#### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00051076		<ul><li>2 Total pages filed: 71</li></ul>
3	COMMITTEE NAME					OFFICE USE ONLY
	Texas Alliance for	Life				Date Received
						ELECTRONICALLY FILED
						10/07/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	TY;	STATE; ZIP CODE	_	
	ADDRESS	8000 Centre Park Dr., Ste. 380	,	0		
	_					Date Hand-delivered or Date Postmarked
	Change of Address	Austin, TX 78754-5136				Receipt # Amount
						Date Processed
						Date Imaged
5	CAMPAIGN	MS/MRS/MR FIRST			_	MI
Ũ	TREASURER	Mr. James C.				
	NAME					
		NICKNAME LAST				SUFFIX
		Shaw				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CIT	Y;	STATE; ZIP CODE
	TREASURER STREET	4505 Corazon Cv.				
	ADDRESS					
	(Residence or Business)	Round Rock, TX 78681				
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #; CI	TY;	STATE; ZIP CODE
	TREASURER MAILING	8000 Centre Park Dr., Ste. 380				
	ADDRESS					
	Change of Address	Austin, TX 78754				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EX	TENSION		
	TREASURER	(512) 789-0111				
	PHONE					
9	REPORT	January 15	80th	day before election		Dissolution (Attach PAC-DR)
	TYPE		8th d	ay before election		10th day after campaign treasurer
		July 15		-	ш	termination
			Runc	Ħ		
10	PERIOD	Month Day Year		Month Da	y	Year
	COVERED	07/01/2024 T	ΉR	OUGH 09/26/2	024	
11	ELECTION	ELECTION DATE Month Day Year	Prin	ELECTION TYPE		Other
			Gen	eral Special		
L						
		GO	тс	PAGE 2		
For	rms provided by Te	xas Ethics Commission www.e	ethio	cs.state.tx.us		Version V4.1.0.48da51f7

#### 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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Dade Phelan 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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,272.52
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,571.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	10,440.09
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Jame	s C. Shaw	
		Signature of Car	npaign Treası	irer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

### FORM GPAC

Page 3 of 71

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John Devine Supreme Court Ju	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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jane Bland Supreme Court 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	1. Candidates (Identify by name or, if applicable, classify by party.)		David Schenck Court of Crimina	al Appeals, Pre	siding 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			
	3. Officeholders Assisted (Identify by name or, if				
Formo providad by Tayao F	applicable, classify by party.)		ethiaa atota teura		Version V/4 1 0 40deE1f

### FORM GPAC

Page 4 of 71

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Tom Maynard State Board Of Ed	ducation	
(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.)		Pam Little State Board Of Educa	ation	
(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.)		Aaron Kinsey State Board Of Ec	lucation	
(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				
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### FORM GPAC

Page 5 of 71

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		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.)	A. Supported	Angela Paxton State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Phil King State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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### FORM GPAC

Page 6 of 71

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

### FORM GPAC

ADDENDUM Page 7 of 71

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Adam Hinojosa 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.)	A. Supported	Brent Hagenbuch State Senator	r	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	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.)		Gary VanDeaver 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.)				
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### FORM GPAC

Page 8 of 71

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		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 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.)	A. Supported	Christi Craddick Railroad Comm	nissioner	
(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.)		Jimmy Blacklock Supreme Cour	t 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.)				

### FORM GPAC

Page 9 of 71

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		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 (Identify by name or, if applicable, classify by party.)		Cole Hefner State Representativ	/e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. 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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#### FORM GPAC ADDENDUM

Page 10 of 71

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Cody Harris	State 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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Trent Ashby	State Representativ	/e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Trey Wharto	n 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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### FORM GPAC

Page 11 of 71

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Angelia Orr	State Representative	e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Paul Dyson	State Representativ	e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Will Metcalf	State Representativ	e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

### FORM GPAC

ADDENDUM

Page 12 of 71

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Stan Gerdes	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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ellen Troxcla	ir State Repres	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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Terry Wilson	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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#### FORM GPAC ADDENDUM

Page 13 of 71

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Terry Leo-Wilso	n 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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Greg Bonnen S	tate Represental	live	
(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.)		Cody Vasut Sta	te 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.)					
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#### FORM GPAC ADDENDUM

Page 14 of 71

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Gary Gates	State Representativ	'e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jeffrey Barry	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	1. 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				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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### FORM GPAC

ADDENDUM

Page 15 of 71

12 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life						00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		ed Todd Hunt	er State Re	presentativ	/e	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed				
		B. Oppose	d				
	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.)	A. Support	ed Denise Vil	lalobos Stat	e Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed				
		B. Oppose	d				
	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.)	A. Support	ed Janie Lope	ez State Rep	oresentativ	'e	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed				
		B. Oppose	d				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
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### FORM GPAC

Page 16 of 71

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		John Robert Guerra State Re	presentative	
(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.)	A. Supported	J.M. Lozano 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	1. Candidates (Identify by name or, if applicable, classify by party.)		Caroline Harris Davila State F	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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### FORM GPAC

ADDENDUM

Page 17 of 71

12 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life						00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Brad Buckley S	State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		В.	Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A.	Supported				
		В.	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.)	А.	Supported	Pat Curry State	e Representative	e	
(Attach lists on plain paper to complete this report if necessary.)		В.	Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A.	Supported				
		В.	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.)		Supported	Richard Hayes	State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		В.	Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A.	Supported				
		В.	Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
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### FORM GPAC

Page 18 of 71

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Shelby Slawson 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 (Identify by name or, if applicable, classify by party.)	A. Supported	Ben Bumgarner 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 (Identify by name or, if applicable, classify by party.)		Matt Shaheen State R	epresentative	
(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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### FORM GPAC

Page 19 of 71

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

ADDENDUM

Page 20 of 71

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Stan Lambe	rt 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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Drew Darby	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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Carrie Isaac	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.)					
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### FORM GPAC

ADDENDUM

Page 21 of 71

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Robert Garza State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		В. С	Dpposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported			
		В. С	Dpposed			
	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.)	A. S	Supported	Don McLaughlin State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		В. C	Dpposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported			
		В. C	Dpposed			
	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.)		Supported	Brooks Landgraf State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		В. С	Dpposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported			
		В. С	Dpposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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### FORM GPAC

ADDENDUM

Page 22 of 71

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Tom Craddie	ck 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 ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dustin Burro	ws State Represen	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				
	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.)		Carl Tepper	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.)					
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### FORM GPAC

ADDENDUM

Page 23 of 71

12 COMMITTEE NAME					:	13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life						00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	<sup>1</sup> Stan Kitzma	an State Repre	esentativ	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	1				
		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.)	A. Supported	John Smith	ee State Repre	esentati	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	1				
		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.)		<sup>1</sup> Ken King S	State Represent	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	1				
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						

