I —	outside of Texas. Complete Schedule T.
	EXPENDITURE		<u> </u>	n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	experialture to benefit 6/01	<sup>⊣</sup> Orr, Angelia	State Representative Distr	rict 13 State Representative District 13
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; Sta	ate; Zip Code	
	T Expenditure from			
L	corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
	OF EXPENDITURE			outside of Texas. Complete Schedule T.
			Crieck ii Austii	n, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/O	H Metcalf, Will	State Representative Distr	rict 16 State Representative District 16

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense 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 explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 91/156 Rpt:	Texas Alliance for Life	00051076
4	Date	5 Payee name	•
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	T Expenditure from		
L	corporate funds		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Gerdes, Stan State Representative Dis	trict 17 State Representative District 17
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	- Company distance from a		
L	Expenditure from corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.
		Cneck if Aust	in, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	Hailes, Ernest State Representative Dis	trict 18 State Representative District 18
	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	· · · · · · · · · · · · · · · · · · ·	el outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Aust	in, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
		- Catalon Representative Dis	

### 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 expl	ains how to complete th	nis form.		
1	Total pages Schedule F1:	2 FILER NAME		3 File	er ID (Ethics Commission Filers)	
	Sch: 92/156 Rpt:	Texas Alliance for Life		000	051076	
4	Date	5 Payee name (see previous)				
6	Amount (\$)	7 Payee address; City; S	State; Zip Code			
	Expenditure from corporate funds					
8	PURPOSE OF	(a) Category (See Categories listed at the top of the		scription  Check if travel outside of	Texas. Complete Schedule T.	
	EXPENDITURE			Check if Austin, TX, office		
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held	
٦	expenditure to benefit C/O		-	ative District 20		20
_	Date	Payee name				_
		(see previous)				
	Amount (\$)	Payee address; City; S	State; Zip Code			
	Expenditure from corporate funds					
	PURPOSE OF	(a) Category (See Categories listed at the top of the		scription		
	EXPENDITURE			Check if travel outside of Check if Austin, TX, office	Texas. Complete Schedule T. eholder living expense	
			-			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	rativa Diatriat 21	Office held	21
		Theian, Dade	State Represent	ative District 21	State Representative District 2	<u>-1</u>
	Date	Payee name (see previous)				
	Amount (\$)	· · ·	State: Zin Code			
	Amount (\$)	Payee address; City; S	State; Zip Code			
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of the	nis schedule) (b) Des	scription		
	OF EXPENDITURE			Check if travel outside of Check if Austin, TX, office	Texas. Complete Schedule T.	
			"	onesia, masan, ma	onoldor inving oxponed	
L						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought		Office held	
	experioralize to belieff C/Of	Bonnen, Greg	State Represent	ative District 24	State Representative District 2	24

### 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 comple	ete this form.	,
1 Total pages Schedule F1:	2 FILER NAME		3 File	er ID (Ethics Commission Filers)
Sch: 93/156 Rpt:	Texas Alliance for Life		000	051076
4 Date	<ul><li>5 Payee name (see previous)</li></ul>			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
Expenditure from				
corporate funds		1		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule) (b)	Description  Check if travel outside of Check if Austin, TX, office	Texas. Complete Schedule T. sholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held
expenditure to benefit C/O	H Vasut, Cody	State Repres	sentative District 25	State Representative 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	o of this schedule) (b)	Description  Check if travel outside of  Check if Austin, TX, office	Texas. Complete Schedule T. eholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held
expenditure to benefit C/OF	<sup>H</sup> Jetton, Jacey	State Repres	sentative District 26	State Representative District 26
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	o of this schedule) (b)	Description  Check if travel outside of Check if Austin, TX, office	Texas. Complete Schedule T. eholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought		Office held
ехрениците то репент С/ОР	Gates, Gary	State Repres	sentative District 28	State Representative District 28

#### SCHEDULE F1

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

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

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

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: 94/156 Rpt:	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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Hauknight, Jeff State Representative District 30 None
Date	Payee name
	(see previous)
Amount (\$)	
Amount (Φ)	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	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/OI	Guillen, Ryan State Representative District 31 State Representative District 31
Data	David and the second se
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
PURPOSE	(a) Cotogony (b) Description
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/OI	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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: 95/156 Rpt:	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.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
	experiulture to beliefft C/Or	Holland, Justin State Representative District 33 State Representative District 33	3
	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	
		Chock in leasing 174 children and 184 children	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	7
	Data		_
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	- Evnanditura from		
	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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	John, Guerra State Representative District 41 None	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

fivertising 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 exp	lains how to complete this form.	, , ,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 96/156 Rpt:	Texas Alliance for Life		00051076
4 Date	<ul><li>5 Payee name (see previous)</li></ul>		
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 the company of t	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Lozano, J.M.	Office sought State Representative Distr	Office held rict 43 State Representative District 43
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; S	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the second seco	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name  Kuempel, John	Office sought State Representative Distr	Office held rict 44 State Representative District 44
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; S	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the control of t	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name  Harris Davila, Caroline	Office sought State Representative Dist	Office held rict 52 State Representative District 52
			2.5

### 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 explains h	ow to complete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 97/156 Rpt:	Texas Alliance for Life	00051076
4 Date	<ul><li>5 Payee name (see previous)</li></ul>	
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 school	· ·
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ffice sought Office held tate Representative District 53 None
·	Siliui, Hateli 3	tate Representative District 53 None
Date	Payee name	
Amount (\$)	(see previous)  Payee address; City; State;	Zip Code
Amount (\$)	rayee address, City, State,	Zip Code
Expenditure from corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this school	· · · · · · · · · · · · · · · · · · ·
EXPENDITURE		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	i .	ffice sought Office held
experientare to benefit e/of	<sup>1</sup> Buckley, Brad S	tate Representative District 54 State Representative District 54
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 sche	dule) (b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct		ffice sought Office held
expenditure to benefit C/OI	<sup>H</sup> Shine, Hugh S	tate Representative District 55 State Representative District 55

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 explains how to complete this form.									
1	Total pages Schedule F1:	2	FILER NAME			3 Fil	er ID	(Ethics Commission Filer	s)
	Sch: 98/156 Rpt:		Texas Alliance for Life			00	051076		
4	Date	5	Payee name						
		$\perp$	(see previous)						
6	Amount (\$)	7	Payee address; City;	State; Zip C	Code				
Г	Expenditure from								
느	corporate funds	╙							
8	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this schedule)	(b) Description	outside o	of Tayas Com	plete Schedule T.	
	EXPENDITURE				Check if Austin				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office so	-		Office he	eld	
	experiorarie to berieff C/Or	<u> </u>	Curry, Patrick	State R	epresentative Distr	ict 56	None		
	Date		Payee name						
			(see previous)						
	Amount (\$)		Payee address; City;	State; Zip C	Code				
_	T Expenditure from								
L	corporate funds								
	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this schedule)	(b) Description				
	EXPENDITURE				Check if travel			plete Schedule T.	
					Check ii / tustiii	, 171, 01110	oerioider iiviiig	у схрепос	
	Complete ONLY if direct		Candidate/Officeholder name	Office so	pught		Office he	eld	
	expenditure to benefit C/OI	' <sup>H</sup> ŀ	Hayes, Richard	State R	epresentative Distr	ict 57	State R	epresentative Distric	t 57
	Date	Т	Payee name						
			(see previous)						
	Amount (\$)	T	Payee address; City;	State; Zip C	Code				
	Expenditure from corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the to	op of this schedule)	(b) Description				
	OF EXPENDITURE		<b>6</b> ) (222 2310 <b>g</b> 222 131112 131112 13	,	I `	outside o	f Texas. Com	plete Schedule T.	
	LAFENDITORE				Check if Austir	ı, TX, offic	ceholder living	g expense	
	Complete ONLY if direct	Щ	Candidate/Officeholder name	Office so			Office he	ald	
	Complete ONLY if direct expenditure to benefit C/O	ıL.	Burns, DeWayne		epresentative Distr	ict 58		epresentative Distric	t 58
						101 00	- Clato I	- Sprocontative Blotile	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	ins how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 99/156 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; Si	ate; Zip Code	
Expenditure from			
corporate funds		la,	
8 PURPOSE OF	(a) Category (See Categories listed at the top of thi	′ I — '	l outside of Texas. Complete Schedule T.
EXPENDITURE		I 😐	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name  H Slawson, Shelby	Office sought State Representative Dist	Office held rict 59 State Representative District 59
5.	<u> </u>	State Representative Dist	State Representative District 39
Date	Payee name		
Amount (\$)	(see previous)	ate; Zip Code	
Amount (\$)	Payee address; City; Si	ate, Zip Code	
Expenditure from corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of thi	· I —	
EXPENDITURE			l 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/O	H Rogers, Glenn	State Representative Dist	rict 60 State Representative District 60
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Si	ate; Zip Code	
Expenditure from			
corporate funds		1	
PURPOSE OF	(a) Category (See Categories listed at the top of thi	· I —	l outside of Texas. Complete Schedule T.
EXPENDITURE			n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
	Frazier, Frederick	State Representative Dist	rict 61 State Representative District 61

### SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide ex	xplains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 100/156 Rpt:	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	, I	Louteido of Toyon, Complete Schedule T
EXPENDITURE			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	Office held
experioration to belief C/Or	<sup>H</sup> Smith, Reggie	State Representative Dist	rict 62 State Representative District 62
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	· I —	
EXPENDITURE		<b> </b>	l 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 Bumgarner, Ben	State Representative Dist	rict 63 State Representative District 63
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	, <u> </u>	
EXPENDITURE		<u> </u>	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			in the constitution in the constitution of the
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Stucky, Lynn	State Representative Dist	rict 64 State Representative District 64

### SCHEDULE F1

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 explains	how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 101/156 Rpt:	Texas Alliance for Life		00051076	
4	Date	5 Payee name		•	
		(see previous)			
6	Amount (\$)	7 Payee address; City; State	; Zip Code		
_	Expenditure from				
느	corporate funds				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this sch	, <u> </u>		
	EXPENDITURE		I <u>—</u>	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense	
9	Complete ONLY if direct		Office sought	Office held	
	expenditure to benefit C/OF	Thimesch, Kronda	State Representative Distr	rict 65 State Representative District (	35
	Date	Payee name			
		(see previous)			
	Amount (\$)	Payee address; City; State	; Zip Code		
	- Company distance from a				
L	Expenditure from corporate funds				
	PURPOSE	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description		
	OF EXPENDITURE		<u> </u>	outside of Texas. Complete Schedule T.	
			Check if Austin	n, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder name	l Office sought	Office held	_
	expenditure to benefit C/OI	1	State Representative Distr		36
_	Date	Payee name	·	<u> </u>	_
	Bute	(see previous)			
	Amount (\$)	, ,	; Zip Code		_
	γ unodite (Φ)	r ayou address, Oxy,	, <u> </u>		
	Expenditure from corporate funds				
	PURPOSE	(a) Category (See Categories listed at the top of this sch	(b) Description		_
	OF	(a) Category (See Categories listed at the top of this sch	′ I <u> </u>	outside of Texas. Complete Schedule T.	
	EXPENDITURE		Check if Austin	n, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OH	_1	Office sought	Office held	07
	- experientare to benefit of or	Leach, Jeff S	State Representative Distr	rict 67 State Representative District (	5/

### 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 ex	plains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 102/156 Rpt:	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	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name  Spiller, David	Office sought State Representative Dist	Office held rict 68 State Representative District 68
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	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name  Frank, James	Office sought State Representative Dist	Office held rict 69 State Representative District 69
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	Check if travel	l 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  Lambert, Stan	Office sought State Representative Dist	Office held rict 71 State Representative District 71

### 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: 103/156 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip C	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	Candidate/Officeholder name Office so Darby, Drew State R	ought Office held depresentative District 72 State Representative District 72
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/OI	Candidate/Officeholder name Office so	ought Office held depresentative District 73 State Representative District 73
Date	Payee name (see previous)	
Amount (\$)  Expenditure from corporate funds	Payee address; City; State; Zip 0	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	Candidate/Officeholder name Office so State R	ought Office held representative District 74 None

### 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 to c	omplete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3 File	er ID	(Ethics Commission Filer	s)
	Sch: 104/156 Rpt:		Texas Alliance for Life			00	051076		
4	Date	5	Payee name						
			(see previous)						
6	Amount (\$)	7	Payee address; City;	State; Zip C	ode				
	Expenditure from corporate funds								
8	PURPOSE	(a)	Category (See Categories listed at the top	p of this schedule)	(b) Description				
	OF EXPENDITURE		5 7 (ess surgenes notes at the top	p or allo concadio)		outside of	Texas. Com	plete Schedule T.	
	LAFENDITORE				Check if Austin	n, TX, offic	eholder living	g expense	
_	0 1: 0 1: 0	丄			<u> </u>		0111		
9	Complete ONLY if direct expenditure to benefit C/OH	NI I	Candidate/Officeholder name JR, Ramirez	Office so	ought epresentative Distr	rict ON	Office he	eld	
	·	<u> </u>				101 00	None		
	Date		Payee name						
		$oldsymbol{\perp}$	(see previous)						
	Amount (\$)		Payee address; City;	State; Zip C	ode				
	!								
_	T Expenditure from								
L	corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the top	p of this schedule)	(b) Description				
	OF EXPENDITURE				_ <del>_</del>			plete Schedule T.	
	_				Check if Austin	1, ΤΧ, οπισ	eholaer liviriy	g expense	
	!								
_	Complete ONLY if direct	Щ	Candidate/Officeholder name	Office so	_ <u></u>		Office he	əld	
	expenditure to benefit C/OF		_andgraf, Brooks		epresentative Distr	rict 81		epresentative District	t 81
_	Date	$\overline{}$			<u> </u>			<u>'</u>	_
	Dale		Payee name (see previous)						
	A (A)	+							
	Amount (\$)		Payee address; City;	State; Zip C	ode				
_	Expenditure from								
	corporate funds	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$							
	PURPOSE OF	(a)	Category (See Categories listed at the top	p of this schedule)	(b) Description				
	EXPENDITURE				Check if travel Check if Austin			plete Schedule T.	
					Gricok ii 7 kustiiii	, 174, 01110	cholder living	у схренос	
	Complete ONLY if direct	Т (	Candidate/Officeholder name	Office so	_ <b></b> uaht		Office he	eld	
	expenditure to benefit C/OF	NI I	Craddick, Tom		epresentative Distr	rict 82		epresentative District	t 82
					·			•	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising 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: 105/156 Rpt:	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	(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.
		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought Office held
expenditure to benefit C/O	H Burrows, Dustin	State Representative District 83 State Representative District 83
Date	Payee name	
	(see previous)	
Amount (\$)		e; Zip Code
(4)	,	-,
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this s	chedule) (b) Description
OF	(See Categories listed at the top of this s	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought Office held
	Tepper, Carl	State Representative District 84 State Representative District 84
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 s	· _
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/O	<sup>-l</sup> Kitzman, Stan	State Representative District 85 State Representative District 85

