FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00051076 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Alliance for Life Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 8000 Centre Park Dr., Ste. 380 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78754-5136 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. James C. NAME NICKNAME LAST **SUFFIX** Shaw STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4505 Corazon Cv. STREET **ADDRESS** (Residence or Business) Round Rock, TX 78681 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 8000 Centre Park Dr., Ste. 380 MAILING **ADDRESS** Austin, TX 78754 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 789-0111 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	13 Filer ID (Ethics Commission Filers)
Texas Alliance for Life	00051076
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Dade Phelan State	Representative
(Attach lists on plain paper to complete this report if necessary.)	
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. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold	\$ 200.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	\$ 20,352.09
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS	\$ 0.00
4. TOTAL POLITICAL EXPENDITURES	\$ 18,530.69
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF BALANCE OF THE REPORTING PERIOD	* THE LAST DAY \$ 26,538.21
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAN TOTALS LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT	<u> </u>
	penalty of perjury, that the accompanying report is udes all information required to be reported by me code.
	Mr. James C. Shaw
Sig	nature of Campaign Treasurer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said	
of, 20, to certify which, witness my hand and seal of office	ce.
Signature of officer administering oath Printed name of officer administering o	ath Title of officer administering oath

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Alliance for Life				00051076	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Christi Craddick Railroad Comm	nissioner	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		Measures (Describe by date and	A. Supported			
		location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if				
	COMMITTEE	applicable, classify by party.) 1. Candidates	A. Supported	Timema Planklank Cumrama Cau	et Tuestiese	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Jimmy Blacklock Supreme Coul	T JUSTICE	
		applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		John Devine Supreme Court Ju	stice	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				

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12	COMMITTEE NAME						13 Filer	ID	(Ethic	cs Comn	nission Fi	lers)
	Texas Alliance for Life						000	51076				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		orted	Jane Bland Supreme Court J	Justi	ice					
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed								
		2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	orted								
		,	В. Орро	sed								
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)										
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		orted	David Schenck Court of Crim	nina	l Appea	ls, Pres	siding	g Judge)	
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed								
		2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	orted								
			В. Орро	sed								
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)										
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Suppo	orted	Tom Maynard State Board O	of Ed	ducation	1				
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed								
		2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo									
			В. Орро	sed								
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)										
		applicable, classify by party.)										

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

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

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Alliance for Life				00051076	
	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			
		nation of location	B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Brent Hagenbuch State Senato	r	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	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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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cecil Bell Jr. State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Keith Bell State Representat	ive	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Neur Beir State Nepresentat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Cole Hefner State Represen	tative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
_ '	Texas Alliance for Life				00051076	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jay Dean State Representative		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)	<u> </u>			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cody Harris State Representation	ve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		Measures (Describe by date and	A. Supported			
		location of election and nature of issue.)				
			B. Opposed			
		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 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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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Trey Wharton State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and	A. Supported			
	location of election and nature of issue.)	D. Onnead			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates	A. Supported	Angelia Orr State Representativ	е	
	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Paul Dyson State Representativ	e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and	A. Supported			
	location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	i
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Will Metcalf	State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and	A. Supported				
	nature of issue.)					
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	Stan Gerde	s State Represe	entative	
	applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.))				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ellen Troxcl	air State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Terry Wilson State Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7 ii Gapportoa			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Terry Leo Wilson State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Greg Bonnen State Representat	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	(Identify by name or, if applicable, classify by party.)				

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

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ryan Guillen State Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Todd Hunter State Representati	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Denise Villalobos 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.)				
		ı			

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jamie Lopez 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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates	A. Supported	John Robert Guerra State Repr	esentative	
	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		J.M. Lozano State 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.)				
	Assisted (Identify by name or, if				

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Li	fe				00051076	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Caroline Harri	s Davila 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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))				
COMMITTEE	1. Candidates	A Supported	Brad Buckley	State Representa	tive	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Brau Buckley	State Nepresenta	uive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Pat Curry Sta	te Representative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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COMMITTEE NAME					thics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Richard Hayes State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7t. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Shelby Slawson State Represe	entative	
(Attach lists on plain paper to complete this		B. Opposed			
report if necessary.)					
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ben Bumgarner State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7 ti Gapportoa			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Matt Shaheen State Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates	A. Supported	Jeff Leach State Representative)	
	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		David Spiller State Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	applicable, classify by party.)	<u> </u>			

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						-
COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		James Frank	State Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates	A. Supported	Stan Lambert	State Representa	tive	
	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Drew Darby S	tate Representativ	/e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	application of account by partyry					

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						-
COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Carrie Isaac S	tate Representativ	/e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Robert Garza	State Representat	tive	
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Don McLaughl	in State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Brooks Landgraf State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Tom Craddick State Repr	esentative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Tom Gradular Grade Hope		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	,	B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dustin Burrows 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.)				
	applicable, classify by party.)				

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

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Alliance for Life				00051076	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ken King State Representative		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE			Condu Nahla Citta Danie	40	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	Candy Noble State Representa	tive	
		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	A. Supported			
		nature of issue.)	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.)		Nate Schatzline State Represe	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		David Cook State Representativ	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		John McQueeney State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Giovanni Capriglione State Repr	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.)				
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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Charlie Geren St	ate Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Jared Patterson	State Represen	ntative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		sared Fatterson	State Represen	nauve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Morgan Meyer S	tate Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
		<u> </u>				

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Alliance for Life				00051076	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Angie Chen Button State Repre	sentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		John Lujan State Representative	е	
	(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.)		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			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		(Identify by name or, if applicable, classify by party.)				

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					_
COMMITTEE NAME Texas Alliance for Life				13 Filer ID 00051076	(Ethics Commission Filers)
revas Alliance IOI Life				00031076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Marc Dorazio State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7 ti Gapportoa			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Sam Harless State Repre	sentative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Charles Cunningham Stat	te Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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					-
COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Briscoe Cain State Representat	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dennis Paul State Representation	ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Tom Oliverson State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		<u> </u>			

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					_
COMMITTEE NAME					Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mike Schofield State Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Mano DeAyala State Repres	entative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Lacey Hull 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.)				
	[,,, 5, party.)	l			

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					1 ago 01 01 100
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
ACTIVITY (Ide	Candidates ntify by name or, if licable, classify by party.)	A. Supported	Valoree Swanson State Rep	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Des loca	Measures scribe by date and tition of election and ure of issue.)	A. Supported			
		B. Opposed			
(Ide	Officeholders Assisted ntify by name or, if licable, classify by party.)				
COMMITTEE 1.	Candidates	A Supported	Dabney Bassel Court Of Ap	ngale luction	
ACTIVITY (Idea	ntify by name or, if licable, classify by party.)	A. Supported	Dabiley basser Court Of Ap	peais, Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Des loca	Measures scribe by date and tion of election and ure of issue.)	A. Supported			
		B. Opposed			
(Ide	Officeholders Assisted ntify by name or, if licable, classify by party.)				
COMMITTEE 1. ACTIVITY (Iden		A. Supported	John Messinger Court Of Ap	ppeals, Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Des loca	Measures scribe by date and tion of election and ure of issue.)	A. Supported			
		B. Opposed			
(Ide	Officeholders Assisted ntify by name or, if licable, classify by party.)				
	<u>'</u>				

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OMMITTEE NAME exas Alliance for Life OMMITTEE				13 Filer ID 00051076	(Ethics Commission Filers)
				00051076	
OMMITTEE					
CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Todd McCray Court Of Appeals	s, Justice	
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
OMMITTEE	1. Candidates		Lori Valenzuela Court Of Appea	als. Justice	
CTIVITY	(Identify by name or, if applicable, classify by party.)			ano, o dionioo	
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
OMMITTEE CTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Kent Chambers Court Of Appea	als, Justice	
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
c At	CTIVITY ttach lists on plain per to complete this	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted	(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.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed Complete this port if necessary.) Complete this port if necessary. Complete this port if necessary.	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DIMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) DIATE (Identify by name or, if applicable, classify by party.) EXECUTIVITY 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed	(Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DIMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Etach lists on plain per to complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted 3. Officeholders Assisted

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	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.)				
COMMITTEE	Candidates	A. Supported	Jenny Cron Court Of Appeals, J	ustice	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		com, com com compens, c		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	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.)				

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COMMITTEE NAME Texas Alliance for Life				13 Filer ID (Ethics Commission Filers) 00051076
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jon West Court Of Appeals, Jus	stice
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)	7. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if			
	applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	Jason Herring District Attorney ((Multi-county)
	applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Grant Moody Bexar County Cor	nmissioner, Precinct 3
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	applicable, classily by party.)			

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12 COMMITTEE NAME					·	Commission Filers)
Texas Alliance for Life					00051076	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Michael Bergs	ma Corpus Christ	i, ISD Trustee At Large	•
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Lorne Liechty	Rockwall County	Commissioner, Precind	et 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	Candidates (Identify by name or, if applicable, classify by party.)		Sean Whittmo	re Criminal Distric	t Attorney	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	applicable, classify by party.)					

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		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	Candidates (Identify by name or, if	A. Supported	Ryan Larson District Judge		
	applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Carollyn Vaughn Corpus Christ	City Council, A	t 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			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

PURPUSE						Page 37 of 168
2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Richard San	ders Caldwell Co	unty Constable, I	Precinct 1
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				JVLN .	38 of 168
		EE NAME ance for Life	18 Filer ID 00051076	(Ethics C	ommission Filers)
			00031070		
		E SUBTOTALS SCHEDULE		SUE	BTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	19,952.09
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	7,600.00
4.		\$			
5.		\$			
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	400.00
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	DRGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	17,993.37
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	537.32
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 39/168	=
2	FILER NAME Texas Alliand	ce for Life		3	Filer ID (Ethics Commission Filers) 00051076	
4	Date 10/23/2024	 Full name of contributor		7	Amount of Contribution (\$) \$10.00)
_		Cedar Park, TX 78613				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/05/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$1,000.00)
	Principal occu	New Braunfels, TX 78130 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		_
	NA					
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#: Berger, Becky Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$50.00)
		Schulenberg, TX 78956				
	Principal occu Geologist	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/08/2024	Full name of contributor out-of-state PAC (ID#:_ Breegle, Danny Contributor address; City; State; Zip Code Wichita Falls, TX 76309			Amount of Contribution (\$) \$50.00)
	Principal occu Countertop E	oation / Job title (See Instructions) Business	Employer (See Instructions)		_
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_ Brister, Scott Contributor address; City; State; Zip Code Austin, TX 78723)		Amount of Contribution (\$) \$500.00)
	Principal occu Justice	oation / Job title (See Instructions)	Employer (See Instructions	5)		_
		•				_

	MONET	ARY POLITICAL CON	NTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to c	complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 40/168	
2	FILER NAME Texas Allian	ce for Life			3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 10/25/2024	 Full name of contributor	ut-of-state PAC (ID#: ip Code)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)	1	9 Employer (See Instructions			
•	Principal occu	oalion / Job tille (See Instructions)		9 Employer (See Instructions)		
	Date 10/23/2024	Cortez, Abel Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$52.09
	Principal occu	Austin, TX 78717 pation / Job title (See Instructions)		Employer (See Instructions)		
	Program Dire	ector					
	Date 10/05/2024	Full name of contributor	ut-of-state PAC (ID#:_ ip Code)		Amount of Contribution (\$)	\$500.00
		Leander, TX 78641					
	Principal occu Judge	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/23/2024	Edmondson, Dianne	ut-of-state PAC (ID#:_ ip Code			Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions) missioner Place 4		Employer (See Instructions)		
	Date 10/05/2024	Full name of contributor of Ekwurzel, Lynn "Kelly" Contributor address; City; State; Z Buda, TX 78610	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions)		
			1				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 41/168	
2	FILER NAME Texas Alliand	ce for Life		3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 10/05/2024	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
_		Georgetown, TX 78633				
8	Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/23/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)	Employer (See Instructions)		
	Tutor/Self	,	, , , , , , , , , , , , , , , , , , ,	,		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#: Floyd, Kathleen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Dripping Springs, TX 78620				
	Principal occu Registered N	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#: Givens, Edward Contributor address; City; State; Zip Code Round Rock, TX 78681)		Amount of Contribution (\$)	\$50.00
	Principal occu Analyst	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIE	BUTION	<u> </u>		SCHEDUL	E A1
	The Instru	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 42/168	
2	FILER NAME Texas Allian	ce for Life			3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 10/23/2024	 Full name of contributor out-of-state Hashman, Lisa Contributor address; City; State; Zip Code 	-)	7	Amount of Contribution (\$)	\$50.00
		Driftwood, TX 78619					
8	Principal occu Pediatrician/	pation / Job title (See Instructions) Retired	9	Employer (See Instructions	5)		
	Date 10/23/2024	Haynes, Brent Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Houston, TX 77008 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Attorney / Galveston County District Attorney			_			
	Date 10/05/2024	Full name of contributor out-of-state Hill, Lloyd Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78734					
	Principal occu NA	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/23/2024	Full name of contributor out-of-state Joiner, Diane Contributor address; City; State; Zip Code Lakeway, TX 78738	,)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/23/2024	Full name of contributor out-of-state Kalish, Michael Contributor address; City; State; Zip Code Liberty Hill, TX 78642				Amount of Contribution (\$)	\$200.00
	Principal occu Roofing Con	pation / Job title (See Instructions) tractor		Employer (See Instructions	s)		
			· · · · · · · · · · · · · · · · · · ·				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 43/168	
2	FILER NAME Texas Allian	ce for Life		3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 10/23/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_		San Antonio, TX 78212				
8	Principal occu Bookkeeper	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/23/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Retired	Austin, TX 78737 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_ Lugo, Stacy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Georgetown, TX 78628 pation / Job title (See Instructions)	Employer (See Instructions	:) 		
	Housewife		Employor (Goo mondonono	,		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:_Manning, Lillian Contributor address; City; State; Zip Code San Marcos, TX 78666			Amount of Contribution (\$)	\$10.00
	Principal occu Religious Sis	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> 5)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_ Martin, Richard Contributor address; City; State; Zip Code Bastrop, TX 78602)		Amount of Contribution (\$)	\$100.00
	Principal occu NA	pation / Job title (See Instructions)	Employer (See Instructions	 ;)		