### FORM GPAC

ADDENDUM

Page 24 of 71

12 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life						00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supporte	ed Candy Not	ole State Rep	presentativ	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	ł				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed				
		B. Opposed	1				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE	1. Candidates	A Support	ad Note Cobe	taling Ctate	)oprocest	ativo	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		ed Nate Scha	iziine state R	represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	1				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed				
		B. Opposed	t				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE ACTIVITY			ed David Coo	k State Repre	esentative	9	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	3				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supporte	ed				
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						

### FORM GPAC

ADDENDUM

Page 25 of 71

					1	
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John McQuee	ney State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	I			
		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.)	A. Supported	Giovanni Capi	iglione State Rep	presentative	
(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	1			
		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.)		Charlie Geren	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	1			
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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### FORM GPAC

ADDENDUM

Page 26 of 71

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jared Patterson State Repres	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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Morgan Meyer State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Angie Chen Button 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.)				
		1			

### FORM GPAC

ADDENDUM

Page 27 of 71

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John Lujan S	tate Representative	9	
(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	ł			
		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.)		d Marc LaHood	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	1			
		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.)		<sup>d</sup> 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	3			
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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### FORM GPAC

ADDENDUM

Page 28 of 71

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sam Harless 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				
COMMITTEE	applicable, classify by party.) 1. Candidates	A Supported	Charles Curringham Otate D		
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Charles Cunningham State Rep	oresentative	
(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.) 1. Candidates	A Supported	Prisona Cain State Depresente	tivo	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Briscoe Cain State Representa	live	
(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.)				

### FORM GPAC

ADDENDUM

Page 29 of 71

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dennis Paul S	tate 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.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Tom Oliverson	State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mike Schofield	State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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#### FORM GPAC ADDENDUM

Page 30 of 71

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mano DeAyala 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 ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Lacey Hull State Representative	2	
(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.)		Valoree Swanson 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.)				
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### FORM GPAC

Page 31 of 71

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dabney Bassel Court O	f 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			
	<ol> <li>Officeholders Assisted</li> <li>(Identify by name or, if applicable, classify by party.)</li> </ol>				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John Messinger Court C	Df 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			
	<ol> <li>Officeholders Assisted</li> <li>(Identify by name or, if applicable, classify by party.)</li> </ol>				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Todd McCray 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.)				
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### FORM GPAC

Page 32 of 71

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Lori Valenzuela Court Of Appea	s, Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Kent Chambers 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 ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Jaime Tijerina Court of Appeals,	Chief Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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#### FORM GPAC ADDENDUM

Page 33 of 71

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	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			
	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.)		Ysmael Fonseca Court Of Appe	als, Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	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.)				
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### FORM GPAC

Page 34 of 71

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Grant Moody Bexar County Con	nmissioner Pre	cinct 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 ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Lorne Liechty Rockwall County	Commissioner	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 ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Michael Bergsma Corpus Christ	i ISD Trustee, A	At Large
(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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### FORM GPAC

Page 35 of 71

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ryan Larson District 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			
	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.)		Donna King District 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			
	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.)		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.)				
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### FORM GPAC

					Page 36 of 71
				13 Filer ID	(Ethics Commission Filers)
				00051076	
1. Candidates	A. Supported	Sean Whittmore	Criminal Distric	ct Attorney	
(Identify by name or, if applicable, classify by party.)					
	B. Opposed				
2. Measures	A. Supported	t t			
(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.)					
	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders	(Identify by name or, if applicable, classify by party.)       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.)       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.)       B. Opposed         2. Measures       A. Supported         (Describe by date and location of election and nature of issue.)       B. Opposed         3. Officeholders       Assisted	1. Candidates       A. Supported Sean Whittmore Criminal District Attorney         (Identify by name or, if applicable, classify by party.)       B. Opposed         B. Opposed       B. Opposed         2. Measures       A. Supported         (Describe by date and location of election and nature of issue.)       B. Opposed         B. Opposed       B. Opposed

SUBTOTALS - GPAC	C	FORM GPAC
17 COMMITTEE NAME	18 Filer ID	37 of 71
Texas Alliance for Life	00051076	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 8,072.52
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 300.00
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7. X SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$ 1,200.00
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	RGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 3,420.04
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 151.07
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/20 Rpt: 38/71	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Allian	ce for Life			00051076	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	07/03/2024	Atkins, Mary				\$20.00
	01/00/2021	6 Contributor address; City; State; Zip Code				+_0.00
		Contributor address, City, State, Zip Code				
		Cedar Park, TX 78613				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> נו		
ľ	Retired			"		
╘				_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/23/2024	Atkins, Mary				\$10.00
		Contributor address; City; State; Zip Code				
		Cedar Park, TX 78613				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/23/2024	Atkins, Mary				\$10.00
		Contributor address; City; State; Zip Code				
		Cedar Park, TX 78613				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired					
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/23/2024	Atkins, Mary				\$50.00
		Contributor address; City; State; Zip Code				
		Cedar Park, TX 78613				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> چ)		
	Retired					
⊢	Date	Full name of contributor out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	09/05/2024	Babin, David	)			\$50.00
	03/03/2024					Ψ30.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78727				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
1	Retired			<i>י</i> ן		
⊢	Realieu					
I						
1						