### 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 e	xplains how to complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 106/156 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
6 Amount (¢)	(see previous)	State: Zin Code	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top	· I	d autide of Towns Consolide Calendale T
EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
O Committee Chillian II	Operation to 1000	05	Office In 1.1
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name  H Smithee, John	Office sought State Representative Dist	Office held trict 86 State Representative District 86
Date	Payee name		
Date	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top	· I —	Justicida of Toyon Complete Caladata
EXPENDITURE		1 <b>L</b>	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		-	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name  H Bulla, Cindi	Office sought State Representative Dist	Office held trict 87 None
	T	State Representative Dist	unet or indire
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
(+)	.,,, 2.,,		
- Cunonditure from			
Expenditure from corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top	· · · · · · · · · · · · · · · · · · ·	
EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			<b>V</b> - <b>P</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
SAPORIGICATO TO DOTTON O/O	H King, Ken	State Representative Dist	trict 88 State Representative District 88

### 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	e explains how to	complete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission File	ers)
	Sch: 107/156 Rpt:		Texas Alliance for Life				00051076		
4	Date	5	Payee name			•			
			(see previous)						
6	Amount (\$)	7	Payee address; City;	State; Zip (	Code				
_	T Expenditure from								
L	corporate funds								
8	PURPOSE	(a)	Category (See Categories listed at the to	op of this schedule)	(b) Description				
	OF EXPENDITURE						de of Texas. Com officeholder living	plete Schedule T.	
					Crieck ii Austi	11, 17,	onicentiaer living	ехрепзе	
9	Complete ONLY if direct		Candidate/Officeholder name	Office s	ought		Office he	eld	
	expenditure to benefit C/OI	H N	Noble, Candy	State F	Representative Dist	rict 8	39 State R	epresentative Distri	ct 89
	Date		Payee name						
			(see previous)						
	Amount (\$)		Payee address; City;	State; Zip (	Code				
_	T Expenditure from								
	corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the to	op of this schedule)	(b) Description				
	OF EXPENDITURE				· ·		de of Texas. Com officeholder living	plete Schedule T.	
					Cricck ii Austi	11, 17,	omeenoider living	ехрепзе	
	Complete ONLY if direct		Candidate/Officeholder name	Office s	ought		Office he	eld	
	expenditure to benefit C/OI	)H k	Klick, Stephanie	State F	Representative Dist	rict 9	91 State R	epresentative Distri	ct 91
	Date		Payee name						
			(see previous)						
	Amount (\$)		Payee address; City;	State; Zip (	Code				
_	T Expenditure from								
	corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the to	op of this schedule)	(b) Description				
	OF EXPENDITURE						de of Texas. Com officeholder living	plete Schedule T.	
					Check if Austi	11, 17,	onicentiaer living	ехрепзе	
	Complete ONLY if direct	_	Candidate/Officeholder name	Office s	ought		Office he	eld	
	expenditure to benefit C/OI	)H S	Schatzline, Nate	State F	Representative Dist	rict 9	93 State R	epresentative Distri	ct 93

### SCHEDULE F1

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 explains hov	to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 108/156 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Z	ip Code
Expenditure from		
corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	· I = ·
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct		e sought Office held
expenditure to benefit C/OI	Cook, David Stat	e Representative District 96 State Representative District 96
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Z	ip Code
Expenditure from		
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	·   —
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct		e sought Office held
expenditure to benefit C/OI	H McQueeney, John Stat	e Representative District 97 None
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Z	ip Code
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedul	·
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Cricia ii Ausuri, 1A, unicendudei iiviiig expense
Complete ONLY if direct	Candidate/Officeholder name Offic	e sought Office held
expenditure to benefit C/OI		e Representative District 98 State Representative District 98

### 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	s how to complete this form.	OTTLA (enter a category not instear above)
1 Total pages Schedule F1:	· ·	·	3 Filer ID (Ethics Commission Filers)
Sch: 109/156 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		•
	(see previous)		
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	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	1	State Representative Distr	rict 99 State Representative District 99
Date	Payee name		
Duic	(see previous)		
Λ α (Φ)	• •	a. Zia Cada	
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.
		Check if Austin	n, TX, officeholder living expense
Commission ONII V if dispost	Condidate (Office helder regree	Office country	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	1	Office sought	rict 106 State Representative District
	ratterson, Jareu	State Representative Distr	ict 100 State Representative District
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	(b) Description	
OF	(See Categories listed at the top of this st		outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/O	<sup>H</sup> Meyer, Morgan	State Representative Distr	rict 108 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 h	now to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics Commission Filers)
Sch: 110/156 Rpt:	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	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Of	ffice sought	Office held
expenditure to benefit C/O	H Button, Angie Chen St	tate Representative Dist	rict 112 State Representative District
Date	Payee name		
	(see previous)		
Amount (\$)		Zip Code	
Amount (4)	Payee address, City, State,	Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this scheme	dule) (b) Description	
OF EXPENDITURE			l outside of Texas. Complete Schedule T.
		Check if Austi	n, TX, officeholder living expense
2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		65	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	<u>.</u>	ffice sought	Office held
experience to benefit of or	¹ Lujan, John Si	tate Representative Dist	rict 118 State Representative District
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State;	Zip Code	
Expenditure from corporate funds			
		la.	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		l outside of Texas. Complete Schedule T.
EXPENDITURE		· · ·	n, TX, officeholder living expense
			, , ,
Complete ONLY if direct	Candidate/Officeholder name Of	I ffice sought	Office held
expenditure to benefit C/O			rict 121 State Representative District
		Topicoonianto biol	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ritising 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 explains how to	complete this form.
1 Total pages Schedule F1: Sch: 111/156 Rpt:	2 FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
4 Date	5 Payee name (see previous)	I
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/O	Candidate/Officeholder name Office s H Dorazio, Mark State F	ought Office held Representative District 122 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)	(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 H Harless, Sam State F	ought Office held Representative District 126 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)	(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  H Cunningham, Charles State F	ought Office held Representative District 127 State Representative District

### SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains	s how to complete this form.	, ( ag,
1 Total pages Schedule F1:	2 FILER NAME	<del>-</del>	3 Filer ID (Ethics Commission Filers)
Sch: 112/156 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	
<b>、</b> ,		•	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top of this so	hedule) (b) Description	
OF EXPENDITURE			rel outside of Texas. Complete Schedule T.
		Check if Aus	tin, TX, officeholder living expense
O Commission ONLY if dispose	Condidate/Officelegiday regree	Office country	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought	Office held Strict 128 State Representative District
·		State Representative Dis	State Representative District
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	hedule) (b) Description	
OF	(See Salegories listed at the top of this se		rel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Aus	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought	Office held
experialiture to beliefit C/OI	<sup>1</sup> Paul, Dennis	State Representative Dis	strict 129 State Representative District
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State	e; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Cotogon	hedule) (b) Description	
OF	(a) Category (See Categories listed at the top of this so	·····/   ·	rel outside of Texas. Complete Schedule T.
EXPENDITURE		· · ·	stin, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/OI	<sup>1</sup> Oliverson, Tom	State Representative Dis	strict 130 State Representative District