	MONET	ARY POLITICAL COI	NTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to o	complete this for	m.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 44/168	
2	FILER NAME Texas Alliand	ce for Life			3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 10/05/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Austin, TX 78756 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/-		
0	Handyman/S		9	Employer (See instructions)		
	Date 10/23/2024	Full name of contributor of Masters, Glenn Contributor address; City; State; Z				Amount of Contribution (\$)	\$10.00
		Abilene, TX 79604					
	Principal occu NA	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/23/2024	Full name of contributor of Maxey, Sherri Contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Jarrell, TX 76537					
	Principal occu Office Manaç	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/23/2024	Full name of contributor of contributor downward of contributor address; City; State; Zity; Dallas, TX 75218	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Radio Produ	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 10/05/2024	Murdy, Karen Sue	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u> </u>				

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 45/168	
2	FILER NAME Texas Allian	ce for Life			3	Filer ID (Ethics Commission 00051076	on Filers)
4	Date 10/05/2024	5 Full name of contributorOpel, Glenn6 Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)	7	Amount of Contribution (\$)	\$200.00
_		Austin, TX 78746					
8	NA	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 10/05/2024	Full name of contributor Overbey, Kirk Contributor address; City; State)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/05/2024	Full name of contributor Parker, Kenneth Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$1,200.00
	Dringinal occu	Lakeway, TX 78734 pation / Job title (See Instructions)		Employer (See Instructions			
		Petroleum Landman		Employer (See instructions	,		
	Date 10/05/2024	Full name of contributor Parks, Michael Contributor address; City; State Georgetown, TX 78628	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$35.00
	Principal occu NA	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/23/2024	Full name of contributor Pojman, Joe (Dr.) Contributor address; City; State Austin, TX 78728	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Executive Di	pation / Job title (See Instructions) rector		Employer (See Instructions Texas Alliance for Life, I			
			1				

	MONET	ARY POLITICAL CONT	RIBUTIONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to con	nplete this form.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 46/168	
2	FILER NAME Texas Allian	ce for Life		3	Filer ID (Ethics Commission 00051076	on Filers)
4	Date 10/05/2024	 Full name of contributor out-of out-of		7	Amount of Contribution (\$)	\$250.00
		Copperas Cove, TX 76522				
8	Principal occu NA	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)		
	Date 10/23/2024	Full name of contributor out-of Robinson, Becky Contributor address; City; State; Zip C	-state PAC (ID#:) Code		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	Austin, TX 78757 Dation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Date 10/23/2024	Full name of contributor out-of SCHULZE, JAMES Contributor address; City; State; Zip C	E-state PAC (ID#:) Code		Amount of Contribution (\$)	\$25.00
	Principal occu	Conroe, TX 77304 Dation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Date 10/05/2024	Full name of contributor out-of	F-state PAC (ID#:) Code		Amount of Contribution (\$)	\$1,200.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Date 10/23/2024	Schero, Donna	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	pation / Job title (See Instructions) lurse	Employer (See Instruction	ons)		
			1			

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDU	LE A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 47/168	
2	FILER NAME Texas Alliand	ce for Life		3	Filer ID (Ethics Commission 00051076	on Filers)
4	Date 10/23/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_	Dein sin al annu	Bastrop, TX 78602	O Faralance (Construction	$\overline{\Gamma}$		
8	RE Appraise	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:_ Skowbo, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occur	Georgetown, TX 78633 pation / Job title (See Instructions)	Employer (See Instructions	·/_		
		Self Employed				
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:_Smith, Clark Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Austin, TX 78750				
	Principal occu Attorney	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#:_Staudt, Edna Contributor address; City; State; Zip Code Leander, TX 78641			Amount of Contribution (\$)	\$1,200.00
	Principal occu Retired Justi	oation / Job title (See Instructions) ce of Peace	Employer (See Instructions	5)		
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Terra, Greg Contributor address; City; State; Zip Code Jarrell, TX 76537)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Attorney	oation / Job title (See Instructions)	Employer (See Instructions	5)		
		•				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to con	nplete this form	n.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 48/168	
2	FILER NAME Texas Allian	ce for Life			3	Filer ID (Ethics Commission 00051076	on Filers)
4	Date 10/22/2024	 Full name of contributor out-of out)	7	Amount of Contribution (\$)	\$2,000.00
		Cedar Park, TX 78613					
8	Principal occu IBM	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 10/23/2024	Umstattd, Thomas	f-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu	Cedar Park, TX 78613 pation / Job title (See Instructions)		Employer (See Instructions)		
	Podcaster						
	Date 10/08/2024	Full name of contributor out-of Walker, Auddie Contributor address; City; State; Zip C	f-state PAC (ID#: Code)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78746					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/23/2024	Wheatley, Elisabeth	f-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Writer	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/21/2024	Full name of contributor out-of Wheatley, Katharine Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Cashier	pation / Job title (See Instructions)		Employer (See Instructions)		
			1				

6 Contributor address; City; State; Zip Code Leander, TX 78641 8 Principal occupation / Job title (See Instructions) Judge Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)		MONET	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEI	DULE A1
Principal occupation / Job title (See Instructions) Semployer (See Instructions) Semplo		The Instru	ction Guide explains how	to complete this fo	orm.		
10/05/2024 Williams, Angela \$10 6 Contributor address; City; State; Zip Code Leander, TX 78641 8 Principal occupation / Job title (See Instructions) Judge Date 10/23/2024 Wilson, Roger Ontributor Out-of-state PAC (ID#: Amount of Contribution (\$) Wilson, Roger State; Zip Code Jonestown, TX 78645 Principal occupation / Job title (See Instructions) Employer (See Instructions)	2					3 Filer ID (Ethics Comm	
8 Principal occupation / Job title (See Instructions) Judge Date 10/23/2024 Wilson, Roger Contributor address; City; State; Zip Code Jonestown, TX 78645 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) \$5 Employer (See Instructions)	4		Williams, Angela			7 Amount of Contribution	(\$) \$100.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)			l				
10/23/2024 Wilson, Roger Contributor address; City; State; Zip Code Jonestown, TX 78645 Principal occupation / Job title (See Instructions) Employer (See Instructions)	8		pation / Job title (See Instructions)		9 Employer (See Instructions	ns)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Date Full name of contributor out-of-state PAC (ID#:) 10/23/2024 Wilson, Roger				Amount of Contribution	\$50.00
			l				
				Employer (See Instructions	ns)		

PLEDG	SED CONTRIBUT	IONS			SCHEDULE B		
The	Instruction Guide expla	ains how to comple	te this form.	1 Total pages Schedule B: Sch: 1/2 Rpt: 50/168			
2 FILER NAME Texas Allia				3 Filer ID ((Ethics Commission Filers)		
4 TOTAL OI	F UNITEMIZED PLEDGE	<u>E</u> S		\$	0.00		
5 Date	6 Full name of pledgor Belisle, Merritt 7 Pledgor Address;	out-of-state PAC (ID#:_		8 Amount of pledge (\$) \$600.0	9 In-kind description (If applicable)		
10/06/2024	Austin, TX 78729			Check if travel of	I I I outside of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (See Instruct	ions)	11 Employer (See Instru	uctions)			
5 Date 10/05/2024	6 Full name of pledgor Hayter, Russell 7 Pledgor Address;	out-of-state PAC (ID#:_		8 Amount of pledge (\$) \$1,200.0	9 In-kind description (If applicable)		
	Mountain City, TX 7861			<u> </u>	outside of Texas. Complete Schedule T.		
10 Principal occ Retired	cupation / Job title (See Instruct	ions)	11 Employer (See Instru	uctions)			
5 Date 10/05/2024	6 Full name of pledgor Jacobs, Michael 7 Pledgor Address;	out-of-state PAC (ID#:_		8 Amount of pledge (\$) \$1,200.0	9 In-kind description (If applicable)		
	San Antonio, TX 78261			Check if travel of	i outside of Texas. Complete Schedule T.		
10 Principal occ Military Cor	cupation / Job title (See Instruct ntractor	ions)	11 Employer (See Instructions)				
5 Date 10/05/2024	6 Full name of pledgor Lopez, Ruben 7 Pledgor Address;	out-of-state PAC (ID#:_		8 Amount of pledge (\$) \$2,500.0	9 In-kind description (If applicable)		
	Buda, TX 78610			Check if travel of	i outside of Texas. Complete Schedule T.		
10 Principal occ Self employ	cupation / Job title (See Instruct yed	ions)	11 Employer (See Instru	uctions)			

PLEDO	GED CONTRIBUT	ΠONS			SCHEDULE B	
The	Instruction Guide expl	1 Total pages Schedule B: Sch: 2/2 Rpt: 51/168				
2 FILER NAM Texas Allia	E Ince for Life			3 Filer ID (Eth 00051076	ics Commission Filers)	
4 TOTAL O	F UNITEMIZED PLEDG	ES		\$	0.00	
5 Date	6 Full name of pledgor Medford, Julie 7 Pledgor Address;	out-of-state PAC (ID#:_)	8 Amount of pledge (\$) \$300.00	9 In-kind description (If applicable)	
10/10/2024		City, State, Zip Code			 	
10 Principal occ	Leander, TX 78641 cupation / Job title (See Instruc	ctions)	11 Employer (See Instru	<u> </u>	ide of Texas. Complete Schedule T.	
5 Date 10/05/2024	6 Full name of pledgor Pojman, Joe (Dr.) 7 Pledgor Address;	out-of-state PAC (ID#:_		8 Amount of pledge (\$) \$1,200.00	9 In-kind description (If applicable)	
Austin, TX 78728 10 Principal occupation / Job title (See Instructions) Executive Director			Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) Texas Alliance for Life			
5 Date 10/05/2024	6 Full name of pledgor Ransdell, James 7 Pledgor Address; Seguin, TX 78155	out-of-state PAC (ID#:_		8 Amount of pledge (\$) \$600.00	9 In-kind description (If applicable) I I I I I I I I I I I I I I I I I I	
10 Principal occ	cupation / Job title (See Instruc	:tions)	11 Employer (See Instru	<u> </u>	ince of restance confidence in	

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 52/168 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Alliance for Life 00051076 Date 5 Corporation / Labor Organization name 6 Amount (\$) 10/01/2024 400.00 Texas Alliance for Life, Inc.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/115 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
10/02/2024	Brooks Landgraf Campaign
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code PO BOX 13146
Expenditure from corporate funds	Odessa, TX 79768
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
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
10/02/2024	Elavon Compliance Services
Amount (\$)	Payee address; City; State; Zip Code
\$100.32	7300 Chapman Hwy
Expenditure from corporate funds	Knoxville, TN 37920
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Merchant Services
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/02/2024	Gary VanDeaver Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1101 Hwy. 98
Expenditure from corporate funds	New Boston, TX 75570
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	

SCHEDULE F1

dvertising Expense Event Expense Loan Repayment/Reinburger

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 2/115 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
10/10/2024	Intellipay
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$21.10	12884 Frontrunner Blvd, Suite 220
Expenditure from corporate funds	Draper, UT 84020
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Merchant Services
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Barrier and a second a second and a second a
10/15/2024	Payee name Jeff Leach Campaign
	, -
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	P.O. Box 866186
Expenditure from corporate funds	Plano, TX 75086
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	T
Date	Payee name
10/22/2024	Leah Brown Marketing
Amount (\$)	Payee address; City; State; Zip Code
\$210.00	13501 Coomer Path
Expenditure from	
corporate funds	Pflugerville, TX 78660
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
LAFLINDITORL	Check if Austin, TX, officeholder living expense
	Various Candidate Images
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to benefit 5,5.	П Mackowiak, Matt

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guid	Salaries	/Wages	/Contract Labor		OTHER (enter a	category not listed	above)
1 Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Comm	ission Filers)
Sch: 3/115 Rpt:	1	ınce for Life					00051076		•
4 Date	5 Payee name	9							
	(see previo	ous)							
6 Amount (\$)	7 Payee addro	ess; City;	State; Zip C	ode					
Expenditure from corporate funds									
8 PURPOSE OF	(a) Category (s	See Categories listed at the t	top of this schedule)	(b)	Description				
EXPENDITURE					=		de of Texas. Com officeholder livinç	plete Schedule T. g expense	
Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld	
Date	Payee name								
	(see previo	ous)							
Amount (\$)	Payee addre	ess; City;	State; Zip C	Code					
Expenditure from corporate funds									
PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the t	top of this schedule)	(b)	=		de of Texas. Com officeholder livinç	plete Schedule T. g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name Terri	Office so	ought			Office he	eld	
Date	Payee name (see previo								
Amount (\$)	Payee addre	ess; City;	State; Zip C	Code					
Expenditure from corporate funds									
PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the t	top of this schedule)	(b)	브		de of Texas. Com officeholder living	plete Schedule T. g expense	
Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld	
_ :: :: = =	11		. H. ' I . I . I					17 174	1 0 10 1- 515

SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:		_
Sch: 4/115 Rpt:	Texas Alliance for Life 00051076	
4 Date	5 Payee name (see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
c yandani (¢)	i rayoo adarooo, oo,y, oada, zip oodo	
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
O Commission ONLY if dispose	Constitute / Office helder no year.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H Vaughn, Carolyn	
·	vaugiii, Carolyfi	_
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	H Bergsma, Michael	
Date	Payee name	_
Date	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H Schenck, David	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Texas Alliance for Life		00051076
5 Payee name		•
(see previous)		
7 Payee address; City; State; Zip C	ode	
(a) Category (See Categories listed at the top of this schedule)	(b)	Description
		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	ught	Office held
ⁿ Sanders, Richard		
Payee name		
	ode	
r dyoc dddress, Sity, State, Eip S	ouc	
(a) Category (See Categories listed at the top of this schedule)	(b)	Description
		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	<u> </u>	
	ught	Office held
McCray, Todd		
Payee name		
(see previous)		
Payee address; City; State; Zip C	ode	
	1	
(a) Category (See Categories listed at the top of this schedule)	(a)	Description Check if travel outside of Texas. Complete Schedule T.
		Check if dustin, TX, officeholder living expense
	1 '	<u> </u>
	1	
Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
1.1	-g.it	Cinida Hold
- 3.5.124014, E011		
	The Instruction Guide explains how to complete the complete to the complete the complete to the complete the	The Instruction Guide explains how to completed a FILER NAME Texas Alliance for Life 5 Payee name (see previous) 7 Payee address; City; State; Zip Code (a) Category (see Categories listed at the top of this schedule) Candidate/Officeholder name Office sought Sanders, Richard Payee name (see previous) Payee address; City; State; Zip Code (a) Category (see Categories listed at the top of this schedule) (b) Candidate/Officeholder name Office sought McCray, Todd Payee name (see previous) Payee address; City; State; Zip Code (a) Category (see Categories listed at the top of this schedule) Payee name (see previous) Payee address; City; State; Zip Code (a) Category (see Categories listed at the top of this schedule) Candidate/Officeholder name Office sought Candidate/Officeholder name Office sought