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 2/20 Rpt: 39/71
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Texas Alliance for Life	00051076
4 Date 5 Full name of contributor Out-of-state PAC (ID#: )	7 Amount of Contribution (\$)
07/25/2024 Berger, Becky	\$50.00
6 Contributor address; City; State; Zip Code	
U Contributor address, City, State, Zip Code	
Schulenberg, TX 78956	
<ul> <li>8 Principal occupation / Job title (See Instructions)</li> <li>9 Employer (See Instructions)</li> </ul>	
Geologist	
	Amount of Contribution (\$)
Date     Full name of contributor     out-of-state PAC (ID#:)       08/23/2024     Berger, Becky	Amount of Contribution (\$) \$50.00
	ψ50.00
Contributor address; City; State; Zip Code	
Schulenberg, TX 78956	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Geologist	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/23/2024 Berger, Becky	\$50.00
Contributor address; City; State; Zip Code	
Schulenberg, TX 78956	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Geologist	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/11/2024 Cannon , Ed	\$480.00
Contributor address; City; State; Zip Code	
SAN ANTONIO, TX 78245	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/16/2024 Cannon , Ed	\$480.00
Contributor address; City; State; Zip Code	
SAN ANTONIO, TX 78245	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Retired	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/20 Rpt: 40/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Texas Alliance for Life 00051076 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/23/2024 Carder, Mary \$156.25 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Teacher, Dripping Springs ISD Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/23/2024 Cortez, Abel \$52.09 Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Program Director** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/23/2024 Cortez, Abel \$52.09 Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) Program Director Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/23/2024 \$52.09 Cortez, Abel Contributor address; City; State; Zip Code Austin, TX 78717 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Program Director** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/26/2024 \$300.00 Cristofich, Tony Contributor address; City; State; Zip Code Bandera, TX 78003 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 4/20 Rpt: 41/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas Allian	ce for Life			00051076	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	08/23/2024	DeWine, Dennis				\$625.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78248				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired					
F	Date	Full name of contributor out-of-state PAC (ID#	)		Amount of Contribution (\$)	
	07/09/2024	Dutton, Jill				\$200.00
		Contributor address; City; State; Zip Code				
		Ben Wheeler, TX 75754				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	State Repres	sentative				
	Date	Full name of contributor out-of-state PAC (ID#	)		Amount of Contribution (\$)	
	08/26/2024	Edmondson, Dianne				\$200.00
		Contributor address; City; State; Zip Code				
		Denton, TX 76207				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	County Com	missioner Place 4				
	Date	Full name of contributor out-of-state PAC (ID#	)		Amount of Contribution (\$)	
	09/23/2024	Edmondson, Dianne				\$100.00
		Contributor address; City; State; Zip Code				
		Denton, TX 76207	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	County Com	missioner Place 4				
	Date	Full name of contributor out-of-state PAC (ID#	)		Amount of Contribution (\$)	
	07/23/2024	Fitzgerald, Aine				\$10.00
		Contributor address; City; State; Zip Code				
		Waco, TX 76710				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Tutor/Self					
L						

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 5/20 Rpt: 42/71
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas Allian	ce for Life		00051076
4 Date	5 Full name of contributor Out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)
08/23/2024	Fitzgerald, Aine		\$10.00
	6 Contributor address; City; State; Zip Code		1
	Waco, TX 76710		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>۲</u> ۵)
Tutor/Self			
Date	Full name of contributor Out-of-state PAC (ID#	: )	Amount of Contribution (\$)
09/23/2024	Fitzgerald, Aine	·	\$10.00
	Contributor address; City; State; Zip Code		•
	Waco, TX 76710		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Tutor/Self	•	•••	, ,
Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)
07/23/2024	Floyd, Kathleen	/	\$10.00
•··· <b>=</b>			
	Communication address, only, state, 21p source		
	Dripping Springs, TX 78620		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Registered N	lurse		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
08/23/2024	Floyd, Kathleen		\$10.00
	Contributor address; City; State; Zip Code		
	Dripping Springs, TX 78620		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Registered N	lurse		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
09/23/2024	Floyd, Kathleen		\$10.00
	Contributor address; City; State; Zip Code		
	Dripping Springs, TX 78620		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Registered N	lurse		

Total pages Schedule A1: Sch: 6/20 Rpt: 43/71
Filer ID (Ethics Commission Filers)
00051076
Amount of Contribution (\$)
\$50.00
Amount of Contribution (\$)
\$50.00
Amount of Contribution (\$)
\$50.00
Amount of Contribution (\$)
\$10.00
Amount of Contribution (\$)
Amount of Contribution (\$) \$10.00

