

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00020891	2 Total pages filed: 9	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Alan L.	MI MI
	NICKNAME	LAST Schoolcraft	SUFFIX
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
	Date Received ELECTRONICALLY FILED 07/14/2024		
Date Hand-delivered or Date Postmarked			Receipt #
			Amount
			Date Processed
5 ORIGINAL PERIOD COVERED			Date Imaged
Month Day Year	THROUGH	Month Day Year	
07/01/2023		12/31/2023	

6 EXPLANATION OF CORRECTION
 The expense reported here was automatically charged to my credit card. I was not aware of the charges and I thought it was included in my bills from my campaign consultant.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Alan L. Schoolcraft

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00020891	2 Total pages filed: 9		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Alan L.	MI	OFFICE USE ONLY	
	NICKNAME	LAST Schoolcraft	SUFFIX		Date Received ELECTRONICALLY FILED 07/14/2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked	
	8647 FM 725			Receipt # Amount	
	McQueeney, TX 78123			Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Dena J.	MI		
	NICKNAME Joette	LAST Schoolcraft	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	
	8647 FM 725			STATE; ZIP CODE	
		McQueeney, TX 78123			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(830)	549-5050			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month	Day	Year	THROUGH	
	07	01	2023	12/31/2023	
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	03	05	2024	<input type="checkbox"/> General	<input type="checkbox"/> Other
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
			State Representative District 44		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

3 of 9

13 C / OH NAME Schoolcraft, Alan L. (Mr.) **14** Filer ID (Ethics Commission Filers)
00020891

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,975.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	192.92
	4. TOTAL POLITICAL EXPENDITURES	\$	3,967.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	7,782.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	100,000.00

17 AFFIDAVIT

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

Mr. Alan L. Schoolcraft

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

4 of 9

18 FILER NAME Schoolcraft, Alan L. (Mr.)		19 Filer ID (Ethics Commission Filers) 00020891
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,975.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 100,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 192.92
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 3,775.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 2.75

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 5/9
2 FILER NAME Schoolcraft, Alan L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00020891
4 Date 12/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnard, Bruce (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Universal City, TX 78148	
8 Principal occupation / Job title (See Instructions) Insurance Broker		9 Employer (See Instructions) Barnard Donegan Insurance
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dries, Driessen (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78261	
Principal occupation / Job title (See Instructions) CTO		Employer (See Instructions) TXdocs LLC
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goen, Kayce (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78231	
Principal occupation / Job title (See Instructions) Graphic Designer		Employer (See Instructions) Self
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyle, Stallings (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Midland, TX 79702	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Desert Royalty Company LLC
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, Robert (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Boerne, TX 78006	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 6/9
2 FILER NAME Schoolcraft, Alan L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00020891
4 Date 12/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, Donna Kay (Ms.) <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rickhoff, Tom (Mr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 7/9
2 FILER NAME Schoolcraft, Alan L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00020891
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/12/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoolcraft, Alan (Mr.)	9 Loan Amount (\$) \$100,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code McQueeney, TX 78123	10 Interest Rate 0.0
		11 Maturity Date 12/31/2024
12 Principal occupation / Job title (See Instructions) CEO		13 Employer (See Instructions) TXdocs LLC
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		19 Amount Guaranteed (\$)
21 Employer (See Instructions)		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 8/9	2 FILER NAME Schoolcraft, Alan L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00020891
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4 Date 12/18/2023	5 Payee name Numinar Inc
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6 Amount (\$) \$675.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1201 Wilson Blvd. Arlington, VA 22209
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) software subscription	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense doorbelling software
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/18/2023	Payee name SignRocket
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Amount (\$) \$3,100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 340 Broadway St Paul Park, MN 55071
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 9/9
2 FILER NAME Schoolcraft, Alan L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00020891
4 Date 12/31/2023	5 Name of person from whom amount is received Randolph Brooks FCU	8 Amount (\$) \$2.74
6 Address of person from whom amount is received; City; State; Zip Code Live Oak, TX 78233		
7 Purpose for which amount is received dividend <input type="checkbox"/> Check if political contribution returned to filer		
Date 12/12/2023	5 Name of person from whom amount is received Randolph Brooks FCU	8 Amount (\$) \$0.01
6 Address of person from whom amount is received; City; State; Zip Code Live Oak, TX 78233		
7 Purpose for which amount is received new account fee <input type="checkbox"/> Check if political contribution returned to filer		