### SCHEDULE F1

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

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 expl	ains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 113/156 Rpt:	Texas Alliance for Life		00051076
4	Date	5 Payee name (see previous)		
_	Λ == 0.1.mt (Φ)		Nata Zin Cada	
6	Amount (\$)	<b>7</b> Payee address; City; S	State; Zip Code	
	Expenditure from corporate funds			
8	PURPOSE OF	(a) Category (See Categories listed at the top of the	, I	
	EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
				, Tri, anderead:g expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH	Schofield, Mike	State Representative Dis	trict 132 State Representative District
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; S	State; Zip Code	
	Expenditure from corporate funds			
	PURPOSE OF	(a) Category (See Categories listed at the top of th	· I —	
	EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			L Clieck ii Ausi	in, 17, onicendider living expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/O	<sup>H</sup> DeAyala, Mano		trict 133 State Representative District
	Date	Payee name		
		(see previous)		
	Amount (\$)	· · ·	State; Zip Code	
	(+)	,		
	Expenditure from corporate funds			
	PURPOSE	(a) Cotogon	(h) Description	
	OF	(a) Category (See Categories listed at the top of th	· I	el outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Aust	in, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	experiolitile to belieff C/Of	Hull, Lacey	State Representative Dis	trict 138 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	v to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 114/156 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Z	tip Code
Expenditure from		
corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedu	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct		ce sought Office held
expenditure to benefit C/OI	Swanson, Valoree Sta	te Representative District 150 State Representative District
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Z	Cip Code
Expenditure from		
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedu	·
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct		ce sought Office held
expenditure to benefit C/OI	Bassel, Dabney Cou	urt Of Appeals, Justice Place Court Of Appeals, Justice Place
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Z	Cip Code
Expenditure from		
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedu	·
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct		ce sought Office held
expenditure to benefit C/OI	Seiler, Kenna Cou	urt Of Appeals, Justice Place 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: 115/156 Rpt:	2 FILER NAME Texas Alliance for Life		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			e of Texas. Comp	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Tijerina, Jaime Court of Appeals,Chief Just	stice	Office he Court Of	d f Appeals, Justice Place
	Date	Payee name (see previous)			
	Amount (\$)	Payee address; City; State; Zip Code			
	Expenditure from corporate funds				
	PURPOSE OF EXPENDITURE			e of Texas. Comp officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Office sought  Cron, Jenny  Court Of Appeals, Justice	Plac	Office he e None	d
	Date	Payee name (see previous)			
	Amount (\$)  Expenditure from	Payee address; City; State; Zip Code			
	corporate funds	Tax .			
	PURPOSE OF EXPENDITURE			e of Texas. Comp	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Office sought  Court Of Appeals, Justice	Plac	Office he	ld Judge District 476

### 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	e explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 116/156 Rpt:	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 to	· · · · · · · · · · · · · · · · · · ·	
EXPENDITURE			avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
experiorare to berieff C/O	H West, Jon	Court Of Appeals, Justic	ce Place 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 to	·	
EXPENDITURE			avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
			- '
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	Herring, Jason	District Attorney (Multi-c	county) District Attorney (Multi-county)
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 to	·	
EXPENDITURE			avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
			<del>-</del> -
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	<sup>H</sup> Moody, Grant	Bexar County Commiss	sioner, Bexar County Commissioner,

### 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	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed ab  The Instruction Guide explains how to complete this form.	ove)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commiss	ion Filers)
	Sch: 117/156 Rpt:	Texas Alliance for Life 00051076	
4	Date	5 Payee name	
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	- Evnanditura from		
	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.	
	-	Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
		Wiedeli, Guill County Tax 7/3503501 None	
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
_	- Evnanditura from		
	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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experialitate to belieff 6/01	Christ, Bryan County Party Chair County Party Chair	
	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	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/OI	DH Liechty, Lorne Rockwall County Commissioner, None	

### SCHEDULE F1

Advertising Expense

Accounting/Banking

Consulting Expense

Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Credit Card Paymont

Event Expense
Fees
Food/Beverage Expense
Gitt/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	m.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 118/156 Rpt:	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 to	· · · · · · · · · · · · · · · · · · ·		
OF EXPENDITURE			f travel outside of Texas. Compl f Austin, TX, officeholder living o	
		LI Check ii	r Austin, 17, officeriolaer living e	expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office hel	d
expenditure to benefit C/O	<sup>H</sup> Salvo, Michael	County Party Chair	None	
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
, ,				
Expenditure from corporate funds				
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Description	on	
OF EXPENDITURE			f travel outside of Texas. Compl	
		Check if	f Austin, TX, officeholder living e	expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office hel	d
expenditure to benefit C/O	H Whittmore, Sean	Criminal District Attor	ney Criminal	District Attorney
Date	Payee name			
01/26/2024	Texas Alliance for Life, Inc			
Amount (\$)	Payee address; City;	State; Zip Code		
\$528.67	8000 Centre Park Dr Ste 380	State, Ep Soc		
, , , , , , , , , , , , , , , , , , , ,				
Expenditure from corporate funds	Austin, TX 78754			
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Description	on	
OF EXPENDITURE	Advertising Expense	Check it	f travel outside of Texas. Compl	
LAFENDITORE			f Austin, TX, officeholder living e	
		Rent list	for mailed Pro-Life V	oter Guide
Complete ONL V if direct	Candidate/Officeholder name	Office sought	Office hel	d
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Railroad Commission		u Commissioner
	J. addion, Orinoti	Tambaa Oominioolon	- Ramodu	

### 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 for	m.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 119/156 Rpt:	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 to	'	ON if travel outside of Texas. Complete Schedule T.
EXPENDITURE			if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
·	H Blacklock, Jimmy	Supreme Court Justic	ce Place 2 Supreme Court Justice Place 2
Date	Payee name		
. (4)	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds	(-) -		
PURPOSE OF	(a) Category (See Categories listed at the to	·	ON if travel outside of Texas. Complete Schedule T.
EXPENDITURE			if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
experience to some experience	H Devine, John	Supreme Court Justic	ce Place 4 Supreme Court Justice Place 4
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds		las	
PURPOSE OF	(a) Category (See Categories listed at the to	·	ON if travel outside of Texas. Complete Schedule T.
EXPENDITURE			if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
5	H Bland, Jane	Supreme Court Justic	ce Place 6 Supreme Court Justice Place 6

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ng 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	explains how to complete this form	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 120/156 Rpt:	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 to	Check if to	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought	Office held als, Court of Criminal Appeals,
·	Neller, Stidioti	Court of Criminal Appe	аіз, Сошт от Спіпіпаї Арреаіз,
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 to	Check if to	n ravel outside of Texas. Complete Schedule T. sustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name  Hervey, Barbara	Office sought Court Of Criminal Appe	Office held eals, Court Of Criminal Appeals,
Date			,
Dale	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 to	Check if to	n ravel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name  Slaughter, Michelle	Office sought Court Of Criminal Appe	Office held eals, Court Of Criminal Appeals,
	gc.,	2011 3. G.IIIIII 7 PPC	- Court of Similar Appeals,

### 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 to comp	lete this form.
1	Total pages Schedule F1: Sch: 121/156 Rpt:	2 FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 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 expenditure to benefit C/O	Candidate/Officeholder name Office sought  Maynard, Tom State Board	t Office held I Of Education District State Board 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 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 sought H Hardy, Patricia State Board	t Office held I Of Education District State Board Of Education
	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 sought  H Little, Pam State Board	t Office held  I Of Education District State Board Of Education

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Salarice Magnet/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (er  The Instruction Guide explains how to complete this form.	nter a category not listed above)
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
Sch: 122/156 Rpt:	Texas Alliance for Life 000510	76
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.	
EXI ENDITORE	Check if Austin, TX, officeholder	living expense
9 Complete ONLY if direct	211	e held
expenditure to benefit C/OI	State Board Of Education District State	e Board Of Education
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
7 πποστιε (Φ)	Tayoo address, Sky, State, Zip Sode	
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.	
EXI ENDITORE	Check if Austin, TX, officeholder	living expense
Complete ONLY if direct	0.1	e held
expenditure to benefit C/OI	Bettencourt, Paul State Senator District 7 State	e Senator District 7
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
7 πποστιε (Φ)	Tayoo address, Sky, State, Zip Sode	
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.	
	Check if Austin, TX, officeholder	living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	0.1	e held
experiorale to benefit C/OI	Paxton, Angela State Senator District 8 State	e Senator District 8