Texas Alliarce for Life       00051         4       Date       5       Full name of contributor       out-of-state PAC (ID#:)       7       Amount         09/23/2024       6       Contributor address; City; State; Zip Code       7       Amount       7         6       Contributor address; City; State; Zip Code       9       Employer (See Instructions)       8       9       Employer (See Instructions)       7       Amount         7       Amount       Otributor address; City; State; Zip Code       9       Employer (See Instructions)       Amount         07/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount         07/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount         07/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount         08/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount         08/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount         08/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount         08/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount         08/	(Ethics Commission Filers) 076 t of Contribution (\$) \$10.00 t of Contribution (\$) \$50.00
09/23/2024       HENDERSON, TERRY         6       Contributor address; City; State; Zip Code         LOCKHART, TX 78644       Image: Contributor address; City; State; Zip Code         8       Principal occupation / Job title (See Instructions) Retired       Pemployer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)       Amoun         07/23/2024       Full name of contributor out-of-state PAC (ID#:)       Amoun         07/23/2024       Full name of contributor out-of-state PAC (ID#:)       Amoun         07/23/2024       Full name of contributor out-of-state PAC (ID#:)       Amoun         08/23/2024       Full name of contributor out-of-state PAC (ID#:)       Amoun         08/23/2024       Full name of contributor out-of-state PAC (ID#:)       Amoun         08/23/2024       Full name of contributor out-of-state PAC (ID#:)       Amoun         08/23/2024       Full name of contributor out-of-state PAC (ID#:)       Amoun         09/23/2024       Full name of contributor	\$10.00 t of Contribution (\$)
6       Contributor address; City; State; Zip Code         LOCKHART, TX 78644       IOCKHART, TX 78644         8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amoun         07/23/2024       Hashman, Lisa       Contributor address; City; State; Zip Code       Amoun         Driftwood, TX 78619       Employer (See Instructions)       Principal occupation / Job title (See Instructions)       Pediatrician/Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amoun         08/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amoun         08/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amoun         08/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amoun         Driftwood, TX 78619       Employer (See Instructions)       Pediatrician/Retired       Amoun         Date       Driftwood, TX 78619       Employer (See Instructions)       Amoun         Pediatrician/Retired       Out-of-state PAC (ID#:	
8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amoun         07/23/2024       Hashman, Lisa        Contributor address; City; State; Zip Code          Driftwood, TX 78619       Employer (See Instructions)       Pediatrician/Retired       Amoun         Date       Full name of contributor       out-of-state PAC (ID#:)       Amoun         08/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amoun         08/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amoun         Date       Full name of contributor       out-of-state PAC (ID#:)       Amoun         08/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amoun         Driftwood, TX 78619       Employer (See Instructions)       Pediatrician/Retired       Amoun         Date       Driftwood, TX 78619       Employer (See Instructions)       Amoun         09/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amoun         09/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amoun         09/23/2024 </td <td></td>	
Retired       Date       Full name of contributor       out-of-state PAC (ID#:)       Amoun         07/23/2024       Hashman, Lisa       Contributor address; City; State; Zip Code       Amoun         Driftwood, TX 78619       Employer (See Instructions)       Employer (See Instructions)         Pediatrician/Retired       Full name of contributor       out-of-state PAC (ID#:)       Amoun         Date       Full name of contributor       out-of-state PAC (ID#:)       Amoun         08/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amoun         Date       Full name of contributor       out-of-state PAC (ID#:)       Amoun         08/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amoun         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Pediatrician/Retired       Driftwood, TX 78619       Employer (See Instructions)       Amoun         Og/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amoun         09/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amoun         09/23/2024       Full name of contributor       out-of-state PAC (ID#:)       Amoun         09/23/2024 </td <td></td>	
07/23/2024       Hashman, Lisa         Contributor address; City; State; Zip Code         Driftwood, TX 78619         Principal occupation / Job title (See Instructions)         Pediatrician/Retired         Date         08/23/2024         Hashman, Lisa         Contributor address; City; State; Zip Code         Date         08/23/2024         Hashman, Lisa         Contributor address; City; State; Zip Code         Driftwood, TX 78619         Principal occupation / Job title (See Instructions)         Pediatrician/Retired         Date         Driftwood, TX 78619         Principal occupation / Job title (See Instructions)         Pediatrician/Retired         Date         Full name of contributor       out-of-state PAC (ID#:	
Contributor address; City; State; Zip Code         Driftwood, TX 78619         Principal occupation / Job title (See Instructions)         Pediatrician/Retired         Date       Full name of contributor out-of-state PAC (ID#:)         Amount         08/23/2024       Hashman, Lisa         Contributor address; City; State; Zip Code         Driftwood, TX 78619         Principal occupation / Job title (See Instructions)         Pediatrician/Retired         Date         Principal occupation / Job title (See Instructions)         Pediatrician/Retired         Date         Driftwood, TX 78619         Principal occupation / Job title (See Instructions)         Pediatrician/Retired         Date       Full name of contributor out-of-state PAC (ID#:)         Amount         09/23/2024       Hashman, Lisa         Contributor address; City; State; Zip Code       Amount         Ontributor address; City; State; Zip Code       Amount	\$50.00
Contributor address; City; State; Zip Code         Driftwood, TX 78619         Principal occupation / Job title (See Instructions)         Pediatrician/Retired         Date         Full name of contributor         08/23/2024         Hashman, Lisa         Contributor address; City; State; Zip Code         Driftwood, TX 78619         Principal occupation / Job title (See Instructions)         Principal occupation / Job title (See Instructions)         Pediatrician/Retired         Date         Driftwood, TX 78619         Principal occupation / Job title (See Instructions)         Pediatrician/Retired         Date         Date         Gontributor address; City; State; Zip Code         Amount         O9/23/2024	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Pediatrician/Retired       Image: Contributor isoperative out-of-state PAC (ID#:)       Amount out-of-state PAC (ID#:)         Date       Full name of contributor address; City; State; Zip Code       Image: Contributor address; City; State; Zip Code         Driftwood, TX 78619       Image: Contributor isoperative out-of-state PAC (ID#:)       Employer (See Instructions)         Pediatrician/Retired       Image: Contributor isoperative out-of-state PAC (ID#:)       Amount out-of-state PAC (ID#:)         Date       Full name of contributor isoperative out-of-state PAC (ID#:)       Amount out-of-state PAC (ID#:)         Date       Full name of contributor isoperative out-of-state PAC (ID#:)       Amount out-of-state PAC (ID#:)         09/23/2024       Hashman, Lisa       Contributor address; City; State; Zip Code       Amount out-of-state PAC (ID#:)	
Pediatrician/Retired	
08/23/2024       Hashman, Lisa         Contributor address; City; State; Zip Code         Driftwood, TX 78619         Principal occupation / Job title (See Instructions)         Pediatrician/Retired         Date         Full name of contributor         09/23/2024         Hashman, Lisa         Contributor address; City; State; Zip Code	
08/23/2024       Hashman, Lisa         Contributor address; City; State; Zip Code         Driftwood, TX 78619         Principal occupation / Job title (See Instructions)         Pediatrician/Retired         Date         Full name of contributor         09/23/2024         Hashman, Lisa         Contributor address; City; State; Zip Code	t of Contribution (\$)
Contributor address; City; State; Zip Code         Driftwood, TX 78619         Principal occupation / Job title (See Instructions)         Pediatrician/Retired         Date         Full name of contributor         09/23/2024         Hashman, Lisa         Contributor address; City; State; Zip Code	\$50.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Pediatrician/Retired       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         09/23/2024       Hashman, Lisa         Contributor address; City; State; Zip Code	
Pediatrician/Retired       Date       Full name of contributor out-of-state PAC (ID#:)       Amoun         09/23/2024       Hashman, Lisa       Contributor address; City; State; Zip Code       Full name of contributor address; City; State; Zip Code	
09/23/2024 Hashman, Lisa Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	t of Contribution (\$)
Contributor address; City; State; Zip Code	\$50.00
Driftwood TX 78619	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Pediatrician/Retired	
07/23/2024 Haynes, Brent	t of Contribution (\$)
Contributor address; City; State; Zip Code	t of Contribution (\$) \$25.00
Houston, TX 77008	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Attorney / Galveston County District Attorney	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/20 Rpt: 45/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Texas Alliance for Life 00051076 5 Full name of contributor 4 Date out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/23/2024 Haynes, Brent \$25.00 6 Contributor address; City; State; Zip Code Houston, TX 77008 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney / Galveston County District Attorney Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/23/2024 Haynes, Brent \$25.00 Contributor address; City; State; Zip Code Houston, TX 77008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney / Galveston County District Attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/23/2024 Hayter, Russell \$300.00 Contributor address; City; State; Zip Code Mountain City, TX 78610 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/23/2024 \$25.00 Joiner, Diane Contributor address; City; State; Zip Code Lakeway, TX 78738 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/23/2024 \$25.00 Joiner, Diane Contributor address; City; State; Zip Code Lakeway, TX 78738 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