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:		_
Sch: 6/115 Rpt:	Texas Alliance for Life 00051076	
4 Date	5 Payee name (see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
ς γ.αοαα (ψ)		
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
• O I I O O I I I I I I I I I I I I I I		_
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	1 Chambers, Kent	_
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
PURPOSE	(b) Description	_
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Data		_
Date	Payee name	
	(see previous)	_
Amount (\$)	Payee address; City; State; Zip Code	
Evponditure from		
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	Harson, Ryan	
		_

SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services SalariesA The Instruction Guide explains how to co	Wages/Contract Labor OTHER (enter a category not listed above) propriete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/115 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	•
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight Office held
	Donna, King	
Date	Payee name	
10/22/2024	Leah Brown Marketing	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$210.00	13501 Coomer Path	
Expenditure from corporate funds	Pflugerville, TX 78660	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	raterioning Expenses	Check if Austin, TX, officeholder living expense
		Candidate Images
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight Office held
expenditure to benefit C/OI	1 Mackowiak, Matt	
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Co	ode
Expenditure from corporate funds		
PURPOSE	(a) Cotogony	(h) Description
OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		<u> </u>
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight Office held
expenditure to benefit C/OI	H Barry, Jeff State Re	presentative

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 8/115 Rpt:	Texas Alliance for Life 00051076		
4	Date	5 Payee name		
		(see previous)		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	Expenditure from			
	corporate funds			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Check if Adstirt, 17, officerrolder living expense		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	Leo-Wilson, Terri State Representative		
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; State; Zip Code		
_	Expenditure from			
	corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Grick in Austria, 174, uniceriologi inving expense		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	Dyson, Paul State Representative		
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; State; Zip Code		
_	T Expenditure from			
L	corporate funds			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH Vaughn, Carolyn Corpus Christi City Council, At				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

xpense Travel in District Travel Out of Wages/Contract Labor OTHER (enter the contract Labor Travel OTHER (enter the contract Labor Travel OTHER (enter the contract Labor Travel In District Contract Co

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 9/115 Rpt:	Texas Alliance for Life 00051076		
4	Date	5 Payee name		
		(see previous)		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	Expenditure from corporate funds			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITORE	Check if Austin, TX, officeholder living expense		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	Bergsma, Michael Corpus Christi ISD Trustee, At		
	Date	Payee name		
	Date	(see previous)		
		· · ·		
	Amount (\$)	Payee address; City; State; Zip Code		
	Expenditure from corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
		South Of Appeals, Sustice		
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; State; Zip Code		
Г	Expenditure from			
_	corporate funds			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH Sanders, Richard Caldwell County Constable,				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries	/Wages/Contract Labor		OTHER (enter a	category not listed abo	ve)
1 Total pages Schedule F1:	2 FILER NAM	E			3	Filer ID	(Ethics Commission	on Filers)
Sch: 10/115 Rpt:	1	ance for Life				00051076		,
4 Date	5 Payee name	е						
	(see previo	ous)						
6 Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode				
(*)		, ,,	, ,					
Expenditure from corporate funds								
8 PURPOSE	(a) Category (See Categories listed at the to	op of this schedule)	(b) Description				
OF EXPENDITURE	,	· ·	,	Check if trave	l outs	ide of Texas. Com	plete Schedule T.	
EXPENDITORE				Check if Austi	in, TX	, officeholder living	j expense	
9 Complete ONLY if direct		ficeholder name	Office so			Office he	eld	
expenditure to benefit C/OI	^H McCray, To	dd	Court O	f Appeals, Justice	•			
Date	Payee name	2						
	(see previo							
Amount (\$)	Payee addr	-	State; Zip C	'ada				
Amount (\$)	rayee auun	ess, City,	State, Zip C	oue				
Expenditure from								
corporate funds								
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule)	(b) Description				
OF EXPENDITURE	,	· ·	,	Check if trave	l outs	ide of Texas. Com	plete Schedule T.	
EXPENDITORE				Check if Austi	in, TX	, officeholder living	j expense	
Complete ONLY if direct		ficeholder name	Office so	ught		Office he	eld	
expenditure to benefit C/OI	^H Valenzuela,	Lori	Court O	f Appeals, Justice	•			
Date	Payee name	2						
	(see previo							
Amount (\$)	` '		State; Zip C	'ada				
Amount (\$)	Payee addr	ess; City;	State, Zip C	oue				
Expenditure from								
corporate funds								
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule)	(b) Description				
OF EXPENDITURE	,			Check if trave	l outs	ide of Texas. Com	plete Schedule T.	
EAFEINDITURE				Check if Austi	in, TX	, officeholder living	j expense	
				1				
Complete ONLY if direct		ficeholder name	Office so			Office he	eld	
expenditure to benefit C/OI	H Chambers,	Kent	Court O	f Appeals, Justice	:			
	4l-: O	•	and the second second				\(\frac{1}{2} \cdot \frac{1}{2} \cdot \frac{1}{2	40-1-545

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditary/Officebulder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Iling Expense Travel ir nting Expense Travel C laries/Wages/Contract Labor OTHER

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 11/115 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name (see previous)	·
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	H Messinger, John Court O	Appeals, Justice
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip C	ode
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so Larson, Ryan District C	
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip C	ode
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so King, Donna District C	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

inting Expense Trave
Alaries/Wages/Contract Labor OTHE

Candidate/Officenoider/Politica Credit Card Payment		Salaries/Wages/Contract Labor xplains how to complete this form.	, , , ,	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	rs)
Sch: 12/115 Rpt:	Texas Alliance for Life		00051076	
4 Date	5 Payee name			
10/17/2024	Texas Alliance for Life, Inc			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
\$601.56	8000 Centre Park Dr Ste 380			
Expenditure from				
corporate funds	Austin, TX 78754			
8 PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Description		
OF EXPENDITURE	Advertising Expense		avel outside of Texas. Complete Schedule T.	
		ADVERTI	ustin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/OI	^H Craddick, Christi	Railroad Commissione	Railroad Commissioner	
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Description		
OF EXPENDITURE		Check if tr	avel outside of Texas. Complete Schedule T.	
		Check if A	ustin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/OI	^H Blacklock, Jimmy	Supreme Court Justice	Place 2 Supreme Court Justice Place	e 2
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
, ,				
Expenditure from corporate funds				
PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Description		
OF EXPENDITURE	, and the second	Check if tr	avel outside of Texas. Complete Schedule T.	
		Check if A	ustin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/OI		Supreme Court Justice		e 4

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Politica Credit Card Payment		ains how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 13/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; S	state; Zip Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top of the	is schedule) (b) Description	
OF EXPENDITURE			outside of Texas. Complete Schedule T.
		Check it Austii	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Supreme Court Justice Pla	
Data		r	
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; S	State; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of the	is schedule) (b) Description	
OF	(See Categories listed at the top of the	······································	outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Court of Criminal Appeals	, None
5-4-	·	• •	,
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; S	State; Zip Code	
Expenditure from corporate funds			
	l	In	
PURPOSE OF	(a) Category (See Categories listed at the top of the		Cabadula T
EXPENDITURE			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		LI OHEOK II / Idaaiii	II, 17, Ullicenduel living expense
2 Li ONII Vitaliana	2 P. L. 100 Lubbanana	200	000
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experience to believe at 2.	¹ Maynard, Tom	State Board Of Education	District State Board Of Education

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide ex	cplains how to co	emplete this form.		
1	Total pages Schedule F1:				3 Filer ID	(Ethics Commission Filers)
_	Sch: 14/115 Rpt:	Texas Alliance for Life			00051076	
4	Date	5 Payee name (see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip Co	ode		
	Expenditure from corporate funds					
8	PURPOSE OF	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description	autaida af Taura Oam	whate Calcadida T
	EXPENDITURE			ı <u>—</u>	outside of Texas. Com ı, TX, officeholder livinç	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou	·	Office he	
	experientare to benefit or or	T Little, Pam	State Bo	ard Of Education	District State B	oard Of Education
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Co	ode		
	Expenditure from corporate funds					
	PURPOSE OF	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description	(= 0	
	EXPENDITURE			ı =	outside of Texas. Com ı, TX, officeholder livinç	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	ŭ	Office he	
	experience to benefit Gree	T Kinsey, Aaron	State Bo	ard Of Education	District State B	oard Of Education
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Co	ode		
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of	f this schedule)	(b) Description		
	OF EXPENDITURE			ı ⊑	outside of Texas. Com	
				Check ii / lustiiii	i, 17, omechoider iiving	, expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ight	Office he	eld
	expenditure to benefit C/O	H Bettencourt, Paul	State Se	nator District 7	State S	enator District 7

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment		Salaries/Wages/Contract Labor explains how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 15/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top	p of this schedule) (b) Description	
OF EXPENDITURE	, , ,		el outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Paxton, Angela	State Senator District 8	State Senator District 8
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State: Zip Code	
Amount (\$)	rayee address, City,	State, Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the to	p of this schedule) (b) Description	
OF EXPENDITURE		·	el outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H King, Phil	State Senator District 10	State Senator District 10
Date	Payee name		
	(see previous)		
Amount (¢)	, ,	State; Zip Code	
Amount (\$)	Payee address; City;	State, Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the to	p of this schedule) (b) Description	
OF EXPENDITURE		· · · · · · · · · · · · · · · · · · ·	el outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Aust	tin, TX, officeholder living expense
		1	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Parker, Tan	State Senator District 12	State Senator District 12

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	ical Committee Legal Services Salaries/Wages/Contract Labor OTHER (er The Instruction Guide explains how to complete this form.	iter a category not listed above)
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 16/115 Rpt:	Texas Alliance for Life 000510	76
4	Date	5 Payee name	
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE	(6) 6	
0	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas.	Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder	
9	Complete ONLY if direct		e held
	expenditure to benefit C/O	Huffman, Joan State Senator District 17 Stat	e Senator District 17
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if travel outside of Texas.	
		Check if Austin, TX, officeholder	living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	e held
	expenditure to benefit C/O		e Senator District 25
	Date	·	
	Date	Payee name (see previous)	
	Δ (Φ)		
	Amount (\$)	Payee address; City; State; Zip Code	
г	Expenditure from		
_	corporate funds		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	0 1 0 1 7
	EXPENDITURE	Check if travel outside of Texas. Check if Austin, TX, officeholder	
			9
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	e held
	expenditure to benefit C/OI		e

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

nent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
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: 17/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; State	Zip Code	
Expenditure from			
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sch	·	le of Texas. Complete Schedule T.
EXPENDITURE			officeholder living expense
		-	
Complete ONLY if direct expenditure to benefit C/OI		Office sought	Office held
experiorure to beriefit C/O	Hagenbuch, Brent	State Senator District 30	None
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State	Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this sch		
EXPENDITURE		-	le of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/O	^H VanDeaver, Gary	State Representative District 1	State Representative District 1
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State	Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this sch	· I —	
EXPENDITURE		I <u>L</u>	le of Texas. Complete Schedule T. officeholder living expense
		Great in Austria, 174,	onecholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/O	H Bell Jr., Cecil	State Representative District 3	State Representative District 3

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide	explains how to complete this form.	, , ,
1 Total pages Schedule F1: Sch: 18/115 Rpt:	2 FILER NAME Texas Alliance for Life		3 Filer ID (Ethics Commission Filers) 00051076
•	5 Payee name (see previous)		I
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Bell, Keith	Office sought State Representative Dist	Office held rict 4 State Representative District 4
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Hefner, Cole	Office sought State Representative Dist	Office held rict 5 State Representative District 5
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Dean, Jay	Office sought State Representative Dist	Office held rict 7 State Representative District 7
			,

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/115 Rpt:	Texas Alliance for Life 00051076
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	■ Evpanditura from	
L	Expenditure from corporate funds	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
		State Representative District of State Representative District of
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	- Company distance from the	
	Expenditure from corporate funds	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/OI	¹ Ashby, Trent State Representative District 9 State Representative District 9
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	Expenditure from corporate funds	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Wharton, Trey State Representative District 12 None

SCHEDULE F1

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

Gift/Awards/Memorials Expense

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

Credit Card Payment	· ·	ins how to complete this form.	OTTLEN (enter a category not listed above)
1 Total pages Schedule F1:	-	·	3 Filer ID (Ethics Commission Filers)
Sch: 20/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		•
	(see previous)		
6 Amount (\$)	7 Payee address; City; St	tate; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Orr, Angelia	State Representative Dist	rict 13 State Representative District 13
Date	Payee name		
Dute	(see previous)		
A a		tata. Zia Cada	
Amount (\$)	Payee address; City; Si	tate; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
OF EXPENDITURE		Check if trave	l outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experiulture to beliefit C/Or	T Dyson, Paul	State Representative Dist	rict 14 None
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Si	tate; Zip Code	
γ αποαπε (Φ)	i ayoo aaarooo, Oky,	acto, Zip Codo	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
OF	(See Categories listed at the top of this	· · · · · · · · · · · · · · · · · · ·	l outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H Metcalf, Will	State Representative Dist	rict 16 State Representative District 16

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guid	de explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 21/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if tra	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Gerdes, Stan	Office sought State Representative Di	Office held istrict 17 State Representative District 17
Date	Payee name	<u> </u>	·
Buie	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if tra	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H Troxclair, Ellen	Office sought State Representative Di	Office held istrict 19 State Representative District 19
Dete	i	State Representative Di	Strict 15 State Representative District 15
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if tra	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
experiorare to benefit C/O	H Wilson, Terry	State Representative Di	istrict 20 State Representative District 20

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Credit Card Payment	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 22/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name	•	
	(see previous)		
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code	
Expenditure from			
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this se	′ L — '	toide of Toyon, Complete Cake duly T
EXPENDITURE			tside of Texas. Complete Schedule T. 'X, officeholder living expense
			- •
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	¹ Phelan, Dade	State Representative Distric	t 21 State Representative District 21
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Stat	e; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this se	·	
EXPENDITURE		. <u> </u>	tside of Texas. Complete Schedule T. 'X, officeholder living expense
			,
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Leo Wilson, Terri	State Representative Distric	t 23 State Representative District 23
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Stat	e; Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this se		
OF EXPENDITURE			tside of Texas. Complete Schedule T.
		Crieck ii Austin, I	X, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Bonnen, Greg	State Representative Distric	t 24 State Representative District 24