### 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 Committe

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	Committee Legal Services Salaries/Wages/Contract L  The Instruction Guide explains how to complete this for	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 123/156 Rpt:	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) Descrip	tion
	OF EXPENDITURE		k if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check	k if Austin, TX, officeholder living expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/O		
	_		State Schatch District 15
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
_	T Expenditure from		
	corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion
	OF EXPENDITURE		k if travel outside of Texas. Complete Schedule T.
		Check	k if Austin, TX, officeholder living expense
	Complete ONLY if direct	Condidate/Officeholder name Office cought	Office hold
	expenditure to benefit C/O	Candidate/Officeholder name  Office sought  Parker, Tan  State Senator District	Office held  ct 12 State Senator District 12
		<u> </u>	State Senator District 12
	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) Descrip	tion
	OF EXPENDITURE	Check	k if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check	k if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
		State Seriator Distric	State Schator District 17

### 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

	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: 124/156 Rpt:	Texas Alliance for Life 00051076
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	- Evnanditura from	
	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.
	-	Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
	Data	<u> </u>
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
_	Expenditure from	
L	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.
		Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D :	<u> </u>
	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 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	
		Table State Solider State Soli

### 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

Printing Expense Travel In D
Printing Expense Travel Out
Salaries/Wages/Contract Labor OTHER (er

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: 125/156 Rpt:	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 OF	(a) Category (See Categories listed at the top of this s	, I	outside of Texas. Complete Schedule T.
EXPENDITURE			r, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
	<sup>1</sup> VanDeaver, Gary	State Representative Distr	rict 1 State Representative District 1
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
Expenditure from			
Corporate funds  PURPOSE	(0) Contraction	(b) 5 · · ·	
OF	(a) Category (See Categories listed at the top of this s	· I —	outside of Texas. Complete Schedule T.
EXPENDITURE			, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
	Duttori, siii	State Representative Distr	ict 2 None
Date	Payee name		
A	(see previous)	to. Zin Cod-	
Amount (\$)	Payee address; City; Sta	te; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Cotogon	(h) Description	
OF	(a) Category (See Categories listed at the top of this s	· I	outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin	, TX, officeholder living expense
Complete CAU V & diat	Condidate/Officeholder 75.775	Office cought	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name  Hell Jr., Cecil	Office sought State Representative Distr	Office held ict 3 State Representative District 3
		- sate . representative Distr	- Carlo Topiosoniano District o

### SCHEDULE F1

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 ex	plains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 126/156 Rpt:	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	· • —	
EXPENDITURE		<u> </u>	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Bell, Keith	State Representative Dist	trict 4 State Representative District 4
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		🛏	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Check ii Austi	in, 17, oncerouer iving expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	<sup>H</sup> Hefner, Cole	State Representative Dist	trict 5 State Representative District 5
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Evpanditura from			
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Description	
OF EXPENDITURE			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		State Representative Dist	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	e explains how to complete this for	r <b>m.</b>	
1 Total pages Schedule F	1: <b>2</b> FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 127/156 Rpt:	Texas Alliance for Life		00051076	
4 Date	5 Payee name (see previous)		•	
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
(4)		эт түү		
Expenditure from corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check	ion if travel outside of Texas. Com if Austin, TX, officeholder living	
9 Complete ONLY if direct		Office sought	Office h	eld
expenditure to benefit C	<sup>/OH</sup> Harris, Cody	State Representative	District 8 State F	Representative District 8
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 to	Check	ion if travel outside of Texas. Com if Austin, TX, officeholder living	
Complete <u>ONLY</u> if direc expenditure to benefit C		Office sought State Representative	Office h	eld Representative District 9
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 to	·		The Control of the Co
EXPENDITURE			if travel outside of Texas. Com if Austin, TX, officeholder living	•
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought State Representative	Office h	eld Representative District 11
	oraray, Travio	- Cata Ropiosoniano	- State 1	oprossilianto Bioliot 11

### 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 explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 128/156 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
γο α (ψ)	in a decident of the control of the	
Expenditure from corporate funds		
<u> </u>	(2) -	(1)
8 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
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	H Wharton, Trey State Re	oresentative District 12 None
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Co	de
Amount ( $\psi$ )	Tayee dudress, Oity, State, 219 Co	uc
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 sou	ght Office held
expenditure to benefit C/O	H Orr, Angelia State Re	presentative District 13 State Representative District 13
Date	Payee name	
Duic	(see previous)	
Amount (ft)	· · ·	do
Amount (\$)	Payee address; City; State; Zip Co	ue
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
		Great in Audum, 174, directional living expense
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/O	ш	presentative District 16 State Representative District 16
Forms provided by Texas E	thics Commission www.ethics.state.tx.u	s Version V3.5.1.9000c47f

### 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 e	explains how to c	complete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission File	ers)
	Sch: 129/156 Rpt:		Texas Alliance for Life				00051076		
4	Date	5	Payee name			•			
			(see previous)						
6	Amount (\$)	7	Payee address; City;	State; Zip C	Code				
_	T Expenditure from								
L	corporate funds								
8	PURPOSE	(a)	Category (See Categories listed at the top	of this schedule)	(b) Description				
	OF EXPENDITURE				ı <b>=</b>		le of Texas. Com officeholder living	plete Schedule T.	
					Crieck ii Austii	1, 1 1,	oniceriolaer living	Гехрепзе	
9	I		Candidate/Officeholder name	Office so	ought		Office he	eld	
	expenditure to benefit C/O	H (	Gerdes, Stan	State R	epresentative Distr	rict 1	L7 State R	epresentative Distri	ct 17
	Date		Payee name						
			(see previous)						
	Amount (\$)		Payee address; City;	State; Zip C	ode				
_	T Expenditure from								
L	corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the top	of this schedule)	(b) Description				
	OF EXPENDITURE				1 <del>  </del>		de of Texas. Com officeholder living	plete Schedule T.	
					Cricck ii Addiii	ι, ιλ,	omeenolder living	Гехрепас	
	Complete ONLY if direct		Candidate/Officeholder name	Office so	pught		Office he	eld	
	expenditure to benefit C/OI	)H E	Bailes, Ernest	State R	epresentative Distr	rict 1	L8 State R	epresentative Distri	ct 18
	Date		Payee name						
			(see previous)						
	Amount (\$)		Payee address; City;	State; Zip C	Code				
_	T Expenditure from								
	corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the top	of this schedule)	(b) Description				
	OF EXPENDITURE						de of Texas. Com officeholder living	plete Schedule T.	
					Crieck ii Austii	1, 1 1,	oniceriolaer living	Гехрепзе	
	Complete ONLY if direct		Candidate/Officeholder name	Office so	pught		Office he	eld	
	expenditure to benefit C/OI	Н -	Troxclair, Ellen	State R	epresentative Distr	rict 1	L9 State R	epresentative Distri	ct 19

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising 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 explains ho	ow to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 130/156 Rpt:	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 sched	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense
9	Complete ONLY if direct		ice sought	Office held
	expenditure to benefit C/OF	H Wilson, Terry Sta	ate Representative Distr	ict 20 State Representative District 20
	Date	Payee name		
L		(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 sched	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		rice sought ate Representative Distr	Office held ict 21 State Representative District 21
	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 sched	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	_1	ice sought ate Representative Distr	Office held ict 24 State Representative District 24

### 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

Printing Expense Travel (
Salaries/Wages/Contract Labor OTHER

Credit Card Payment	The Instruction Guide	e explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 131/156 Rpt:	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 t	Check if trav	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name  H Vasut, Cody	Office sought State Representative Dis	Office held strict 25 State Representative District 25
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t	Check if trave	rel outside of Texas. Complete Schedule T. ttin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  H Jetton, Jacey	Office sought State Representative Dis	Office held strict 26 State Representative District 26
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 t	Check if trav	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  H Gates, Gary	Office sought State Representative Dis	Office held strict 28 State Representative District 28