The Instruction Guide explains how to complete this form.       1 Trait pages Schedule 41: Sch: 9/20 Rpt: 46/71         2       FLIER NAME Texas Alliance for Life       3 Filer (Efficition (Efficiti							
Texas Allance for Life         00051076           4 Date         5 Full name of contribution		The Instrue	ction Guide explains how to complete this fo	orm.	1		
4       Date       5       Full name of contributor       out-of-state PAC (DEF       T       Amount of Contribution (S)       \$25.00         6       Contributor address: City, State: Zip Code        S       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       Amount of Contribution (S)       \$225.00         7       Amount of Contributor       aut-of-state PAC (DEF       Amount of Contribution (S)       \$225.00         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       Amount of Contribution (S)       \$200.00         09/23/2024       Full name of contributor       aut-of-state PAC (DEF       Amount of Contribution (S)       \$200.00         09/23/2024       Full name of contributor       aut-of-state PAC (DEF       Amount of Contribution (S)       \$200.00         09/23/2024       Full name of contributor       aut-of-state PAC (DEF       Amount of Contribution (S)       \$200.00         07/23/2024       Full name of contributor       aut-of-state PAC (DEF       Amount of Contribution (S)       \$50.00         08/23/2024       Full name of contributor       aut-of-state PAC (DEF       Amount of Contribution (S)       \$50.00         08/23/2024       Full name of contributor       aut-of-state PAC (DEF       Amount of Contribution (S)	2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
09/23/2024       Joiner, Diane       \$25,00         6       Contributor address; City; State; Zip Code       \$25,00         Retired       Lakeway, TX 78738       9       Employer (See Instructions)         Retired       Full name of contributor       out of-state PAC (De:		Texas Allian	ce for Life			00051076	-
09/23/2024       Joiner, Diane       \$25,00         6       Contributor address; City; State; Zip Code       \$25,00         Retired       Lakeway, TX 78738       9       Employer (See Instructions)         Retired       Full name of contributor       out of-state PAC (De:	4	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         Lakeway, TX 78738       Principal occupation / Job title (See Instructions)         Retired       Principal occupation / Job title (See Instructions)         Date       Full name of contributor       out-of-state PAC (Det)         Amount of Contribution (\$)       S200.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (Det)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Roofing Contractor       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (Det		09/23/2024		,			\$25.00
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8       Principal occupation / Job tile (See instructions) Retired       9       Employer (See Instructions)         Date 09/23/2024       Full name of contributor       out-of-state PAC (Doff)       Amount of Contribution (\$) \$200.00         Date 09/23/2024       Full name of contributor       out-of-state PAC (Doff)       Amount of Contribution (\$) \$200.00         Date 09/23/2024       Full name of contributor       out-of-state PAC (Doff)       Amount of Contribution (\$) \$200.00         Date 07/23/2024       Full name of contributor       out-of-state PAC (Doff)       Amount of Contribution (\$) \$50.00         O7/23/2024       Full name of contributor       out-of-state PAC (Doff)       Amount of Contribution (\$) \$50.00         Oate 08/23/2024       Full name of contributor       out-of-state PAC (Doff)       Amount of Contribution (\$) \$50.00         Date 08/23/2024       Full name of contributor       out-of-state PAC (Doff)       Amount of Contribution (\$) \$50.00         08/23/2024       Full name of contributor       out-of-state PAC (Doff)       Amount of Contribution (\$) \$50.00         09/23/2024       Full name of contributor       out-of-state PAC (Doff)       Amount of Contribution (\$) \$50.00         09/23/2024       Full name of contributor       out-of-state PAC (Doff)       Amount of Contribution (\$) \$50.00							
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Retired       Amount of Contribution (s)         Date       Full name of contributor address; City: State: Zip Code       Amount of Contribution (s)         O9/23/2024       Liberty Hill, TX 78642       Amount of Contribution (s)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Roofing Contractor       Amount of Contribution (s)         O7/23/2024       Karam, Eyle       Amount of Contribution (s)         Contributor address; City: State: Zip Code       Amount of Contribution (s)         San Antonio, TX 78212       Employer (See Instructions)         Bate       Full name of contributor	8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions			
09/23/2024       Kalish, Michael       \$200.00         Contributor address; City; State; Zip Code       Employer (See Instructions)         Principal occupation / Job title (See instructions)       Employer (See Instructions)         Roofing Contractor       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#         07/23/2024       Karam, Eyle       Amount of Contribution (\$)         San Antonio, TX 78212       Employer (See Instructions)         Bookkeeper       San Antonio, TX 78212         Date       Full name of contributor       out-of-state PAC (ID#         O8/23/2024       Full name of contributor       out-of-state PAC (ID#         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         San Antonio, TX 78212       Employer (See Instructions)         Bookkeeper       San Antonio, TX 78212         Date       Full name of contributor       out-of-state PAC (ID#         O3/23/2024       Full name of contributor       out-of-state PAC (ID#         O3/23/2024       Full name o							
09/23/2024       Kalish, Michael       \$200.00         Contributor address; City; State; Zip Code       Employer (See Instructions)         Principal occupation / Job title (See instructions)       Employer (See Instructions)         Roofing Contractor       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#         07/23/2024       Karam, Eyle       Amount of Contribution (\$)         San Antonio, TX 78212       Employer (See Instructions)         Bookkeeper       San Antonio, TX 78212         Date       Full name of contributor       out-of-state PAC (ID#         O8/23/2024       Full name of contributor       out-of-state PAC (ID#         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         San Antonio, TX 78212       Employer (See Instructions)         Bookkeeper       San Antonio, TX 78212         Date       Full name of contributor       out-of-state PAC (ID#         O3/23/2024       Full name of contributor       out-of-state PAC (ID#         O3/23/2024       Full name o	╞	Date	Eull name of contributor	)	<u> </u>	Amount of Contribution (\$)	
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08/23/2024       Karam, Eyle       \$50.00         Contributor address; City; State; Zip Code       \$50.00         San Antonio, TX 78212       Employer (See Instructions)         Bookkeeper       Employer (See Instructions)         Date       Full name of contributor         09/23/2024       Full name of contributor         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         San Antonio, TX 78212       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Maram, Eyle       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         San Antonio, TX 78212       San Antonio, TX 78212       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	⊨		Full name of contributor	)		Amount of Contribution (\$)	
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09/23/2024     Karam, Eyle     \$50.00       Contributor address; City; State; Zip Code     \$50.00       San Antonio, TX 78212     Employer (See Instructions)	⊨		Full name of contributor	λ.		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         San Antonio, TX 78212         Principal occupation / Job title (See Instructions)         Employer (See Instructions)				)			\$50.00
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/20 Rpt: 47/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Texas Alliance for Life 00051076 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/23/2024 Kruczek, Loraine 6 Contributor address; City; State; Zip Code Austin, TX 78737 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/23/2024 Kruczek, Loraine Contributor address; City; State; Zip Code Austin, TX 78737 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/23/2024 Kruczek, Loraine Contributor address; City; State; Zip Code Austin, TX 78737 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/23/2024 Manning, Lillian Contributor address; City; State; Zip Code San Marcos, TX 78666 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Religious Sister** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/23/2024 Manning, Lillian Contributor address; City; State; Zip Code San Marcos, TX 78666 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Religious Sister**