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Commit	tee I	Legal Services The Instruction	nds Expense		Wages	/Contract Labor		OTHER (ente		gory not listed above)	
1	Total pages Schedule F1:	2 FII	FR NAME						13	Filer ID	(Ft	hics Commission File	rs)
-	Sch: 23/115 Rpt:		exas Allian	ce for Life					ľ	00051076	-		,
4	Date	5 Pa	yee name										
			ee previou	s)									
6	Amount (\$)	7 Pa	yee addres	s; City;	State	e; Zip Co	ode						
	(.,		,	-,,,		, ,							
	Expenditure from corporate funds												
_		(-) -					10.5						
8	PURPOSE OF	(a) Ca	itegory (Se	e Categories listed	at the top of this so	chedule)	(D)	Description Check if travel	outci	de of Texas. Co	amploto	Schodulo T	
	EXPENDITURE							=		officeholder liv			
								—					
9	Complete ONLY if direct	Can	didate/Offic	eholder name	<u> </u>	Office sou	ught			Office	held		
	expenditure to benefit C/OH	H Vas	sut, Cody			State Re	pres	sentative Distr	ict	25 State	Repre	esentative Distric	t 25
	Date	Pa	yee name										
			ee previou	s)									
	Amount (\$)		yee addres		State	e; Zip Co	nde						
	Amount (ψ)	1 0	iyee addies	s, City,	Sidio	c, 2ip C	ouc						
	Expenditure from												
_	corporate funds												
	PURPOSE OF	(a) Ca	ategory (Se	e Categories listed	at the top of this sc	chedule)	(b)	Description				0.1.1.7	
	EXPENDITURE							=		de of Texas. Co officeholder liv			
								—	., .,,	, cinconcider in	g oxpo		
	Complete ONLY if direct	Can	didate/Offic	eholder name		Office sou	l Jaht			Office	held		
	expenditure to benefit C/OI		es, Gary				J	sentative Distr	ict			esentative Distric	t 28
	Date												
	Date		iyee name ee previou	c)									
	Amount (\$)	Pa	yee addres	s; City;	State	e; Zip Co	ode						
_	Expenditure from												
L	corporate funds												
	PURPOSE	(a) Ca	ategory (Se	e Categories listed	at the top of this sc	chedule)	(b)	Description					
	OF EXPENDITURE							\blacksquare		de of Texas. Co	•		
								Check if Austin	1, IX,	officeholder liv	ing expe	ense	
	Complete ONL V if direct	C 2 2	didata/Off:	eholder name		Office as:	labt			Office	hold		
	Complete ONLY if direct expenditure to benefit C/OH	_	ry, Jeffrey			Office sou	•	sentative Distr	rict	Office 29 None	rieiū		
	•	Dai	ıy, Jeilley			Jiaie Re	hies	bentative DISII	ict	23 INUITE			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide e	xplains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 24/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Guillen, Ryan	State Representative Dis	strict 31 State Representative District 31
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Hunter, Todd	State Representative Dis	strict 32 State Representative District 32
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
SAPORGICATO TO DOTICAL O/OI	¬ Villalobos, Denise	State Representative Dis	strict 34 Tuloso-Midway ISD School

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete thi	is form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 25/115 Rpt:	Texas Alliance for Life	00051076
4	Date	5 Payee name	·
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desi	scription
	OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Li	Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H Lopez, Janie State Representa	ative District 37 State Representative District 37
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
_	T Expenditure from		
L	corporate funds		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desi	
	EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefit 6/01	Guerra, John State Representa	ative District 41 None
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
$ $	Expenditure from		
Ľ	☐ corporate funds	10)	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desi	scription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	I ₩	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	<u> </u>	Lozano, J.M. State Representa	ative District 43 State Representative District 43

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 26/115 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1 Harris Davila, Caroline State Representative District 52 State Representative District 52
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Crick if Additif, 17, officerolder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	State Representative District 54 State Representative District 54
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
PURPOSE	(a) Category (c. c. c
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belieff C/OI	1 Curry, Patrick State Representative District 56 None

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 F	iler ID	(Ethics Commission Filers)
	Sch: 27/115 Rpt:	Texas Alliance for Life	(00051076	
4	Date	5 Payee name			
		(see previous)			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
_	T Expenditure from				
L	corporate funds				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE			e of Texas. Comp officeholder living	plete Schedule T.
		Crieck ii Austin,	17,0	illiceriolaer livilig	ехрепзе
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	Hayes, Richard State Representative Distri	ct 5	7 State R	epresentative District 57
	Date	Payee name			
		(see previous)			
	Amount (\$)	Payee address; City; State; Zip Code			
_	T Expenditure from				
	corporate funds				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	l <u> </u>		e of Texas. Comp officeholder living	plete Schedule T.
		Crick ii Addini,	17, 0	inceriolaer iiving	схрензе
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	Slawson, Shelby State Representative Distri	ct 59	9 State R	epresentative District 59
	Date	Payee name			
		(see previous)			
	Amount (\$)	Payee address; City; State; Zip Code			
_	T Expenditure from				
	corporate funds				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE			e of Texas. Comp officeholder living	plete Schedule T.
		Creek ii Addiiii,	174, 0	meenolder hving	САРСПОС
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/OI	H Bumgarner, Ben State Representative Distri	ct 6	3 State R	epresentative District 63

SCHEDULE F1

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

Gift/Awards/Memorials Expense

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

Credit Card Payment	G	ns how to complete this form.	OTTLER (enter a category not listed above)
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics Commission Filers)
Sch: 28/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		•
	(see previous)		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Shaheen, Matt	State Representative Distr	rict 66 State Representative District 66
Date	Payee name		
Jaio	(see previous)		
Amount (\$)	· · · ·	ate; Zip Code	
Expenditure from corporate funds	rayoo aaanooo, oo,, oo	uc, Lip Godo	
PURPOSE	(a) Cotogon	schedule) (b) Description	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	[∃] Leach, Jeff	State Representative Distr	rict 67 State Representative District 67
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE			outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OF	[†] Spiller, David	State Representative Distr	rict 68 State Representative District 68

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenolder/Politica		ins how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 29/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this	· · · · · ·	outside of Texas. Complete Schedule T.
EXPENDITURE		<u> </u>	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Frank, James	State Representative Distr	rict 69 State Representative District 69
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; St	ate; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
OF EXPENDITURE		<u> </u>	outside of Texas. Complete Schedule T.
		L Check ii Adsiii	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	1 Lambert, Stan	State Representative Distr	rict 71 State Representative District 71
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; St	ate; Zip Code	
Expenditure from			
corporate funds		T., .	
PURPOSE OF	(a) Category (See Categories listed at the top of this		outside of Texas. Complete Schedule T.
EXPENDITURE			n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experiorare to benefit C/OI	¹ Darby, Drew	State Representative Distr	rict 72 State Representative District 72

SCHEDULE F1

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to	o complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 30/115 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	<u> </u>
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
Expenditure from corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Creek if Additif, 174, officeriolder living experise
9 Complete ONLY if direct	Candidate/Officeholder name Office	Sought Office held
expenditure to benefit C/OI	1	Representative District 73 State Representative District 73
Date		<u> </u>
Date	Payee name (see previous)	
A (A)		
Amount (\$)	Payee address; City; State; Zip	Code
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct		sought Office held
expenditure to benefit C/OI	Garza, Robert State	Representative District 74 None
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
(+)	·, ·	
Expenditure from		
corporate funds		I.e.
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Tayon Complete Schedule T
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office	
expenditure to benefit C/OI	1	Representative District 80 None
		· ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide	explains how to c	omplete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3 Fil	er ID	(Ethics Commission Filers)	
	Sch: 31/115 Rpt:		Texas Alliance for Life			oc	051076		
4	Date	5	Payee name						
		L	(see previous)						
6	Amount (\$)	7	Payee address; City;	State; Zip C	code				
	T Expenditure from								
ᆫ	corporate funds	上							
8	PURPOSE OF	(a)	Category (See Categories listed at the top	o of this schedule)	(b) Description				
	EXPENDITURE				Check if travel			plete Schedule T.	
						,,		,	
9	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught		Office he	eld	
	expenditure to benefit C/OI	Ή ι	_andgraf, Brooks	State Re	epresentative Distr	ict 81	State R	epresentative District 8	31
	Date	Τ	Payee name						_
			(see previous)						
	Amount (\$)	T	Payee address; City;	State; Zip C	code				
	Expenditure from corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the top	o of this schedule)	(b) Description				
	OF EXPENDITURE			,	ı =			plete Schedule T.	
	EXI ENDITORE				Check if Austin	, TX, offic	ceholder living	g expense	
	Complete ONLY if direct	Щ	Candidate/Officeholder name	Office so	l l l l l l l l l l l l l l l l l l l		Office he	2ld	
	expenditure to benefit C/O		Craddick, Tom		epresentative Distr	ict 82		epresentative District 8	32
_	Data	_							_
	Date		Payee name (see previous)						
	Amount (ft)	╀	· , ,	Ctoto: 7in C	'ada				
	Amount (\$)		Payee address; City;	State; Zip C	oue				
	Expenditure from								
L	corporate funds	 			Ta.				
	PURPOSE OF	(a)	Category (See Categories listed at the top	o of this schedule)	(b) Description	nutside n	of Teyas Com	plete Schedule T.	
	EXPENDITURE				Check if Austin				
					"				
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught		Office he	eld	
	expenditure to benefit C/OI	HE	Burrows, Dustin	State Re	epresentative Distr	ict 83	State R	epresentative District 8	33

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide 6	explains how to complete th	nis form.		
1	Total pages Schedule F1: Sch: 32/115 Rpt:	FILER NAME Texas Alliance for Life			er ID 051076	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)		1		
6	Amount (\$)	7 Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	🔲	scription Check if travel outside of Check if Austin, TX, offic		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Tepper, Carl	Office sought State Represent	ative District 84	Office hel	d epresentative District 84
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top		scription Check if travel outside of Check if Austin, TX, offic		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Kitzman, Stan	Office sought State Represent	ative District 85	Office hel	d epresentative District 85
	Date	Payee name (see previous)				
	Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Code			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	ĺ 📗	SCription Check if travel outside of Check if Austin, TX, offic		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Smithee, John	Office sought State Represent	ative District 86	Office hel	d epresentative District 86

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:				ler ID	(Ethics Commission Filers)
_	Sch: 33/115 Rpt:	Texas Alliance for Life		U	0051076	
4	Date	5 Payee name (see previous)				
6	Amount (\$)	7 Payee address; City; State	e; Zip Code			
	Expenditure from corporate funds					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this so	· I —			
	EXPENDITURE		Check if travel			plete Schedule T. expense
						•
9	Complete ONLY if direct		Office sought		Office he	
	expenditure to benefit C/OI	H King, Ken	State Representative Distr	ict 88	State R	epresentative District 88
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City; State	e; Zip Code			
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b) Description			
	OF EXPENDITURE		Check if travel			olete Schedule T.
			onesic ii 7 dasiiii	174, 0111	ceriolaer iiviiig	САРСПОС
	Complete ONLY if direct		Office sought		Office he	eld
	expenditure to benefit C/OI	H Noble, Candy	State Representative Distr	ict 89	State R	epresentative District 89
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City; State	e; Zip Code			
_	T Expenditure from					
L	corporate funds					
	PURPOSE OF	(a) Category (See Categories listed at the top of this so	′ I ·		<i>(</i> - 0	
	EXPENDITURE		Check if travel			plete Schedule T. expense
	Complete ONLY if direct	Ц	Office sought		Office he	
	expenditure to benefit C/OI	H Schatzline, Nate	State Representative Distr	ict 93	State R	epresentative District 93

SCHEDULE F1

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

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

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

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

	Credit Card Payment	Т	he Instruction Guid	e explains how to c	omplete this form.				
1	Total pages Schedule F1:	FILER NAME				3 Filer	· ID	(Ethics Commission Filers)	
	Sch: 34/115 Rpt:	Texas Alliand	e for Life			000	51076		
4	Date	Payee name							
		(see previous	5)						
6	Amount (\$)	Payee address	; City;	State; Zip C	ode				
_	T Expenditure from								
L	corporate funds								
8	PURPOSE	a) Category (See	Categories listed at the t	op of this schedule)	(b) Description				
	OF EXPENDITURE				Check if travel Check if Austir			olete Schedule T.	
					L Check ii Adstii	i, TA, Ullicei	ioluei livilig	expense	
9		Candidate/Office	eholder name	Office so	ught		Office he	eld	
	expenditure to benefit C/OI	Cook, David		State Re	epresentative Distr	rict 96	State R	epresentative District 9	96
	Date	Payee name							_
		(see previous	s)						
	Amount (\$)	Payee address	; City;	State; Zip C	ode				
_	T Expenditure from								
	corporate funds								
	PURPOSE	A) Category (See	Categories listed at the t	op of this schedule)	(b) Description				
	OF EXPENDITURE				Check if travel			olete Schedule T.	
					Cricck ii Addiii	i, ix, onicci	iolaci livilig	скрепас	
	Complete ONLY if direct	Candidate/Office	eholder name	Office so	ught		Office he	eld	_
	expenditure to benefit C/OI	McQueeney, J	ohn	State Re	epresentative Distr	rict 97	None		
	Date	Payee name							
		(see previous	s)						
	Amount (\$)	Payee address	; City;	State; Zip C	ode				
_	T Expenditure from								
	corporate funds								
	PURPOSE	a) Category (See	Categories listed at the t	op of this schedule)	(b) Description				
	OF EXPENDITURE				Check if travel Check if Austir			olete Schedule T.	
					Check ii Adstii	i, TA, Ullicei	ioluei livilig	expense	
	Complete ONLY if direct	Candidate/Office	eholder name	Office so	ught		Office he	eld	
	expenditure to benefit C/OI	Capriglione, G	iovanni	State Re	epresentative Distr	rict 98	State R	epresentative District 9	98

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 35/115 Rpt:	Texas Alliance for Life 00051076			
4	Date	5 Payee name			
		(see previous)			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	Expenditure from corporate funds				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OF	Geren, Charlie State Representative District 99 State Representative District 99			
	Date	Payee name			
		(see previous)			
	Amount (\$)	Payee address; City; State; Zip Code			
	Expenditure from corporate funds				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OF	Patterson, Jared State Representative District 106 State Representative District			
	Date	Payee name (see previous)			
	Amount (\$)	Payee address; City; State; Zip Code			
	Expenditure from corporate funds				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH Meyer, Morgan State Representative District 108 State Representative District				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 36/115 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
, ,	
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Button, Angie Chen State Representative District 112 State Representative District
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Amount (Ψ)	rayee address, Gity, State, Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H Lujan, John State Representative District 118 State Representative District
Date	Payee name
	(see previous)
Amount (ft)	
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H LaHood, Marc State Representative District 121 None