### 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 In:	struction Guide expl	lains how to co	omplete this form.				
1	Total pages Schedule F1:	2 [	FILER NAME				3 File	r ID	(Ethics Commis	sion Filers)
	Sch: 132/156 Rpt:	-	Texas Alliance for	· Life			000	051076		
4	Date	5 [	Payee name							
		(	(see previous)							
6	Amount (\$)	7 F	Payee address;	City; S	State; Zip Co	ode				
_	■ Expenditure from									
L	corporate funds									
8	PURPOSE	(a) (	Category (See Catego	ories listed at the top of th	his schedule)	(b) Description				
	OF EXPENDITURE					ı <u>—</u>			plete Schedule T.	
						Check if Austin	n, TX, office	holder living	expense	
9	Complete ONLY if direct	Ci	andidate/Officeholde	er name	Office sou	<u> </u> uaht		Office he	-lh	
"	expenditure to benefit C/O	N I I	auknight, Jeff	of figure		epresentative Distr	rict 30	None	,iu	
H	Date	_				-				
	Date	1	Payee name (see previous)							
_	Amount (\$)		Payee address;	City:	State; Zip Co	242				
	Amount (\$)	'	Payee auuress,	City; S	slate, Zip Co	ode				
	Expenditure from									
느	corporate funds	<del> </del>				Γ,				
	PURPOSE OF	(a) (	Category (See Catego	ories listed at the top of th	his schedule)	(b) Description	outside of	Tavae Comi	plete Schedule T.	
	EXPENDITURE					Check if travei				
						"			·	
	Complete ONLY if direct		andidate/Officehold	er name	Office sou	ught		Office he	eld	
	expenditure to benefit C/OI	)H G	uillen, Ryan		State Re	epresentative Distr	rict 31	State Re	epresentative	District 31
	Date	T	Payee name							
		(	(see previous)							
	Amount (\$)	<del>                                     </del>	Payee address;	City; S	State; Zip Co	ode				
	Expenditure from corporate funds									
	PURPOSE	(a) (	Category (See Catego	ories listed at the top of th	his schedule)	(b) Description				
	OF	``	- Con Cara	Jiles listed at the top c	lls surcaure,	l :	outside of	Texas. Comp	plete Schedule T.	
	EXPENDITURE					Check if Austin	n, TX, office	holder living	expense	
		Щ						300 1		
	Complete ONLY if direct expenditure to benefit C/OI	NI I	andidate/Officehold	er name	Office sou		riot 22	Office he		District 22
		— н	unter, Todd		State Re	epresentative Distr	ICL 32	State Re	epresentative	DISTRICT 32

### 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

Credit Card Payment	•	ains how to complete this form	, -	ny not notou abovo,
1 Total pages Schedule F1:	2 FILER NAME	·	3 Filer ID (Eth	ics Commission Filers)
Sch: 133/156 Rpt:	Texas Alliance for Life		00051076	
4 Date	5 Payee name		•	
	(see previous)			
6 Amount (\$)	<b>7</b> Payee address; City; S	State; Zip Code		
Expenditure from corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Check if	n travel outside of Texas. Complete S Austin, TX, officeholder living exper	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held	District OO
experiulture to benefit C/OI	Holland, Justin	State Representative I	District 33 State Repre	sentative District 33
Date	Payee name (see previous)			
Amount (\$)	Payee address; City; S	State; Zip Code		
Expenditure from corporate funds  PURPOSE OF	(a) Category (See Categories listed at the top of the			Johnstol J.
EXPENDITURE		Check if	travel outside of Texas. Complete S Austin, TX, officeholder living exper	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name  Lopez, Janie	Office sought State Representative I	Office held District 37 State Repre	sentative District 37
5 .		Otate Representative I	Sistinct of State Repre	Scrittative District 67
Date	Payee name (see previous)			
Amount (\$)	Payee address; City; S	State; Zip Code		
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Check if	<b>N</b> travel outside of Texas. Complete S Austin, TX, officeholder living exper	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held	
SAPORALLIO TO BORIOR O/OI	<sup>1</sup> John, Guerra	State Representative I	District 41 None	

### 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	The Instruction Guide explains how	to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FII FR NAME	];	3 Filer ID (Ethics Commission Filers)
Sch: 134/156 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; State; Zi	p Code	
Expenditure from corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule		
EXPENDITURE		- I <del></del>	utside of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Offic	I e sought	Office held
expenditure to benefit C/Oh		e Representative Distric	
Date	Payee name	·	
	(see previous)		
Amount (\$)	Payee address; City; State; Zi	p Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description	
OF EXPENDITURE			utside of Texas. Complete Schedule T.
		Crieck ii Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Offic	e sought	Office held
expenditure to benefit C/O	1	e sought e Representative Distric	
Data	•		
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; Zi	p Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description	
OF	(See Categories isseed at the top of this sorreadic	′ I <u>—</u>	utside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin,	TX, officeholder living expense
O L to ONII V if disease			000 1 14
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	e sought - Boprosoptativo Distric	Office held
- I	Harris Davila, Caroline State	e Representative Distric	ct 52 State Representative District 52

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	ns how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 135/156 Rpt:	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		la s	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this	′ I <u>—</u> '	outside of Texas. Complete Schedule T.
EXPENDITURE			TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name  H Smith, Hatch	Office sought State Representative Distri	Office held ict 53 None
5.		State Representative Distri	ict 55 None
Date	Payee name (see previous)		
Amount (\$)	` ' '	te; Zip Code	
Amount (\$)	Payee address; City; Sta	ile, Zip Code	
Expenditure from corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this	· I —	
EXPENDITURE		. <u> </u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
experiulture to beriefit C/O	H Buckley, Brad	State Representative Distri	ict 54 State Representative District 54
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
Expenditure from			
corporate funds	(4) 5	n · ·	
PURPOSE OF	(a) Category (See Categories listed at the top of this		outside of Texas. Complete Schedule T.
EXPENDITURE			, TX, officeholder living expense
0 1. 6		000	05.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name  H Shine, Hugh	Office sought State Representative Distri	Office held ict 55 State Representative District 55
	Cimic, Hugh	Ciaio representative Distri	otate representative district 33

### 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

	Credit Card r dyment	The Instruction Guide explains how to o	complete this form.			
1	Total pages Schedule F1:			3 Filer		(Ethics Commission Filers)
	Sch: 136/156 Rpt:	Texas Alliance for Life		0005	51076	
4	Date	5 Payee name (see previous)				
6	Amount (\$)	7 Payee address; City; State; Zip C	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	Candidate/Officeholder name Office so	pught	(	Office he	eld
	expenditure to benefit C/OI	Curry, Patrick State R	epresentative Distr	rict 56 N	None	
	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	Candidate/Officeholder name Office so	ought	(	Office he	eld
	expenditure to benefit C/OI	Hayes, Richard State R	epresentative Distr	rict 57	State R	epresentative District 57
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City; State; Zip C	ode.			
	Amount ( $\phi$ )	rayee address, Oity, State, Zip C	ouc			
	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	Candidate/Officeholder name Office so	ought	(	Office he	eld
	expenditure to benefit C/OI	H Burns, DeWayne State R	epresentative Distr	rict 58	State R	epresentative District 58

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising 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: 137/156 Rpt:	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 se	′ I — '	toide of Tayon Complete Celevistra
EXPENDITURE		· · ·	tside of Texas. Complete Schedule T. X, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Slawson, Shelby	State Representative Distric	t 59 State Representative District 59
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	· I —	
EXPENDITURE		· · ·	tside of Texas. Complete Schedule T. X, officeholder living expense
		L CHECK II Austill, 1	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	Rogers, Glenn	State Representative Distric	t 60 State Representative District 60
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Stat	e; Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
OF EXPENDITURE		· · · □	tside of Texas. Complete Schedule T.
		Cneck if Austin, I	X, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		State Representative Distric	t 61 State Representative District 61