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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/20 Rpt: 48/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Texas Alliance for Life 00051076 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/23/2024 Manning, Lillian \$10.00 6 Contributor address; City; State; Zip Code San Marcos, TX 78666 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Religious Sister** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/23/2024 \$10.00 Masters, Sue & Glenn Contributor address; City; State; Zip Code Abilene, TX 79604 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 07/23/2024 Maxey, Sherri \$10.00 Contributor address; City; State; Zip Code Jarrell, TX 76537 Principal occupation / Job title (See Instructions) Employer (See Instructions) Office Manager Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/23/2024 \$10.00 Maxey, Sherri Contributor address; City; State; Zip Code Jarrell, TX 76537 Principal occupation / Job title (See Instructions) Employer (See Instructions) Office Manager Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/23/2024 \$10.00 Maxey, Sherri Contributor address; City; State; Zip Code Jarrell, TX 76537 Principal occupation / Job title (See Instructions) Employer (See Instructions) Office Manager

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 12/20 Rpt: 49/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Texas Alliance for Life 00051076 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/19/2024 Maynard, Tom \$1,200.00 6 Contributor address; City; State; Zip Code Florence, TX 76527 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Rancher Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/25/2024 \$50.00 Moreland, Ronda Contributor address; City; State; Zip Code Dallas, TX 75218 Principal occupation / Job title (See Instructions) Employer (See Instructions) Radio Producer Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/23/2024 Moreland, Ronda \$50.00 Contributor address; City; State; Zip Code Dallas, TX 75218 Principal occupation / Job title (See Instructions) Employer (See Instructions) Radio Producer Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/23/2024 \$50.00 Moreland, Ronda Contributor address; City; State; Zip Code Dallas, TX 75218 Principal occupation / Job title (See Instructions) Employer (See Instructions) Radio Producer Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/05/2024 \$500.00 Nelson, Greg Contributor address; City; State; Zip Code Austin, TX 78749 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

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07/23/2024	Pojman, Joe (Dr.)			\$100.00
	6 Contributor address; City; State; Zip Code		1	
	Austin, TX 78728			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
Executive Di		Texas Alliance for Life, I		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/23/2024	Pojman, Joe (Dr.)			\$100.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78728			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Executive Di	rector	Texas Alliance for Life, I	Inc.	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/23/2024	Pojman, Joe (Dr.)			\$100.00
	Contributor address; City; State; Zip Code		1	
	Austin, TX 78728			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions		
Executive Di	irector	Texas Alliance for Life, I	Inc.	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/18/2024	Raab, Danielle			\$100.00
	Contributor address; City; State; Zip Code			
	Manor, TX 78653			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)	
Manager			·	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/23/2024	Roady, Jack			\$100.00
	Contributor address; City; State; Zip Code		1	
	Sante Fe, TX 77510			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
District Attor	ney/Galveston County			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 14/20 Rpt: 51/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Texas Alliance for Life 00051076 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/23/2024 Roady, Jack \$100.00 6 Contributor address; City; State; Zip Code Sante Fe, TX 77510 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 District Attorney/Galveston County Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/23/2024 \$100.00 Roady, Jack Contributor address; City; State; Zip Code Sante Fe, TX 77510 Principal occupation / Job title (See Instructions) Employer (See Instructions) District Attorney/Galveston County Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 07/23/2024 Robinson, Becky \$25.00 Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/23/2024 \$25.00 Robinson, Becky Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/23/2024 \$25.00 Robinson, Becky Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/20 Rpt: 52/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Texas Alliance for Life 00051076 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/23/2024 SCHULZE, JAMES \$25.00 6 Contributor address; City; State; Zip Code Conroe, TX 77304 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 VETERINARIAN Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/23/2024 SCHULZE, JAMES \$25.00 Contributor address; City; State; Zip Code Conroe, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) VETERINARIAN Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/23/2024 SCHULZE, JAMES \$25.00 Contributor address; City; State; Zip Code Conroe, TX 77304 Principal occupation / Job title (See Instructions) Employer (See Instructions) VETERINARIAN Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/05/2024 \$25.00 Sablo, Armando Contributor address; City; State; Zip Code Cibolo, TX 78108 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/23/2024 \$10.00 Samuelson, Billie Contributor address; City; State; Zip Code Taylor, TX 76574 Principal occupation / Job title (See Instructions) Employer (See Instructions) Veterinary Tech, Student

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 16/20 Rpt: 53/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Texas Alliance for Life 00051076 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/23/2024 Schero, Donna \$10.00 6 Contributor address; City; State; Zip Code Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Registered Nurse** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/23/2024 \$10.00 Schero, Donna Contributor address; City; State; Zip Code Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Registered Nurse** Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/23/2024 Schero, Donna \$10.00 Contributor address; City; State; Zip Code Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Registered Nurse** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/23/2024 \$50.00 Shirk, Lynn Contributor address; City; State; Zip Code Bastrop, TX 78602 Principal occupation / Job title (See Instructions) Employer (See Instructions) **RE** Appraiser Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/23/2024 \$50.00 Shirk, Lynn Contributor address; City; State; Zip Code Bastrop, TX 78602 Principal occupation / Job title (See Instructions) Employer (See Instructions) **RE** Appraiser

	The Instrue	ction Guide explains how to complete this fo	vrm.	1	Total pages Schedule A1: Sch: 17/20 Rpt: 54/71	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Texas Allian	ce for Life			00051076	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/23/2024	Shirk, Lynn	· · · · · · · · · · · · · · · · · · ·			\$50.00
		6 Contributor address; City; State; Zip Code				
		Bastrop, TX 78602				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	RE Appraise	r				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/23/2024	Skowbo, James				\$25.00
	0172072024					¢20.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Self Employe		, . ,	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/23/2024	Skowbo, James	)			\$25.00
	00/20/2024					Ψ20.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Self Employe	ed				
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/23/2024	Skowbo, James	······,		(*)	\$25.00
		Contributor address; City; State; Zip Code				,
		Georgetown, TX 78633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Self Employe	ed .				
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/23/2024	Smith, Clark	······			\$25.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78750				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Attorney					
⊢						

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 18/20 Rpt: 55/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Texas Alliance for Life 00051076 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/23/2024 Smith, Clark 6 Contributor address; City; State; Zip Code Austin, TX 78750 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/23/2024 Smith, Clark Contributor address; City; State; Zip Code Austin, TX 78750 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/19/2024 Strock, Linn Contributor address; City; State; Zip Code Austin, TX 78737 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Owner/Lonestar Information Services** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/01/2024 Sullivan, Timothy Contributor address; City; State; Zip Code San Antonio, TX 78210 Principal occupation / Job title (See Instructions) Employer (See Instructions) TSA Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/06/2024 Sullivan, Timothy Contributor address; City; State; Zip Code San Antonio, TX 78210 Principal occupation / Job title (See Instructions) Employer (See Instructions) TSA