SCHEDULE F1

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

Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this fo	orm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 37/115 Rpt:	Texas Alliance for Life	00051076
4	Date	5 Payee name	
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from		
L	corporate funds		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	
	EXPENDITURE		k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
			gp
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH	H Dorazio, Mark State Representative	e District 122 State Representative District
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion
	OF EXPENDITURE	I <u> </u>	k if travel outside of Texas. Complete Schedule T.
		L Check	k if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		e District 126 State Representative District
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	(,)	.,,	
	Expenditure from corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion
	OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	k if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check	k if Austin, TX, officeholder living expense
			0.6
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H Cunningham, Charles State Representative	Office held e District 127 State Representative District
		State representative	e District 127 State Representative District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains ho	w to complete this form.	OTTLER (eitter a category not ilsted above)
1 Total pages Schedule F1:	·	·	3 Filer ID (Ethics Commission Filers)
Sch: 38/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		•
	(see previous)		
6 Amount (\$)	7 Payee address; City; State; 2	Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Offi	ce sought	Office held
expenditure to benefit C/OI			trict 128 State Representative District
Date		<u> </u>	<u> </u>
Dale	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; Z	Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this schedu	(b) Description	
OF EXPENDITURE		<u> </u>	el outside of Texas. Complete Schedule T.
		Crieck ii Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Offi	ce sought	Office held
expenditure to benefit C/O	1	•	trict 129 State Representative District
		The representative Dist	tilet 123 State Nepresentative District
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; 2	Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this schedu	(b) Description	
OF	(See Sategories listed at the top of this scrieda		el outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct		ce sought	Office held
expenditure to benefit C/O	¹ Oliverson, Tom Sta	te Representative Dist	trict 130 State Representative District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explain	s how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 39/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; Star	te; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this s	·	
EXPENDITURE			outside of Texas. Complete Schedule T. , TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Schofield, Mike	•	ict 132 State Representative District
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Star	te; Zip Code	
Expenditure from corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this s	· I —	
EXPENDITURE			outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Cricck ii Addiii	, 17, officeriolaer living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H DeAyala, Mano		ict 133 State Representative District
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
OF EXPENDITURE	g , (eee emegemen mene up et ano	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin	, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O			ict 138 State Representative District
	- ,,		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/115 Rpt:	Texas Alliance for Life 00051076
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	Expenditure from corporate funds	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Swanson, Valoree State Representative District 150 State Representative District
	Date	Payee name
	Date	(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	Expenditure from corporate funds	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	Expenditure from corporate funds	
	•	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Circle ii Addilli, 174, olirectioloci livilig experise
	Complete ONU V if alice	Condidate/Officeholder some
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Emportant to bottom 0/01	Messinger, John Court Of Appeals, Justice Place None

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 41/115 Rpt:	Texas Alliance for Life 00051076	
4	Date	5 Payee name (see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
_			
L	Expenditure from corporate funds		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Dougo name	=
	Date	Payee name (see previous)	
	Λ ma συμπά (Φ)		_
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		2
			_
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
_	Expenditure from		
	corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct	Condidate/Officeholder name Office county	_
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Chambers, Kent Court Of Appeals, Justice Place None	
	•	Court Of Appeals, Justice Place None	_

SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide	explains how to complete this fo	orm.	, ,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Et	hics Commission Filers)
Sch: 42/115 Rpt:	Texas Alliance for Life		00051076	
4 Date	5 Payee name (see previous)			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Chec	vition k if travel outside of Texas. Complete k if Austin, TX, officeholder living expe	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Tijerina, Jaime	Office sought Court of Appeals,Ch	Office held nief Justice Court Of Ap	opeals, Justice Place
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Chec	tion k if travel outside of Texas. Complete k if Austin, TX, officeholder living expe	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Cron, Jenny	Office sought Court Of Appeals, J	Office held ustice Place None	
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Chec	ntion k if travel outside of Texas. Complete k if Austin, TX, officeholder living expe	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Fonseca, Ysmael	Office sought Court Of Appeals, J	Office held ustice Place District Jud	ge District 476

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card F ayment	The Instruction Guide expla	ins how to co	mplete this form.		
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 43/115 Rpt:	Texas Alliance for Life			00051076	6
4	Date	5 Payee name			•	
		(see previous)				
6	Amount (\$)	7 Payee address; City; St	ate; Zip Co	de		
_	T Expenditure from					
L	corporate funds					
8	PURPOSE	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description		
	OF EXPENDITURE				outside of Texas. Con, TX, officeholder liv	omplete Schedule T.
				L Check ii Adstiii	i, 17, officerolaer liv	ing expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office	held
	expenditure to benefit C/OI	H West, Jon	Court Of	Appeals, Justice	Place None	
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City; St	ate; Zip Co	de		
_	T Expenditure from					
L	corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description		
	OF EXPENDITURE			□	outside of Texas. Con, TX, officeholder liv	omplete Schedule T.
				Crieck ii Adstiii	i, 17, officerolaer liv	ing expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office	held
	expenditure to benefit C/OI	Herring, Jason	District A	ttorney (Multi-cou	ınty) Distri	ct Attorney (Multi-county)
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City; St	ate; Zip Co	de		
_	T Expenditure from					
L	corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description		
	OF EXPENDITURE				outside of Texas. Con, TX, officeholder liv	omplete Schedule T.
				Check ii Addiii	i, 17, dilicendidei liv	ing expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office	held
	expenditure to benefit C/OH Moody, Grant Bexar County Commissioner, Bexar County Commissioner,					

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to c	omplete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 44/115 Rpt:	Texas Alliance for Life		00051076	
4	Date	5 Payee name (see previous)			
6	Amount (\$)	7 Payee address; City; State; Zip C	ode		
	Expenditure from corporate funds				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outsid Check if Austin, TX,		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office so H Bergsma, Michael Corpus	ught Christi ISD Trustee, A	Office he	ld
	·	Delysilia, iviiciaei Corpus	Cilibiliad Trastee, A	l None	
	Date	Payee name (see previous)			
	Amount (\$)	Payee address; City; State; Zip C	ode		
	Expenditure from corporate funds PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside		
			Check if Austin, TX,		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office so H Liechty, Lorne Rockwa	ught Il County Commission	Office he er, None	ld
	Date	Payee name (see previous)			
	Amount (\$)	Payee address; City; State; Zip C	ode		
Г	Expenditure from corporate funds				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outsic Check if Austin, TX,		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so H Whittmore, Sean Crimina	ught District Attorney	Office he Crimina	ld I District Attorney

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide ex		nplete this form.	OTHER (enter a	category not listed above)
1 Total pages Schedule F1: Sch: 45/115 Rpt:	2 FILER NAME Texas Alliance for Life 3 Filer ID (Ethics Commission File) 00051076				(Ethics Commission Filers)
4 Date	5 Payee name (see previous)				
6 Amount (\$)	7 Payee address; City;	State; Zip Coo	de		
Expenditure from corporate funds					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	this schedule)	=	utside of Texas. Com TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name King, Donna	Office soug District Ju	ght Idge District 26	Office h	eld Judge District 26
Date	Payee name (see previous)				
Amount (\$) Expenditure from corporate funds		State; Zip Coo			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	this schedule)	=	utside of Texas. Com	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Larson, Ryan	Office soug District Ju	ght dge District 395	Office h	eld Judge District 395
Date	Payee name (see previous)				
Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Coo	de		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	this schedule)	=	utside of Texas. Com TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Vaughn, Carolyn	Office soug Corpus C	ght hristi City Council,	Office h	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	nplete this form.			
1	Total pages Schedule F1:				iler ID	(Ethics Commission Filers)
	Sch: 46/115 Rpt:	Texas Alliance for Life		0	00051076	
4	Date	5 Payee name				
_		(see previous)				
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le			
	Expenditure from corporate funds					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	OF EXPENDITURE					olete Schedule T.
			Check if Austin,	TX, of	fficeholder living	expense
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht		Office he	ld
	expenditure to benefit C/O	H Sanders, Richard Caldwell C	County Constable	٠,	None	
	Date	Payee name				
	10/23/2024	Texas Alliance for Life, Inc				
	Amount (\$)	Payee address; City; State; Zip Cod	le			
	\$15,755.71	8000 Centre Park Dr Ste 380				
	Expenditure from corporate funds	Austin, TX 78754				
	PURPOSE		(b) Description			
	OF EXPENDITURE	Advertising Expense	Check if travel of			olete Schedule T.
	LXI ENDITORE		Check if Austin, Pro-Life Vote		ficeholder living	expense
			FIO-LIIE VOICE	Gui	ide Mallel	
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht		Office he	ld
	expenditure to benefit C/OI	H Craddick, Christi Railroad C	Commissioner		Railroad	d Commissioner
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City; State; Zip Cod	le			
_	T Expenditure from					
	corporate funds					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	EXPENDITURE				of Texas. Comp ficeholder living	olete Schedule T. expense
					· ·	•
	Complete ONLY if direct	Candidate/Officeholder name Office soug			Office he	
	expenditure to benefit C/OI	H Blacklock, Jimmy Supreme C	Court Justice Pla	ce 2	Suprem	e Court Justice Place 2

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Sala The Instruction Guide explains how t	ries/Wages/Contract Labor to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 47/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; State; Zip) Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE			outside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		sought eme Court Justice Pla	Office held ace 4 Supreme Court Justice Place 4
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; Zip	Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE			outside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct		sought	Office held
expenditure to benefit C/O	H Bland, Jane Supre	eme Court Justice Pla	ace 6 Supreme Court Justice Place 6
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; Zip	Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	<u> </u>		outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin	, TX, officeholder living expense
Complete ONLY if direct		sought	Office held
expenditure to benefit C/O	H Schenck, David Court	t of Criminal Appeals,	None

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	Committee Legal Services Salanes/wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 48/115 Rpt:	Texas Alliance for Life 00051076		
4	Date	5 Payee name		
		(see previous)		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	Expenditure from			
	corporate funds			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Check if Austrit, 174, Unicertoider living expense		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	Maynard, Tom State Board Of Education District State Board Of Education		
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; State; Zip Code		
_	T Expenditure from			
	corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Crice in Addition, 175, officer living expense		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	Little, Pam State Board Of Education District State Board Of Education		
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; State; Zip Code		
_	T Expenditure from			
	corporate funds			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Check it / data, 1/1, dilectional living expense		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH Kinsey, Aaron State Board Of Education District State Board Of Education				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Si The Instruction Guide explains how	alaries/Wages/Contract Labor v to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 49/115 Rpt:	Texas Alliance for Life		00051076
4	Date	5 Payee name		
		(see previous)		
6	Amount (\$)	7 Payee address; City; State; Z	ip Code	
	Expenditure from corporate funds			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedu	e) (b) Description	
	OF EXPENDITURE	, (est timigation into the state of the stat		outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austir	n, TX, officeholder living expense
_	Operation ONLY if allowed	Occasion to 1000 colonia and a colonia		Office leads
9	Complete ONLY if direct expenditure to benefit C/OI		ce sought te Senator District 7	Office held State Senator District 7
	•	Dettericourt, Faur Sta	LE SENAIOI DISINCI I	State Seriator District 1
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; State; Z	ip Code	
	Expenditure from corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of this schedu	e) (b) Description	
	OF EXPENDITURE	, (est singular in the state of	_	outside of Texas. Complete Schedule T.
	LAFENDITORE		Check if Austin	n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH		ce sought	Office held
		¹ Paxton, Angela Sta	te Senator District 8	State Senator District 8
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; State; Z	ip Code	
	Expenditure from corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of this schedu	e) (b) Description	
	OF	(occ suregones instea at the top of this someon	· _ ·	outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin	n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH		ce sought	Office held
	experience to belieff C/Of	¹ King, Phil Sta	te Senator District 10	State Senator District 10

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment		salaries/wages/Contract Labor uins how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	<u> </u>	3 Filer ID (Ethics Commission Filers)
	Sch: 50/115 Rpt:	Texas Alliance for Life		00051076
4	Date	5 Payee name		
		(see previous)		
6	Amount (\$)	7 Payee address; City; Si	tate; Zip Code	
	Expenditure from			
	corporate funds			
8	PURPOSE	(a) Category (See Categories listed at the top of thi	s schedule) (b) Description	
	OF EXPENDITURE		<u> </u>	l outside of Texas. Complete Schedule T.
			Crieck ii Austi	n, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/O	¹ Parker, Tan	State Senator District 12	State Senator District 12
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; S	tate; Zip Code	
_	- Evpanditura from			
	Expenditure from corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of thi	s schedule) (b) Description	
	OF EXPENDITURE			l outside of Texas. Complete Schedule T.
			Crieck ii Austi	n, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OI	[†] Huffman, Joan	State Senator District 17	State Senator District 17
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; S	tate; Zip Code	
_	Expenditure from			
	corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of thi	s schedule) (b) Description	
	OF EXPENDITURE			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			Crieck ii Austi	ii, 17, Uniceriolaer living expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OI	¹ Campbell, Donna	State Senator District 25	State Senator District 25

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guid	de explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 51/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Hinojosa, Adam	Office sought State Senator District 27	Office held None
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Hagenbuch, Brent	Office sought State Senator District 30	Office held None
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H VanDeaver, Gary	Office sought State Representative Dist	Office held trict 1 State Representative District 1

SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide	explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 52/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the to	·	avel outside of Texas. Complete Schedule T.
EXPENDITURE			ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
experialitie to beliefft C/O	H Bell Jr., Cecil	State Representative Di	istrict 3 State Representative District 3
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the to	·	
EXPENDITURE		 	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
		"	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Bell, Keith	State Representative Di	istrict 4 State Representative District 4
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the to	· · · · · · · · · · · · · · · · · · ·	
EXPENDITURE			avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
			5 . ••
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Hefner, Cole	State Representative Di	istrict 5 State Representative District 5

SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide ex	plains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 53/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of	· • —	el outside of Texas. Complete Schedule T.
EXPENDITURE		<u> </u>	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experiorare to benefit C/O	1 Dean, Jay	State Representative Dist	trict 7 State Representative District 7
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of	· • -	
EXPENDITURE		🛏	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			• •
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Harris, Cody	State Representative Dist	trict 8 State Representative District 8
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of		
EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Ashby, Trent	State Representative Dist	trict 9 State Representative District 9

SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 54/115 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Wharton, Trey State Representative District 12 None
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
7 πποσπε (Φ)	rayou address, only, state, Elp sour
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H Orr, Angelia State Representative District 13 State Representative District 13
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Amount (\$)	Fayee address, City, State, Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
Di Libilone	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Dyson, Paul State Representative District 14 None

SCHEDULE F1

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

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

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

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

Candidate/Officenoider/Politica Credit Card Payment		Salaries/wages/Contract Labor lains how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 55/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; S	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	
OF EXPENDITURE			outside of Texas. Complete Schedule T.
LA LIBITORE		Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		State Representative Dist	
_			
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; S	State; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	
OF	(Control of the Control of the Contr	· I —	outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	[−] Gerdes, Stan	State Representative Dist	rict 17 State Representative District 17
_			
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; S	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of the		
OF EXPENDITURE		🖳	outside of Texas. Complete Schedule T.
		Check if Austii	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Troxclair, Ellen	State Representative Dist	rict 19 State Representative District 19

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 56/115 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit Gree	¹ Wilson, Terry State Representative District 20 State Representative District 20
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
D-4-	
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
— Foresanditure Cons	
Expenditure from corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Leo Wilson, Terri State Representative District 23 State Representative District 23

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide expl	ains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 57/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code	
Expenditure from			
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of the	′ I — '	
EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			,
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Bonnen, Greg	State Representative Dist	trict 24 State Representative District 24
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; S	tate; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of the	· I —	
EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		LI CIIECK II AUSI	in, 175, Smootholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Vasut, Cody	State Representative Dist	trict 25 State Representative District 25
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; S	tate; Zip Code	
Evnenditure from			
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	
OF EXPENDITURE			el outside of Texas. Complete Schedule T.
-		Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		State Representative Dist	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide 6	explains how to c	omplete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3 File	er ID	(Ethics Commission Fil	ers)
	Sch: 58/115 Rpt:		Texas Alliance for Life			00	051076		
4	Date	5	Payee name						
			(see previous)						
6	Amount (\$)	7	Payee address; City;	State; Zip C	ode				
	!								
_	T Expenditure from								
L	corporate funds								
8	PURPOSE	(a)	Category (See Categories listed at the top	of this schedule)	(b) Description				
	OF EXPENDITURE				ı <u>—</u>			plete Schedule T.	
					Check if Austin	ı, TX, offic	eholder living	expense	
	!								
9	Complete ONLY if direct	Щ,	Candidate/Officeholder name	Office so			Office he		
٥	expenditure to benefit C/O		Barry, Jeffrey		epresentative Distr	ict 29	None	яu	
H	Date	_							
	Date		Payee name						
		╀	(see previous)						
	Amount (\$)		Payee address; City;	State; Zip C	ode				
	!								
_	Expenditure from								
느	corporate funds	丄							
	PURPOSE OF	(a)	Category (See Categories listed at the top	of this schedule)	(b) Description				
	EXPENDITURE				Check if travel Check if Austin			plete Schedule T. a expense	
	!					l, 17., c	Choico	Гемрение	
	!								
	Complete ONLY if direct		Candidate/Officeholder name	Office so	 ught		Office he	eld	
	expenditure to benefit C/OI)H (Guillen, Ryan	State Re	epresentative Distr	ict 31	State R	epresentative Distri	ict 31
F	Date	Т	Payee name						
			(see previous)						
	Amount (\$)	+	Payee address; City;	State; Zip C					
	, and and (4)		. ayoo aaa.ooo,	3.0.10,p 3					
	!								
Г	Expenditure from corporate funds								
	PURPOSE	(2)	Cotogon		(h) Description				
	OF	(a)	Category (See Categories listed at the top	of this schedule)	(b) Description Check if travel	outside of	Texas. Com	plete Schedule T.	
	EXPENDITURE				Check if Austin			•	
	1				-				
	!								
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught		Office he	eld	
	expenditure to benefit C/OH	'H H	Hunter, Todd	State Re	epresentative Distr	ict 32	State R	epresentative Distri	ict 32

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to	complete this form.
1	Total pages Schedule F1: Sch: 59/115 Rpt:	FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
4	Date	5 Payee name (see previous)	1
6	Amount (\$)	7 Payee address; City; State; Zip 0	Code
	Expenditure from corporate funds		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so H Villalobos, Denise State R	ought Office held epresentative District 34 Tuloso-Midway ISD School
	Date	Payee name (see previous)	ruicse maway 185 Gondon
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip (Code
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office so H Lopez, Janie State R	ought Office held epresentative District 37 State Representative District 37
	Date	Payee name (see previous)	
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip (Code
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H Guerra, John State R	ought Office held representative District 41 None

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

fivertising Expense Event Expense Loan Repayment/Reimbu

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

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

Credit Card Payment	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 60/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; Sta	ite; Zip Code	
Expenditure from			
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this	′ I <u> </u>	Loutside of Tourse Complete Cabadule T
EXPENDITURE		-	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Lozano, J.M.	State Representative Dist	rict 43 State Representative District 43
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	ite; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this		
EXPENDITURE			l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		L Gricok ii Addii	,,
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Harris Davila, Caroline	State Representative Dist	rict 52 State Representative District 52
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
Evponditure from			
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE	·		outside of Texas. Complete Schedule T.
		Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		State Representative Dist	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 61/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this	′ I — '	
EXPENDITURE			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
experioliture to beriefit C/O	H Curry, Patrick	State Representative Distr	rict 56 None
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; St	ate; Zip Code	
Expenditure from			
corporate funds	(4)		
PURPOSE OF	(a) Category (See Categories listed at the top of this	· I —	outside of Texas. Complete Schedule T.
EXPENDITURE			n, TX, officeholder living expense
0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0.00
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Hayes, Richard	Office sought State Representative Distr	Office held rict 57 State Representative District 57
5.	· I	State Representative Distr	State Representative District 37
Date	Payee name (see previous)		
Amount (\$)		ato: Zin Codo	
Amount (\$)	Payee address; City; St	ate; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	(b) Description	
OF EXPENDITURE	(See categories listed at the top of this	′ I '	outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		State Representative Distr	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide expla	ains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 62/115 Rpt:	Texas Alliance for Life		00051076
4	Date	5 Payee name (see previous)		
6	Amount (\$)	7 Payee address; City; S	tate; Zip Code	
L	Expenditure from corporate funds			
8	PURPOSE OF	(a) Category (See Categories listed at the top of thi	·	l outside of Texas. Complete Schedule T.
	EXPENDITURE			n, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
ľ	expenditure to benefit C/Oh		State Representative Dist	
_	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; S	tate; Zip Code	
	Expenditure from corporate funds			
	PURPOSE OF	(a) Category (See Categories listed at the top of the	· I —	
	EXPENDITURE			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name H Shaheen, Matt	Office sought State Representative Dist	Office held rict 66 State Representative District 66
	Data	i	State Representative Dist	The 60 State Representative District 60
	Date	Payee name (see previous)		
	Amount (\$)	, ,	tate; Zip Code	
			,	
_	■ Expenditure from			
L	corporate funds			
	PURPOSE OF	(a) Category (See Categories listed at the top of thi	·	
	EXPENDITURE			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
_		Leach, Jeff	State Representative Dist	rict 67 State Representative District 67

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Politica Credit Card Payment	·	lains how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 63/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; S	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	
OF EXPENDITURE		· · · ·	l outside of Texas. Complete Schedule T.
		Check if Austil	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Representative Dist	
Data	·	<u> </u>	<u> </u>
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; S	State; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	
OF	(a) Category (See Categories listed at the top of the	······································	outside of Texas. Complete Schedule T.
EXPENDITURE		<u> </u>	n, TX, officeholder living expense
		-	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Representative Dist	
Data			
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Cotogon	(h) Description	
OF	(a) Category (See Categories listed at the top of the		outside of Texas. Complete Schedule T.
EXPENDITURE			n, TX, officeholder living expense
		-	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		State Representative Dist	
	Lambert, Starr	Otate Representative Bist	That I State Representative Bistrict II

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Credit Card Payment	The Instruction Guide e		mplete this form.	OTTLER	(enter a c	category not listed above)
1 Total pages Schedule F1:	FILER NAME Texas Alliance for Life			3 Filer II 00053		(Ethics Commission Filers)
Sch: 64/115 Rpt:				0005.	1076	
4 Date	5 Payee name (see previous)					
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de			
, ,	, ,	,				
Expenditure from corporate funds						
8 PURPOSE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description			
OF EXPENDITURE				el outside of Tex tin, TX, officehol		expense
	0 111 100	0,5			· · ·	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	-		ffice hel	
	T Darby, Drew	State Rep	Dresentative Dis	trict 72 S	tate Re	epresentative District 72
Date	Payee name					
	(see previous)					
Amount (\$)	Payee address; City;	State; Zip Co	de			
Expenditure from corporate funds						
PURPOSE OF	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description			
EXPENDITURE			<u> </u>			elete Schedule T.
			Check if Aust	tin, TX, officehol	ider living	expense
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	0:	ffice he	ld
expenditure to benefit C/OI	Isaac, Carrie		oresentative Dis	trict 73 St	tate Re	epresentative District 73
Date	Payee name (see previous)					
Amount (\$)	Payee address; City;	State; Zip Co	de			
Expenditure from corporate funds						
PURPOSE OF	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description			
EXPENDITURE			<u> </u>	el outside of Tex tin, TX, officehol		expense
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	O.	ffice he	ld
expenditure to benefit C/OI	^H Garza, Robert		oresentative Dis	trict 74 N	one	
		<u> </u>				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Gu	Salaries ide explains how to d	/Wages/Contract Labor	0	THER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E			3 Fi	ler ID	(Ethics Commission Filers)
	Sch: 65/115 Rpt:	Texas Allia	ance for Life			00	0051076	
4	Date	5 Payee name (see previo						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	Code			
	Expenditure from corporate funds				_			
8	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at th	e top of this schedule)	1 😐		of Texas. Com iceholder living	plete Schedule T. expense
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name , Don	Office so State R	ought epresentative Dis	trict 80	Office he	eld
	Date	Payee name (see previo						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	Code			
	Expenditure from corporate funds							
	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at th	e top of this schedule)	1 		of Texas. Com iceholder living	plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/ON		ficeholder name rooks	Office so State R	· ·	trict 81	Office he State R	eld epresentative District 81
	Date	Payee name (see previo						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	Code			
	Expenditure from corporate funds							
	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at th	e top of this schedule)	1 🖳		of Texas. Com iceholder living	plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name om	Office so State R		trict 82	Office he State R	eld epresentative District 82

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide ex	plains how to complete this	s form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer	· ID (E	Ethics Commission Filers)
	Sch: 66/115 Rpt:	Texas Alliance for Life		000	51076	
4	Date	5 Payee name				
		(see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip Code			
	T Expenditure from					
ᆫ	corporate funds					
8	PURPOSE OF	(a) Category (See Categories listed at the top o	′ I —	•		0.1.1.7
	EXPENDITURE			neck if travel outside of T neck if Austin, TX, officel		
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held	
	expenditure to benefit C/O	H Burrows, Dustin	State Representat	tive District 83	State Rep	resentative District 83
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
_	T Expenditure from					
L	corporate funds					
	PURPOSE OF	(a) Category (See Categories listed at the top o	· I —	•		
	EXPENDITURE		· · · ·	neck if travel outside of T neck if Austin, TX, officel		
				reck ii Austin, 17, onicei	iolaci livilig ex	Jense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held	
	expenditure to benefit C/OH	^H Tepper, Carl	State Representat	tive District 84	State Rep	resentative District 84
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
	- Evpanditura from					
L	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top o	f this schedule) (b) Desc	ription		
	OF EXPENDITURE		· · · · · ·	neck if travel outside of 1		
	_		□ Cr	neck if Austin, TX, officel	nolder living exp	pense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held	
	expenditure to benefit C/Oh		State Representat			resentative District 85
			·		<u> </u>	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide exp	lains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 67/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds		İ	
8 PURPOSE OF	(a) Category (See Categories listed at the top of t	, I	el outside of Texas. Complete Schedule T.
EXPENDITURE			in, TX, officeholder living expense
		_	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
·	Similiee, John	State Representative Dist	trict 86 State Representative District 86
Date	Payee name		
A (A)	(see previous)	21. 7. 0.1	
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of t	his schedule) (b) Description	
OF EXPENDITURE		Check if trave	el outside of Texas. Complete Schedule T.
		Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H King, Ken	State Representative Dist	trict 88 State Representative District 88
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of t	·	
EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Cricon ii Austi	, Shoomada iling expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Noble, Candy	State Representative Dist	trict 89 State Representative District 89

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 68/115 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held Schatzline, Nate State Representative District 93 State Representative District 93
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held Cook, David State Representative District 96 State Representative District 96
Date	Payee name
Date	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held McQueeney, John State Representative District 97 None

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		xpens Vages	se s/Contract Labor		Travel Out of Di OTHER (enter a	strict	ot listed above)
1	Total pages Schedule F1:	12	FILER NAM		——————————————————————————————————————	TIOW to co	шрк	3		Filer ID	/Ethics	Commission Filers)
_	Sch: 69/115 Rpt:			⊏ ເກce for Life				3		00051076	(Ethics	Commission Filers)
_		<u> </u>								00031070		
4	Date	5	Payee name (see previo									
6	Amount (\$)	7	Payee addre	ess; City;	State	e; Zip Co	de					
	Expenditure from corporate funds											
8	PURPOSE OF EXPENDITURE	(a)	Category (s	See Categories listed at the	top of this sch	hedule)	(b)	Description Check if travel ou Check if Austin, T				dule T.
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of Capriglione,	ficeholder name Giovanni		Office sou State Re		sentative Distric	et 9	Office h 98 State F		ntative District 98
	Date		Payee name									
	Amount (\$) Expenditure from corporate funds		Payee addre	ess; City;	State	e; Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)	Category (S	See Categories listed at the	e top of this sch	hedule)	(b)	Description Check if travel ou Check if Austin, T				dule T.
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of Geren, Chai	ficeholder name		Office sou State Re	_	sentative Distric	et 9	Office h		ntative District 99
	Doto	_										
	Date		Payee name (see previo									
	Amount (\$) Expenditure from		Payee addre	ess; City;	State	e; Zip Co	ode					
L	corporate funds											
	PURPOSE OF EXPENDITURE	(a)	Category (S	See Categories listed at the	e top of this sch	hedule)	(b)	Description Check if travel ou Check if Austin, T				dule T.
	Complete ONLY if direct		Candidate/Of	ficeholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н	Patterson, J	ared				sentative Distric	et 1	.06 State F	eprese	ntative District