### 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	to comp	lete this form.		
1	Total pages Schedule F1: Sch: 138/156 Rpt:	FILER NAME     Texas Alliance for Life			Filer ID 00051076	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)				
6	Amount (\$)	7 Payee address; City; State; Zi	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 outsid Check if Austin, TX, o		
9	Complete ONLY if direct expenditure to benefit C/Oh		sough Repre		Office h	eld Representative District 62
	Date	Payee name (see previous)				
	Amount (\$)  Expenditure from corporate funds  PURPOSE	Payee address; City; State; Zi				
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule		Description Check if travel outsid Check if Austin, TX, o		
	Complete ONLY if direct expenditure to benefit C/Oh		sough Repre		Office h	eld Representative District 63
	Date	Payee name (see previous)				
	Amount (\$)  Expenditure from corporate funds	Payee address; City; State; Zi	) Code			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b	Description Check if travel outsid Check if Austin, TX, o		
	Complete ONLY if direct expenditure to benefit C/Oh	_1	sough Repre	t esentative District 6	Office h	eld Representative District 64

### SCHEDULE F1

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

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 explair	s how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 139/156 Rpt:	Texas Alliance for Life		00051076
4	Date	5 Payee name		
		(see previous)		
6	Amount (\$)	7 Payee address; City; Sta	te; Zip Code	
_	T Expenditure from			
느	corporate funds			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this s	′ I <u> </u>	autida of Taura Canada Cabada T
	EXPENDITURE		· · ·	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	Thimesch, Kronda	State Representative Distr	rict 65 State Representative District 65
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; Sta	te; Zip Code	
_	T Expenditure from			
L	corporate funds			
	PURPOSE OF	(a) Category (See Categories listed at the top of this s	· I —	
	EXPENDITURE		<u> </u>	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	<sup>H</sup> Shaheen, Matt	State Representative Distr	rict 66 State Representative District 66
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; Sta	te; Zip Code	
_	■ Expenditure from			
L	corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of this s	(b) Description	
	OF EXPENDITURE			outside of Texas. Complete Schedule T.
			Crieck ii Austir	n, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/O	<sup>H</sup> Leach, Jeff	State Representative Distr	rict 67 State Representative District 67

### 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/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: 140/156 Rpt:	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.				
EXPENDITORE	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	Spiller, David State Representative District 68 State Representative District 68				
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City; State; Zip Code				
Amount (φ)	rayee address, Gity, 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 Texas. Complete Schedule T.				
EXPENDITORE	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	Frank, James State Representative District 69 State Representative District 69				
Date	Payee name				
	(see previous)				
Amount (\$)					
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 Texas. Complete Schedule T.				
LAI LINDITORE	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	expenditure to benefit C/OH Lambert, Stan State Representative District 71 State Representative District 71				

### SCHEDULE F1

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/Officenolder/Politica	The Instruction Guide explains ho	w 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: 141/156 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; State; 2	Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedul		
EXPENDITURE			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Cricck ii Addiii	ii, 17, oinceriolaer living expense
9 Complete ONLY if direct	Candidate/Officeholder name Offi	ce sought	Office held
expenditure to benefit C/OI		ite Representative Dist	
Date		·	·
Date	Payee name (see previous)		
A (A)		7: 0 1	
Amount (\$)	Payee address; City; State; Z	Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this schedu	(b) Description	
OF EXPENDITURE	, (ess suregenes noted at the top of the sociodate	···/   '	outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	ce sought	Office held
experialitie to benefit C/Oi	Isaac, Carrie Sta	te Representative Dist	rict 73 State Representative District 73
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; 2	Zip Code	
Expenditure from corporate funds			
PURPOSE	(6) 0-4	(b) Description	
OF	(a) Category (See Categories listed at the top of this schedule)		outside of Texas. Complete Schedule T.
EXPENDITURE		· · ·	n, TX, officeholder living expense
Complete ONLY if direct		ce sought	Office held
expenditure to benefit C/OI	<sup>H</sup> Garza, Robert Sta	te Representative Dist	rict 74 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 142/156 Rpt:	Texas Alliance for Life	00051076			
4 Date	5 Payee name				
	(see previous)				
6 Amount (\$)	7 Payee address; City; State; Zip	Code			
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 s	cought Office held			
expenditure to benefit C/OF	<sup>1</sup> JR, Ramirez State F	Representative District 80 None			
Date	Payee name				
Date	(see previous)				
Λ α (Φ)		Code			
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 s	sought Office held			
expenditure to benefit C/OI	<sup>1</sup> Landgraf, Brooks State F	Representative District 81 State Representative District 81			
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 Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder name Office s				
experiulture to benefit C/Of	expenditure to benefit C/OH Craddick, Tom State Representative District 82 State Representative District 82				

### SCHEDULE F1

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

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

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 to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 143/156 Rpt:	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	
OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
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;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Tepper, Carl	Office sought State Representative Dist	Office held trict 84 State Representative District 84
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 trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name  H Kitzman, Stan	Office sought State Representative Dist	Office held trict 85 State Representative District 85
		·	<u> </u>

### 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	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filer	s)
	Sch: 144/156 Rpt:	Texas Alliance for Life		00051076	
4	Date	5 Payee name		•	
		(see previous)			
6	Amount (\$)	7 Payee address; City;	State; Zip Code		
	T Expenditure from				
	corporate funds				
8	PURPOSE	(a) Category (See Categories listed at the top of the	, <u> </u>		
	OF EXPENDITURE			el outside of Texas. Complete Schedule T. iin, TX, officeholder living expense	
			Check if Addit	in, 17, onceroue iving expense	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
	expenditure to benefit C/OH	<sup>H</sup> Smithee, John	State Representative Dis	trict 86 State Representative Distric	t 86
_	Date	Payee name			
		(see previous)			
	Amount (\$)	· · · · · · · · · · · · · · · · · · ·	State; Zip Code		
			•		
	Expenditure from corporate funds				
	PURPOSE	(a) Category (See Categories listed at the top of the	his schedule) (b) Description		
	OF EXPENDITURE			el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense	
			Crieck if Addit	int, 17, uniceriolider living expense	
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
	expenditure to benefit C/OF	<sup>H</sup> Bulla, Cindi	State Representative Dis	trict 87 None	
_	Date	Payee name			
		(see previous)			
	Amount (\$)	Payee address; City; S	State; Zip Code		
			, <b>,</b>		
	Expenditure from corporate funds				
	PURPOSE	(a) Category (See Categories listed at the top of the	his schedule) (b) Description		
	OF	(See Categories listed at the top of the		el outside of Texas. Complete Schedule T.	
	EXPENDITURE		Check if Aust	tin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	+ 00
	- Oxperialitare to belieff of or	□ King, Ken	State Representative Dis	trict 88 State Representative Distric	1 88

### 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	ins how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 145/156 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; Si	ate; 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
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Noble, Candy	State Representative Dist	trict 89 State Representative District 89
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Si	ate; Zip Code	
Expenditure from			
corporate funds			
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
		Li	3 - F
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	<sup>H</sup> Klick, Stephanie	State Representative Dist	trict 91 State Representative District 91
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Si	ate; Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of thi	s schedule) (b) Description	
OF EXPENDITURE		· · ·	el outside of Texas. Complete Schedule T.
		Cneck if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	<sup>H</sup> Schatzline, Nate	State Representative Dist	trict 93 State Representative District 93

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising 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 explains how to complete this for	m.
1	Total pages Schedule F1: Sch: 146/156 Rpt:	2 FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 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		ON if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Office sought  Cook, David  State Representative	Office held District 96 State Representative District 96
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE		ON if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Office sought  McQueeney, John  State Representative	Office held District 97 None
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE		ON if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Office sought  Capriglione, Giovanni  State Representative	Office held District 98 State Representative District 98

### 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 to complete this form.	
1	Total pages Schedule F1: Sch: 147/156 Rpt:	FILER NAME     Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 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		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Geren, Charlie State Representative Distr	Office held rict 99 State Representative District 99
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE		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 Patterson, Jared State Representative Distr	Office held rict 106 State Representative District
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE		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  Meyer, Morgan State Representative Distr	Office held rict 108 State Representative District