\$25.00

\$25.00

\$240.00

\$20.00

\$20.00

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 19/20 Rpt: 56/71 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Texas Alliance for Life 00051076 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/23/2024 Umstattd, Thomas \$50.00 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Podcaster Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/23/2024 \$50.00 Umstattd, Thomas Contributor address; City; State; Zip Code Cedar Park, TX 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions) Podcaster Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/23/2024 Umstattd, Thomas \$50.00 Contributor address; City; State; Zip Code Cedar Park, TX 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions) Podcaster Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/23/2024 \$50.00 Wheatley, Elisabeth Contributor address; City; State; Zip Code Georgetown, TX 78626 Principal occupation / Job title (See Instructions) Employer (See Instructions) Writer Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/23/2024 \$50.00 Wheatley, Elisabeth Contributor address; City; State; Zip Code Georgetown, TX 78626 Principal occupation / Job title (See Instructions) Employer (See Instructions) Writer

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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 20/20 Rpt: 57/71
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Texas Allian	ce for Life		00051076
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	09/23/2024	Wheatley, Elisabeth		\$50.00
		6 Contributor address; City; State; Zip Code		
		Georgetown, TX 78626		
8	Principal occu Writer	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	07/23/2024	Wilson, Roger		\$50.00
		Contributor address; City; State; Zip Code		
		Jonestown, TX 78645		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Retired Past	or		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/23/2024	Wilson, Roger	/	\$50.00
		Contributor address; City; State; Zip Code		
		Jonestown, TX 78645		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Retired Past	or		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	09/23/2024	Wilson, Roger		\$50.00
		Contributor address; City; State; Zip Code		
		·····		
		Jonestown, TX 78645		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Retired Past	or		
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#### **PLEDGED CONTRIBUTIONS** SCHEDULE B 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 58/71 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 00051076 Texas Alliance for Life 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9 ) (If applicable) pledge (\$) Rocha, Bebe \$300.00 7 Pledgor Address; City; State; Zip Code 07/08/2024 Georgetown, TX 78633 Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) **Executive Assistant**

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instruc	cti	on Guide explains how to complete this form.	1 Total pages Schedule C4: Sch: 1/1 Rpt: 59/71			
2	FILER NAME Texas Alliano	<u>م</u>	for Life	3	Filer ID 00051076	(Ethics Commission Filers)	
4	Date 07/01/2024	5	Corporation / Labor Organization name Texas Alliance for Life, Inc.	6	Amount (\$)		400.00
	Date 08/01/2024		Corporation / Labor Organization name Texas Alliance for Life, Inc.		Amount (\$)		400.00
	Date 09/01/2024		Corporation / Labor Organization name Texas Alliance for Life, Inc.		Amount (\$)		400.00