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 70/115 Rpt:	Texas Alliance for Life 00051076
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	Expenditure from corporate funds	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	Expenditure from corporate funds	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held State Representative District 112 State Representative District
	Date	Payee name
	Date	(see previous)
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	Lujan, John State Representative District 118 State Representative District

SCHEDULE F1

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

Gift/Awards/Memorials Expense

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

Credit Card Payment	The Instruction Guide explains how	to complete this form.	OTTLE (enter a category not isseed above)
1 Total pages Schedule F1:	·	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Sch: 71/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; State; Zi	p Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	1	e sought	Office held
experience to benefit of or	LaHood, Marc State	e Representative Dist	trict 121 None
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; Zi	p Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office	e sought	Office held
expenditure to benefit C/OI	H Dorazio, Mark State	e Representative Dist	trict 122 State Representative District
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zi	p Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description	
OF EXPENDITURE			l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct		e sought	Office held
expenditure to benefit C/OF	Harless, Sam State	e Representative Dist	trict 126 State Representative District

SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 72/115 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so Cunningham, Charles State R	ought Office held epresentative District 127 State Representative District
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip C	Code
corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so Cain, Briscoe State R	ought Office held epresentative District 128 State Representative District
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip C	code
·	(-) - :	10.5 =
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so Paul, Dennis State R	ought Office held epresentative District 129 State Representative District

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Travel III Di Printing Expense Travel Out Salaries/Wages/Contract Labor OTHER (er

	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: 73/115 Rpt:	Texas Alliance for Life	00051076
4	Date	5 Payee name (see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip	Code
	Expenditure from corporate funds		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office s H Oliverson, Tom State I	sought Office held Representative District 130 State Representative District
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip	Code
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office s H Schofield, Mike State I	Sought Office held Representative District 132 State Representative District
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip	Code
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office s H DeAyala, Mano State I	Sought Office held Representative District 133 State Representative District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F1: Sch: 74/115 Rpt:	2 FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
4 Date	5 Payee name (see previous)	
6 Amount (\$)	7 Payee address; City; State; Z	ip Code
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	1.1	e sought Office held e Representative District 138 State Representative District
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Z	ip Code
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		e sought Office held e Representative District 150 State Representative District
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Z	ip Code
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scheduli	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		e sought Office held rt Of Appeals, Justice Place Court Of Appeals, Justice Place

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Polling Expense Travel in Distr Printing Expense Travel Out of Salaries/Wages/Contract Labor OTHER (ente

Credit Card Payment	The Instruction Guide explains	how to complete this form.
1 Total pages Schedule F1: Sch: 75/115 Rpt:	2 FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
4 Date		00031070
4 Date	5 Payee name (see previous)	
6 Amount (\$)	7 Payee address; City; State;	Zip Code
Expenditure from corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sch	edule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if dustin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name C	Office sought Office held
expenditure to benefit C/O	11	Court Of Appeals, Justice Place None
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State;	Zip Code
Expenditure from corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this sch	· _
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Organists ONE Withdian	Open Highest (Office In Albert a company)	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	11	Office sought Office held Court Of Appeals, Justice Place None
Date	Payee name	
Dato	(see previous)	
Amount (\$)	Payee address; City; State;	Zip Code
Expenditure from		
corporate funds		T _{re} .
PURPOSE OF	(a) Category (See Categories listed at the top of this sch	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct		Office sought Office held
expenditure to benefit C/O		Court Of Appeals, Justice Place Court Of Appeals, Justice Place

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ng Expense Travel in E
ting Expense Travel Out
ries/Wages/Contract Labor OTHER (e

	Credit Card Payment	The Instruction Guide explain		omplete this form.	OTTILK (enter a	a category not listed above)
1	Total pages Schedule F1:	·			B Filer ID	(Ethics Commission Filers)
-	Sch: 76/115 Rpt:	Texas Alliance for Life			00051076	(Lance Commission File 19)
4	Date	5 Payee name		L		
		(see previous)				
6	Amount (\$)		ite; Zip Co	ode		
	(4)	2.00	,,			
	Expenditure from corporate funds					
8	PURPOSE	(a) Category (See Categories listed at the top of this	schedule)	(b) Description		
	OF EXPENDITURE			I =	tside of Texas. Cor	
				Check if Austin, 1	X, officeholder livin	g expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	laht	Office h	ald
٦	expenditure to benefit C/O			Appeals, Justice P		leiu
L	5.			- Appealo, edelice i		
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City; Sta	ite; Zip Co	ode		
_	T Expenditure from					
L	corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of this	schedule)	(b) Description		
	OF EXPENDITURE	, ,	,	Check if travel ou	tside of Texas. Cor	nplete Schedule T.
	EXI ENDITORE			Check if Austin, 1	X, officeholder livin	g expense
L				<u> </u>		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou		Office h	
	experience to benefit ever	¹ Tijerina, Jaime	Court of	Appeals,Chief Justi	ice Court (Of Appeals, Justice Place
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City; Sta	ite; Zip Co	ode		
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of this	cohodulo)	(b) Description		
	OF	(See Categories listed at the top of this	scriedule)	l <u>—</u>	tside of Texas. Cor	mplete Schedule T.
	EXPENDITURE			Check if Austin, 1	X, officeholder livin	g expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sou		Office h	neld
	expenditure to benefit C/OF	1 Cron, Jenny	Court Of	Appeals, Justice P	lace None	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	ŭ	explains how to complete this		EN (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer	TID (Ethics Commission Filers)
Sch: 77/115 Rpt:	Texas Alliance for Life		000	51076
4 Date	5 Payee name		•	
	(see previous)			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Che		Fexas. Complete Schedule T. Holder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Fonseca, Ysmael	Office sought Court Of Appeals,		Office held District Judge District 476
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Che		exas. Complete Schedule T. nolder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H West, Jon	Office sought Court Of Appeals,		Office held None
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Che		Texas. Complete Schedule T. nolder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Herring, Jason	Office sought District Attorney (N		Office held District Attorney (Multi-county)
		, ,		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Polling Expense Travel in I
Printing Expense Travel Ou
Salaries/Wages/Contract Labor OTHER (6

	Credit Card Payment	The Instruction Guide explains how to co	omplete this form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 78/115 Rpt:	Texas Alliance for Life	00051076					
4	Date	5 Payee name	'					
		(see previous)						
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode					
	,							
	Expenditure from corporate funds							
8	PURPOSE	(6) 0-4	(b) Description					
0	OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE		Check if Austin, TX, officeholder living expense					
			_					
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight Office held					
	expenditure to benefit C/OI	Moody, Grant Bexar County Commissioner, Bexar County Commissioner,						
	Date	Payee name						
		(see previous)						
	Amount (\$)	Payee address; City; State; Zip Co	nde					
	(+)							
Г	Expenditure from							
_	Lorporate funds	(6) -	In					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE		Check if days of reads. Complete Scredule 1. Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight Office held					
	expenditure to benefit C/OI	H Bergsma, Michael Corpus C	Christi ISD Trustee, At None					
	Date	Payee name						
		(see previous)						
	Amount (\$)	Payee address; City; State; Zip Co	nde					
	runount (ϕ)	rayee address, Sity, State, Zip St						
Г	Expenditure from							
_	corporate funds							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE		Check if dayer dustide of rexast complete scriedule 1. Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct	Candidate/Officeholder name Office sou	I Ight Office held					
	expenditure to benefit C/O		l County Commissioner, None					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1: Sch: 79/115 Rpt:	FILER NAME Texas Alliance for Life		3	Filer ID 00051076	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if t	ravel outs	side of Texas. Com _l c, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Whittmore, Sean	Office sought Criminal District Attorn	еу	Office he Crimina	eld I District Attorney
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
	Expenditure from corporate funds		<u></u>			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if t	ravel outs	side of Texas. Com K, officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name King, Donna	Office sought District Judge District 2	:6	Office he	eld Judge District 26
	Date	Payee name (see previous)				
	Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Code			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if t	ravel outs	side of Texas. Comp	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Larson, Ryan	Office sought District Judge District 3	195	Office he District	eld Judge District 395

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide	explains how to complete	his form.	,		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)		
Sch: 80/115 Rpt:	Texas Alliance for Life		00051076			
4 Date	5 Payee name					
	(see previous)					
6 Amount (\$)	7 Payee address; City;	State; Zip Code				
Expenditure from corporate funds						
8 PURPOSE	(a) Category (See Categories listed at the to	p of this schedule) (b) De	escription			
OF EXPENDITURE			Check if travel outside of Texas. Com			
			Check if Austin, TX, officeholder living	expense		
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office he	7ld		
expenditure to benefit C/O		Corpus Christi (Jiu .		
Date			· · ·			
Date	Payee name (see previous)					
Amount (¢)		State; Zip Code				
Amount (\$)	Payee address; City;	State, Zip Code				
Expenditure from						
corporate funds						
PURPOSE OF	(a) Category (See Categories listed at the to	p of this schedule) (b) De	escription Check if travel outside of Texas. Com	nlete Schedule T		
EXPENDITURE		 	Check if Austin, TX, officeholder living			
		-	•			
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office he	eld		
expenditure to benefit C/O	^H Sanders, Richard	Caldwell Count	y Constable, None			
Date	Payee name					
10/21/2024	Texas Alliance for Life, Inc					
Amount (\$)	Payee address; City;	State; Zip Code				
\$594.68	8000 Centre Park Dr Ste 380					
Expenditure from corporate funds	Austin, TX 78754					
PURPOSE	(a) Category (See Categories listed at the to	n of this schedule) (b) De	escription			
OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Com			
EXPENDITURE			Check if Austin, TX, officeholder living			
		Ac	lvertise Email for Pro-Life	voter Guide		
Commission ONUVIVIII	Condidate (Off: ! !-!	0#*	~ " ·	al al		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H Craddick, Christi	Office sought	Office he			
•	expenditure to benefit C/OH Craddick, Christi Railroad Commissioner Railroad Commissioner					

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	ů	ins how to complete this form.	OTTLA (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	·	3 Filer ID (Ethics Commission Filers)
Sch: 81/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Blacklock, Jimmy	Supreme Court Justice Pla	ace 2 Supreme Court Justice Place 2
Date	Payee name		
	(see previous)		
Amount (\$)	` ' '	ate; Zip Code	
Amount (4)	Payee address, City, Sta	ale, Zip Code	
Expenditure from corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this		
EXPENDITURE			outside of Texas. Complete Schedule T.
		Check ii Austii	n, TX, officeholder living expense
Commission ONII V if diment	Condidate/Officeleddoursers	Office country	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought Supreme Court Justice Pla	Office held ace 4 Supreme Court Justice Place 4
	Devine, John	Supreme Court Justice Pic	ace 4 Supreme Court Justice Flace 4
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Catagory (a. a. a	schedule) (b) Description	
OF	(a) Category (See Categories listed at the top of this	······	outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H Bland, Jane	Supreme Court Justice Pla	ace 6 Supreme Court Justice Place 6

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Travel Out of District Salaries/Wages/Contract Labor OTHER (enter a category not listed above) ow to complete this form.
4 Total marian Cabadida F1.	2 FILED NAME	2 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 82/115 Rpt:	Z FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
•		00031070
4 Date	5 Payee name (see previous)	
6 Amount (\$)	7 Payee address; City; State;	Zip Code
Expenditure from corporate funds		
8 PURPOSE	(2) Cotomor	(h) Description
OF	(a) Category (See Categories listed at the top of this sched	Itule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct		fice sought Office held
expenditure to benefit C/OI	H Schenck, David Co	ourt of Criminal Appeals, None
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State;	Zip Code
, ,		
Expenditure from corporate funds		
PURPOSE	(2) Cotomor	(b) Description
OF	(a) Category (See Categories listed at the top of this sched	Itule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	į.	fice sought Office held
expenditure to benefit C/Oi	¹ Maynard, Tom St	ate Board Of Education District State Board Of Education
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State;	Zip Code
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this scher	(b) Description
OF EXPENDITURE	((((((((((((((((((((Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
Commission ONUVIVIII	Condidate (Office Is also were	For course
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		fice sought Office held ate Board Of Education District State Board Of Education
,	Lime, Faiii Si	ale Doard Of Education District State Board Of Education
Forms provided by Tayas F	thice Commission www.athics.st	ate tyrus Version V/4.1.0.48da5.1f7

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	ense Printing Expense Salaries/Wages/Contract Labo explains how to complete this form	
		explains now to complete this form	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 83/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
		, ,	
Expenditure from			
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the to	· · · · · · · · · · · · · · · · · · ·	
EXPENDITURE		I <u>—</u>	ravel outside of Texas. Complete Schedule T.
		L Check if A	ustin, TX, officeholder living expense
O Commission ONE V if allowed	O and indept of Office also believe as a second	O#i	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
	□ Kinsey, Aaron	State Board Of Educat	on District State Board Of Education
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
·	(-) -	// - · · ·	
PURPOSE OF	(a) Category (See Categories listed at the to	·	1 ravel outside of Texas. Complete Schedule T.
EXPENDITURE			Austin, TX, officeholder living expense
		📙	3.1
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Senator District 7	
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
— F			
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the to	p of this schedule) (b) Description	1
OF	(See Categories listed at the to	·	ravel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if A	sustin, TX, officeholder living expense
		_	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Senator District 8	State Senator District 8

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	•	Salaries/Wages/Contract Labor ns how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 84/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		outside of Texas. Complete Schedule T.
LAI LINDITORL		Check if Austir	n, TX, officeholder living expense
O Complete ONLY if direct	Candidate/Officeholder name	Office cought	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		Office sought State Senator District 10	State Senator District 10
		Otate Certator District 10	State Schator District 10
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE		· —	outside of Texas. Complete Schedule T.
LAI LINDITORL		Check if Austir	n, TX, officeholder living expense
0 1: 0:11:4:4:4:1		000	000
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought State Senator District 12	Office held State Senator District 12
	T Parker, Tan	State Senator District 12	State Senator District 12
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
— Europelitus from			
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE	C , (cor consignment of cores		outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expendinge to benefit the	□		
expenditure to benefit C/OI	H Huffman, Joan	State Senator District 17	State Senator District 17
experialture to benefit C/O	Huffman, Joan	State Senator District 17	State Senator District 17