### 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	The Instruction Guide explains how	o 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: 148/156 Rpt:	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)		
EXPENDITURE		· · ·	side of Texas. Complete Schedule T. (, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office held
expenditure to benefit C/OI		•	112 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		· · ·	side of Texas. Complete Schedule T. (, officeholder living expense
		Check ii Austin, 17	t, officerolaci living expense
Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office held
expenditure to benefit C/OI		-	118 State Representative District
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	, , , , , , , , , , , , , , , , , , , ,		side of Texas. Complete Schedule T.
LAPENDITORE		Check if Austin, TX	K, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office held
expenditure to benefit C/OI	1		121 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 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: 149/156 Rpt:	2 FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
4 Date	5 Payee name (see previous)	I .
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/O	Candidate/Officeholder name Office s H Dorazio, Mark State F	ought Office held Representative District 122 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)	(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 H Harless, Sam State F	ought Office held Representative District 126 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)	(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  H Cunningham, Charles State F	ought Office held Representative District 127 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 Salaries (Contract Labor,

Credit Card Payment	The Instruction Guide explains h	ow to complete this form.	OTTLE (enter a category not isseed above)
1 Total pages Schedule F1:	·	·	3 Filer ID (Ethics Commission Filers)
Sch: 150/156 Rpt:	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
9 Complete ONLY if direct	Candidate/Officeholder name Of	ffice sought	Office held
expenditure to benefit C/OI			trict 128 State Representative District
Date	Dayoo nama		<u>·</u>
Date	Payee name (see previous)		
Δ		7:- 0-1-	
Amount (\$)	Payee address; City; State;	Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
OF EXPENDITURE			el outside of Texas. Complete Schedule T.
		Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ffice sought	Office held
experiulture to beliefft C/OI	<sup>1</sup> Paul, Dennis Si	tate Representative Dist	trict 129 State Representative District
Date	Payee name		
	(see previous)		
Amount (\$)		Zip Code	
Amount (ψ)	r dyce dddress, City, State,	Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
OF	(See Salegories listed at the top of this sorted		el outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct		ffice sought	Office held
expenditure to benefit C/OI	<sup>H</sup> Oliverson, Tom Si	tate Representative Dist	trict 130 State Representative District

### 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	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: 151/156 Rpt:	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 s	· · · ·	
EXPENDITURE			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		•	rict 132 State Representative District
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 s	·   —	
EXPENDITURE			outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Cricck ii Austii	, 17, Unicertaider living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	<sup>H</sup> DeAyala, Mano		rict 133 State Representative District
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Stat	e; Zip Code	
— Forestitus from			
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.
		Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI			rict 138 State Representative District
	<u> </u>	·	·

### 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	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: 152/156 Rpt:	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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H Swanson, Valoree State Representative District 150 State Representative District
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Amount (φ)	rayee address, Gity, 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 Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H Bassel, Dabney Court Of Appeals, Justice Place Court Of Appeals, Justice Place
Date	Payee name
	(see previous)
Δ (Φ)	
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 Texas. Complete Schedule T.
LAI LINDITORE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H Seiler, Kenna Court Of Appeals, Justice Place 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

Credi	t Card Payment	The Instruction Guide	explains how to complete this form	
	pages Schedule F1: h: 153/156 Rpt:	FILER NAME     Texas Alliance for Life		3 Filer ID (Ethics Commission Filers) 00051076
4 Date	200,200p.:	5 Payee name (see previous)		
6 Amou	ınt (\$)	7 Payee address; City;	State; Zip Code	
	enditure from orate funds			
	URPOSE OF ENDITURE	(a) Category (See Categories listed at the to	Check if t	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
	blete <u>ONLY</u> if direct nditure to benefit C/OI	Candidate/Officeholder name Tijerina, Jaime	Office sought Court of Appeals,Chief	Office held Justice Court Of Appeals, Justice Place
Date		Payee name (see previous)		
Amou	ınt (\$)	Payee address; City;	State; Zip Code	
	enditure from orate funds			
	URPOSE OF ENDITURE	(a) Category (See Categories listed at the to	Check if t	1 ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
	olete <u>ONLY</u> if direct nditure to benefit C/OI	Candidate/Officeholder name  H Cron, Jenny	Office sought Court Of Appeals, Just	Office held ice Place None
Date		Payee name (see previous)		
Amou	ınt (\$)	Payee address; City;	State; Zip Code	
	enditure from orate funds			
	URPOSE OF ENDITURE	(a) Category (See Categories listed at the to	Check if t	1 ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
	olete <u>ONLY</u> if direct nditure to benefit C/OI	Candidate/Officeholder name Fonseca, Ysmael	Office sought Court Of Appeals, Just	Office held ice Place District Judge District 476

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide ex	xplains how to complete this form.			
1	Total pages Schedule F1:			3 File		(Ethics Commission Filers)
	Sch: 154/156 Rpt:	Texas Alliance for Life		000	051076	
4	Date	<ul><li>5 Payee name (see previous)</li></ul>				
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 tr			olete Schedule T. expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	ld
	expenditure to benefit C/OI	H West, Jon	Court Of Appeals, Justi	ce Place	None	
	Date	Payee name				
	A (d)	(see previous)	Otata Zin Oada			
	Amount (\$)  Expenditure from corporate funds	Payee address; City;	State; Zip Code			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if tr			olete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Herring, Jason	Office sought District Attorney (Multi-	county)	Office he	ld Attorney (Multi-county)
	Date	Payee name (see previous)				
	Amount (\$)  Expenditure from corporate funds	Payee address; City;	State; Zip Code			
	PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Description	ı		
	OF EXPENDITURE		Check if tr			olete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name  Moody, Grant	Office sought Bexar County Commiss	sioner,	Office he Bexar C	ld county Commissioner,

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

Credit Card Payment	The Instruction Guide explains ho	ow to complete this form.	OTTIEN (effici a category not listed above)
1 Total pages Schedule F1:	•		3 Filer ID (Ethics Commission Filers)
Sch: 155/156 Rpt:	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 sched	ule) (b) Description	
OF EXPENDITURE		Check if trave	el outside of Texas. Complete Schedule T.
E/11 E1191. C. L.		Check if Aust	tin, TX, officeholder living expense
			200
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ice sought	Office held
	1 McCall, Cam Co	Ilin County Tax Assess	sor- None
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State;	Zip Code	
Expenditure from corporate funds			
	( )	[42]	
PURPOSE OF	(a) Category (See Categories listed at the top of this sched		ol outcide of Toyon, Complete Schodule T
EXPENDITURE			el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Off	ice sought	Office held
expenditure to benefit C/OI	1	unty Party Chair	County Party Chair
	-		County Faity Chair
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State;	Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Catagony	ule) (b) Description	
OF	(a) Category (See Categories listed at the top of this sched	· ·/	el outside of Texas. Complete Schedule T.
EXPENDITURE			tin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Off	ice sought	Office held
expenditure to benefit C/O		ckwall County Commis	ssioner, None
	· · · · · · · · · · · · · · · · · · ·	,	·

### 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

	Candidate/Officeholder/Politica Credit Card Payment	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: 156/156 Rpt:	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	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/OI	Salvo, Michael County Party Chair None
	Date	Payee name
		(see previous)
	Amount (¢)	
	Amount (\$)	Payee address; City; State; Zip Code
_	T Expenditure from	
L	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<sup>1</sup> Whittmore, Sean Criminal District Attorney Criminal District Attorney
	Date	Payee name
	02/18/2024	Texas Alliance for Life, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.12	8000 Centre Park Dr Ste 380
	Ψ13.12	0000 Centre Faix Di Ste 300
_	Expenditure from	
_	corporate funds	Austin, TX 78754
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign email for DeWayne Burns for HD 58
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiorale to belief C/Of	