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
Sch: 1/11 Rpt: 60/71	Texas Alliance for Life	00051076				
4 Date	5 Payee name					
09/18/2024	Angelia Orr Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$100.00	PO Box 113					
Expenditure from corporate funds	Itasca, TX 76055					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Candidate/Officeholder/Political Committee					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held				
Date	Payee name					
09/10/2024	Angie Chen Button Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$100.00	P.O. Box 832748					
Expenditure from corporate funds	Richardson, TX 75083					
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description         (b) Description       Check if travel outside of Texas. Complete Schedule T.         (c) Category       Category         (c) Contributions/Donations Made By Candidate/Officeholder/Political Committee       Check if travel outside of Texas. Complete Schedule T.         (c) Check if Austin, TX, officeholder living expense Campaign Contribution       Campaign Contribution						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
Date	Payee name					
09/09/2024	Ben Bumgarner Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$100.00	5150 Kensington Court					
Expenditure from corporate funds	Flower Mound, TX 75022					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	OF Contributions/Donations Made By Contributions/Donations Made By					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	5)					
Sch: 2/11 Rpt: 61/71	Texas Alliance for Life 00051076						
4 Date	5 Payee name						
07/17/2024	Briscoe Cain Campaign						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$100.00	P.O. BOX 7						
Expenditure from corporate funds	Deer Park, TX 77536						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
07/10/2024	Bryan Hughes Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$100.00	\$100.00 PO Box 450						
Expenditure from corporate funds							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By						
	Candidate/Officeholder/Political Committee Campaign Contribution						
Campaign Continuation							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
09/05/2024	Caroline Harris Davila Campaign						
Amount (\$)	Payee address; City; State; Zip Code						
\$100.00	PO Box 700						
Expenditure from corporate funds	Round Rock, TX 78680						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 3/11 Rpt: 62/71	Texas Alliance for Life00051076							
4 Date	5 Payee name							
09/17/2024	Charlie Geren Campaign							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$100.00								
Expenditure from corporate funds	Ft Worth, TX 76101							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Contributions/Donations Made By							
	Candidate/Officeholder/Political Committee							
	Campaign Contribution							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
09/18/2024	Cody Harris Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$100.00	100 Avenue A							
+200.00								
Expenditure from corporate funds	Palestine, TX 75801							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE Contributions/Donations Made By								
Candidate/Officeholder/Political Committee								
Campaign Contribution								
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
09/09/2024	Dade Phelan Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$500.00	P.O. Box 848							
ψ500.00								
Expenditure from corporate funds	Nederland, TX 77627							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Contributions/Donations Made By							
	Candidate/Officeholder/Political Committee							
	Campaign Contribution							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 4/11 Rpt: 63/71	Texas Alliance for Life 00051076					
4 Date	5 Payee name					
09/17/2024	David Spiller Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$100.00	PO Box 447					
Expenditure from corporate funds	Jacksboro, TX 76458					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Campaign Contribution					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
09/25/2024	Don McLaughlin Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$100.00	\$100.00 PO Box 1707					
Expenditure from corporate funds	Uvalde, TX 78802					
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description         Image: Contribution of the second schedule of the schedule o						
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office held         Office held         Office held						
Date	Payee name					
09/25/2024	Drew Darby Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$100.00	PO Box 3284					
Expenditure from corporate funds	San Angelo, TX 76902					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Campaign Contribution</li> </ul> </li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment// Fees Office Overhead/R Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Ortract Labor OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 5/11 Rpt: 64/71	Texas Alliance for Life 00051076					
4 Date	5 Payee name					
08/26/2024	Dustin Burrows Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$100.00	5010 University Ave 5th Floor					
Expenditure from corporate funds	Lubbock, TX 76413					
8 PURPOSE		Description				
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense				
		Campaign Contribution				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
Date	Payee name					
07/02/2024	Elavon Compliance Services					
Amount (\$)	Payee address; City; State; Zip Code					
( )						
\$73.10	7300 Chapman Hwy					
Expenditure from corporate funds	Knoxville, TN 37920					
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Accounting/Banking       (b) Description         (b) 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					
08/01/2024	Elavon Compliance Services					
Amount (\$)	Payee address; City; State; Zip Code					
\$73.11	7300 Chapman Hwy					
Expenditure from corporate funds	Knoxville, TN 37920					
PURPOSE OF EXPENDITURE	OF Accounting/Banking Check if travel outside of Texas. Complete Schedule T.					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
<b>1</b> Total pages Schedule F1:						
Sch: 6/11 Rpt: 65/71	Texas Alliance for Life     00051076					
4 Date	5 Payee name					
09/03/2024	Elavon Compliance Services					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$107.41	7300 Chapman Hwy					
Expenditure from corporate funds	Knoxville, TN 37920					
8 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					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
09/20/2024	Giovanni Capriglione Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$100.00	1352 Ten Bar Trl.					
Expenditure from corporate funds	Southlake, TX 76092					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	Contributions/Donations Made By					
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					
09/17/2024	Greg Bonnen Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$100.00	405 David St					
\$100.00						
Expenditure from corporate funds	Friendswood, TX 77546					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By					
	Candidate/Officeholder/Political Committee					
Campaign Continution						
Complete ONU V if direct	Condidete/Officebolder.nome Office.cought Office.cought					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Rental Expense         Transportation Equipment & Related Expense           Travel in District         Travel Out of District           Contract Labor         OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 7/11 Rpt: 66/71	Texas Alliance for Life	00051076				
4 Date	5 Payee name					
07/12/2024	Intellipay					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$19.85	12884 Frontrunner Blvd, Suite 220					
Expenditure from corporate funds	Draper, UT 84020					
8 PURPOSE OF EXPENDITURE	Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Services				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held				
Date	Payee name					
08/12/2024	Intellipay					
Amount (\$)	Payee address; City; State; Zip Code					
\$22.55						
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE	OF Check if travel outside of Texas. Complete Schedule T.					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held				
Date	Payee name					
09/16/2024	Intellipay					
Amount (\$)	Payee address; City; State; Zip Code					
\$22.95	12884 Frontrunner Blvd, Suite 220					
Expenditure from corporate funds	Draper, UT 84020					
PURPOSE OF EXPENDITURE	Accounting/Banking	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Services				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 8/11 Rpt: 67/71	Texas Alliance for Life 00051076					
4 Date	5 Payee name					
09/25/2024 Jared Patterson Campaign						
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$100.00	PO Box 5419					
Expenditure from corporate funds	Frisco, TX 75035					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Campaign Contribution					
	Campaign Contribution					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
09/18/2024	Jeff Barry Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$100.00	3503 Boxwood Gate Trl					
Expenditure from corporate funds						
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description         (b) Description       Check if travel outside of Texas. Complete Sche Complete Sche Campaign Contribution						
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office held         Office held         Office held						
Date	Payee name					
08/07/2024	John Lujan Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$250.00	20003 FM 1937					
Expenditure from corporate funds	San Antonio, TX 78221					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Campaign Contribution</li> </ul> </li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 9/11 Rpt: 68/71	Texas Alliance for Life   00051076					
4 Date	5 Payee name					
07/08/2024	John McQueeney Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$100.00	PO Box 100458					
Expenditure from corporate funds	Fort Worth, TX 76185					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
09/11/2024	Mark Dorazio Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$100.00						
Expenditure from corporate funds	San Antonio, TX 78246					
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description         (b) Description       Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Campaign Contribution						
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
09/16/2024	Nate Schatzline Campaign					
Amount (\$)	Payee address; City; State; Zip Code					
\$100.00	6642 N Riverside Dr. Suite 620					
Expenditure from corporate funds	Fort Worth, TX 76137					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 10/11 Rpt: 69/71	Texas Alliance for Life 00051076							
4 Date	5 Payee name							
09/26/2024	Paul Dyson Campaign							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$100.00								
Expenditure from corporate funds	College Station, TX 77845							
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> </ul>							
	Campaign Contribution							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
09/24/2024	Stan Lambert Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$100.00	P.O. BOX 3752							
Expenditure from corporate funds	Abilene, TX 79604							
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Contribution								
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office held         Office held         Office held								
Date	Payee name							
07/23/2024	Trey Wharton Campaign							
Amount (\$)	Payee address; City; State; Zip Code							
\$100.00	2 Dahlia Rd							
Expenditure from corporate funds	Huntsville, TX 77320							
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign Contribution</li> </ul> </li> </ul>							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							

#### POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) 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: 11/11 Rpt: 70/71 Texas Alliance for Life 00051076 4 Date 5 Payee name 07/24/2024 Wells Fargo Business Card 6 Amount (\$) 7 Payee address; City; State; Zip Code \$151.07 PO Box 51174 Expenditure from Los Angeles, CA 90051-5474 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. Credit Card Payment EXPENDITURE Check if Austin, TX, officeholder living expense Credit card payment 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event E Fees Food/B - Gift/Aw	everage Expense ards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	ent & Related E	
	Candidate/Onicenoiden/Folitica		struction Guide explains h	0	OTTIER (enter a catego	ry not iisteu at	JUVE)
1	Total pages Schedule F4:				3 Filer ID (Ethi	ics Commiss	sion Filers)
-	Sch: 1/1 Rpt: 71/71	Texas Alliance fo	r l ife		00051076	co commo	John Hersy
4	CREDIT CARD		nancial institution	5 TOTAL OF UNITEMIZE			
-	ISSUER		o Business Card	EXPENDITURES CHARGED TO A CRED CARD	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	Expenditure from corporate funds	\$1.07	07/24/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Wells Fargo Busi	ness Card	PO Box 51174			
				Los Angeles, CA 90051	-5474		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the F Fees	op of this schedule)	(b) Description Interest Fee			
	X Political						
	Non-Political	(C) Check if travel outsi	de of Texas. Complete Schedule	T. Check if Austin, 1	TX, officeholder living exp	oense	
	Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate/Officehold	ler name Of	ffice sought	Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid		
	Expenditure from corporate funds	\$150.00	07/24/2024				
	PAYEE	(a) Payee name Wells Fargo Busi	ness Card	(b) Payee address; PO Box 51174	City,	State,	Zip Code
				Los Angeles, CA 90051	-5474		
	PURPOSE OF	(a) Category (See Categories listed at the	(b) Description				
	EXPENDITURE	Accounting/Banking	. ,	annual fee			
	Non-Political	(C) Check if travel outsi	de of Texas. Complete Schedule	T. Check if Austin, 1	ΓX, officeholder living exp	oense	
e	Complete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate/Officehold	ler name Of	ffice sought	Office held		

# EXPENDITURES MADE BY CREDIT CARD