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	Contract Labor		OTHER (enter a	category not listed abo	ve)
1	Total pages Schedule F1:	2 FILER NAMI	 E				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 85/115 Rpt:	Texas Allia	nce for Life					00051076		
4	Date	5 Payee name	!							
		(see previo	us)							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	Expenditure from corporate funds									
8	PURPOSE OF EXPENDITURE	(a) Category (s	iee Categories listed at the t	op of this schedule)	(b)	=		de of Texas. Com , officeholder living		
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name onna	Office so	-	r District 25		Office he State S	eld enator District 2	:5
	Date	Payee name (see previo								
	Amount (\$) Expenditure from corporate funds	Payee addre	ess; City;	State; Zip C	ode					
	PURPOSE	(a) Category (s	see Categories listed at the t	on of this schedule)	(b)	Description				
	OF EXPENDITURE	, ,				Check if travel		de of Texas. Com officeholder living		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u>ı</u> ught			Office he	eld	
	expenditure to benefit C/O	^H Hinojosa, Ad	lam			r District 27		None		
	Date	Payee name (see previo								
	Amount (\$) Expenditure from corporate funds	Payee addre	ess; City;	State; Zip C	ode					
	PURPOSE	(a) Category (s	see Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE		•	,				de of Texas. Com officeholder living		
	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	^H Hagenbuch,	Brent	State Se	enato	r District 30		None		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide ex	plains how to complete this form.	(
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 86/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds		1	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		State Representative Dis	
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Description	
OF EXPENDITURE		Check if trave	el outside of Texas. Complete Schedule T.
		LI CHECK II Adisi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Bell Jr., Cecil	State Representative Dis	trict 3 State Representative District 3
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of	·	el outside of Texas. Complete Schedule T.
EXPENDITURE			in, TX, officeholder living expense
Complete CAU V if direct	Condidate/Officehalder regree	Office cought	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Hell, Keith	Office sought State Representative Dis	Office held trict 4 State Representative District 4
		State Noprocontative Dis	Communicative District 4

SCHEDULE F1

dvertising Expense Event Expense Loan Repayment/Reinburgers

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

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

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

Credit Card Payment	The Instruction Guide	explains how to complete this form.	, , ,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 87/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if tra	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Hefner, Cole	Office sought State Representative Di	Office held strict 5 State Representative District 5
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if tra	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Dean, Jay	Office sought State Representative Di	Office held istrict 7 State Representative District 7
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if tra	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Harris, Cody	Office sought State Representative Di	Office held istrict 8 State Representative District 8

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	al Coi	The Instruction Guide		-		JIHER (enter a	a category not listed above)
1	Total pages Schedule F1:	12	FII FR NAME			3 F	iler ID	(Ethics Commission Filers)
	Sch: 88/115 Rpt:	<u> </u>	Texas Alliance for Life				00051076	
4	Date	5	Payee name			·		
		L	(see previous)					
6	Amount (\$)	7	Payee address; City;	State; Zip Co	ode			
	Expenditure from corporate funds							
8	PURPOSE	(a)	Category (See Categories listed at the to	op of this schedule)	(b) D	Description		
	OF EXPENDITURE				[Check if travel outside		·
	EXI ENDITORE				L	Check if Austin, TX, o	fficeholder livin	g expense
	1							
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	<u> </u>		Office h	ield
-	expenditure to benefit C/OI		Ashby, Trent			ntative District 9		Representative District 9
_	Dete	_			<u> </u>			•
	Date	l	Payee name					
		丄	(see previous)					
	Amount (\$)		Payee address; City;	State; Zip Co	ode			
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	Expenditure from corporate funds							
	PURPOSE	(a)	Category (See Categories listed at the to	op of this schedule)	(b) D	Description		
	OF EXPENDITURE		•	•	[Check if travel outside	of Texas. Con	nplete Schedule T.
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	!							
	!	l						
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught		Office h	ield
	expenditure to benefit C/OF	н ,	Wharton, Trey	State Re	prese	ntative District 1	2 None	
	Date	$\overline{}$	Payeo namo					
	Dale	l	Payee name					
		上	(see previous)					
	Amount (\$)	l	Payee address; City;	State; Zip Co	ode			
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	Expenditure from corporate funds	l						
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	PURPOSE OF	(a)	Category (See Categories listed at the to	p of this schedule)	(p) D	Description	of Toyon Con	malata Cabadula T
	EXPENDITURE	l			 	Check if travel outside Check if Austin, TX, o		
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	Complete ONLY if direct expenditure to benefit C/OH	ш	Candidate/Officeholder name	Office sou			Office h	
	experientare to benefit or or		Orr, Angelia	State Re	prese	ntative District 1	3 State F	Representative District 13

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Travel in L
Printing Expense Travel Out
Salaries/Wages/Contract Labor OTHER (e

Credit Card Payment	The Instruction Guide	e explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 89/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if trav	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H Dyson, Paul	Office sought State Representative Dis	Office held strict 14 None
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if trav	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H Metcalf, Will	Office sought State Representative Dis	Office held strict 16 State Representative District 16
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if trav	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H Gerdes, Stan	Office sought State Representative Dis	Office held strict 17 State Representative District 17

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Gandidate/Officeholder/Political Committee Legal Services

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 90/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
Expenditure from			
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this	·	outside of Texas. Complete Schedule T.
EXPENDITURE			n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
	Hoxciaii, Liieii	State Representative Distr	rict 19 State Representative District 19
Date	Payee name		
A / /h)	(see previous)	-t 7'- 0- '	
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE	(See Categories listed at the top of this	Check if travel	outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Representative Distr	
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
Evponditure from			
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE			outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Crieck if Austin	i, i.v., uniceriolaer living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	[†] Phelan, Dade	State Representative Distr	rict 21 State Representative District 21

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to con		(enter a category not listed above)
1	Total pages Schedule F1:		3 Filer II	
_	Sch: 91/115 Rpt:	Texas Alliance for Life	0005	1076
4	Date	5 Payee name (see previous)		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	е	
	Expenditure from corporate funds			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	b) Description Check if travel outside of Tex Check if Austin, TX, officehol	
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht O	ffice held
	expenditure to benefit C/OI	H Leo Wilson, Terri State Rep	resentative District 23 S	tate Representative District 23
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; State; Zip Coc	e	
	Expenditure from corporate funds			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	b) Description Check if travel outside of Tex Check if Austin, TX, officehol	
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht O	ffice held
	expenditure to benefit C/OI	H Bonnen, Greg State Rep	resentative District 24 S	tate Representative District 24
	Date	Payee name (see previous)		
	Amount (\$)	Payee address; City; State; Zip Coo	e	
	Expenditure from corporate funds			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Description	
	EXPENDITURE		Check if travel outside of Tex Check if Austin, TX, officehol	
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht O	ffice held
	expenditure to benefit C/OI	^H Vasut, Cody State Rep	resentative District 25 S	tate Representative District 25

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide ex	plains how to comple	te this form.		
1	Total pages Schedule F1: Sch: 92/115 Rpt:	2 FILER NAME Texas Alliance for Life			iler ID 10051076	(Ethics Commission Filers)
_	•				10021076	
4	Date	5 Payee name (see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
8	PURPOSE OF	(a) Category (See Categories listed at the top o	f this schedule) (b)	Description		
	EXPENDITURE			Check if travel outside Check if Austin, TX, of		
					_	·
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	
	expenditure to benefit C/OI	H Gates, Gary	State Repres	entative District 28	3 State R	epresentative District 28
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top o	f this schedule) (b)	Description		
	OF EXPENDITURE			Check if travel outside		
				Check if Austin, TX, of	licentitider living	expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	eld
	expenditure to benefit C/OI	^H Barry, Jeffrey	State Repres	entative District 29	9 None	
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
_	T Expenditure from					
L	corporate funds					
	PURPOSE OF	(a) Category (See Categories listed at the top o	f this schedule) (b)	Description		
	EXPENDITURE			Check if travel outside Check if Austin, TX, of		
					J	•
	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	eld
	expenditure to benefit C/O	H Guillen, Ryan	State Repres	entative District 3	L State R	epresentative District 31

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complet	e this form.		
1	Total pages Schedule F1:	2 FILER NAME	3 F	iler ID	(Ethics Commission Filers)
	Sch: 93/115 Rpt:	Texas Alliance for Life	(00051076	
4	Date	5 Payee name	•		
		(see previous)			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
_	T Expenditure from				
L	corporate funds				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description		
	EXPENDITURE		Check if travel outside Check if Austin, TX, o		
		'		·	•
9		Candidate/Officeholder name Office sought		Office he	
	expenditure to benefit C/OI	H Hunter, Todd State Represe	entative District 32	2 State R	epresentative District 32
	Date	Payee name			
		(see previous)			
	Amount (\$)	Payee address; City; State; Zip Code			
г	Expenditure from				
<u> </u>	☐ corporate funds				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description Check if travel outside	of Texas Com	nlete Schedule T
	EXPENDITURE		Check if Austin, TX, o		
			_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	antativa Diatriat 2	Office he	
	onponuncio to sonom oro.	T Villalobos, Denise State Represe	entative District 3	4 TUIOSO-	Midway ISD School
	Date	Payee name			
	- 40	(see previous)			
	Amount (\$)	Payee address; City; State; Zip Code			
	Expenditure from corporate funds				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) I	 Description		
	OF	(See Categories listed at the top of this schedule)	Check if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE	[Check if Austin, TX, o	fficeholder living	expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ald.
	expenditure to benefit C/O		entative District 3		epresentative District 37
_		, , , ,			, 111 3331 2 1031 01

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	,	g,
1	Total pages Schedule F1: Sch: 94/115 Rpt:	2 FILER NAME Texas Alliance for Life		3 Filer ID 0005107	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)			
6	Amount (\$)	7 Payee address; City; State; Zip C	code		
	Expenditure from corporate funds				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	ı =	outside of Texas. , TX, officeholder	Complete Schedule T. living expense
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office so H Guerra, John State R	ught epresentative Distr		e held e
	Date	Payee name (see previous)			
	Amount (\$) Expenditure from corporate funds PURPOSE OF	Payee address; City; State; Zip C (a) Category (See Categories listed at the top of this schedule)	(b) Description	outside of Texas.	Complete Schedule T.
	EXPENDITURE			, TX, officeholder	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office so H Lozano, J.M. State R			e held e Representative District 43
	Date	Payee name (see previous)			
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip C	code		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	ı <u>—</u>	outside of Texas. , TX, officeholder	Complete Schedule T. living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H Harris Davila, Caroline State R	ught epresentative Distr		e held e Representative District 52

SCHEDULE F1

The strength of the strength o

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

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

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

Credit Card Payment	The Instruction Guide explains	how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 95/115 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	•
	(see previous)	
6 Amount (\$)	7 Payee address; City; State	; Zip Code
Expenditure from		
corporate funds		Too
8 PURPOSE OF	(a) Category (See Categories listed at the top of this so	nedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought Office held State Representative District 54 State Representative District 54
·	Buckley, Diau	State Representative District 34 State Representative District 34
Date	Payee name	
۸mount (Φ)	(see previous)	· Zin Codo
Amount (\$)	Payee address; City; State	; Zip Code
Expenditure from corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this sci	· I —
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		Office sought Office held
experiorale to belieff C/O	H Curry, Patrick	State Representative District 56 None
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State	; Zip Code
Expenditure from		
corporate funds	(6) 0-4	(b) Description
PURPOSE OF	(a) Category (See Categories listed at the top of this sci	nedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Commission ONU V. W. III	Constitute (Office In all Income	Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/O	1.1	Office sought Office held State Representative District 57 State Representative District 57
	. layoo, Monard	State Representative District of State Representative District of

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide 6	explains how to co	omplete this form.				
1	Total pages Schedule F1:					er ID	(Ethics Commission	n Filers)
_	Sch: 96/115 Rpt:	Texas Alliance for Life			00	051076		
4	Date	5 Payee name (see previous)						
6	Amount (\$)	7 Payee address; City;	State; Zip Co	ode				
	Expenditure from corporate funds							
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	EXPENDITURE			Check if travel of Check if Austin,			plete Schedule T. expense	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	•		Office he		
	expenditure to benefit C/OI	¹ Slawson, Shelby	State Re	epresentative Distri	ct 59	State R	epresentative D	istrict 59
	Date	Payee name						
		(see previous)						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	Expenditure from corporate funds							
	PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	OF EXPENDITURE			Check if travel of Check if Austin,			plete Schedule T.	
				Griedk ii 7 kushii,	174, 01110	cholder living	Гемреное	
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ught		Office he	eld	
	expenditure to benefit C/O	H Bumgarner, Ben	State Re	epresentative Distri	ct 63	State R	epresentative D	istrict 63
	Date	Payee name						
		(see previous)						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
_	T Expenditure from							
L	corporate funds							
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	EXPENDITURE			Check if travel of Check if Austin,			plete Schedule T. expense	
					,			
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ught		Office he	eld	
	expenditure to benefit C/O	^H Shaheen, Matt	State Re	epresentative Distri	ct 66	State R	epresentative D	istrict 66

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explain	s how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 97/115 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code
Expenditure from		
corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this se	<u> </u>
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought Office held
experientale to beliefft C/O	H Leach, Jeff	State Representative District 67 State Representative District 67
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; Stat	e; Zip Code
Expenditure from		
corporate funds		I
PURPOSE OF	(a) Category (See Categories listed at the top of this so	chedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought Office held
	H Spiller, David	State Representative District 68 State Representative District 68
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; Stat	e; Zip Code
Expenditure from		
corporate funds	(6) 0	(I)
PURPOSE OF	(a) Category (See Categories listed at the top of this so	chedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought Office held
	H Frank, James	State Representative District 69 State Representative District 69

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide exp	plains how to complete this form.			
1	Total pages Schedule F1: Sch: 98/115 Rpt:	2 FILER NAME Texas Alliance for Life			ler ID 0051076	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)		1 -		
6	Amount (\$)	7 Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if trav		of Texas. Com iceholder living	plete Schedule T. expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Lambert, Stan	Office sought State Representative Dis	strict 71	Office he State R	eld epresentative District 71
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the second seco	Check if trav		of Texas. Com iceholder living	plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Darby, Drew	Office sought State Representative Dis	strict 72	Office he	eld epresentative District 72
	Date	Payee name (see previous)				
	Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Code			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if tra		of Texas. Compiceholder living	plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Isaac, Carrie	Office sought State Representative Dis	strict 73	Office he State R	eld epresentative District 73

SCHEDULE F1

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

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

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

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

Polling Expense Travel in Dist
Printing Expense Travel Out of
Salaries/Wages/Contract Labor OTHER (ente

Credit Card Payment	The Instruction Guide exp	lains how to complete this form.	(
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 99/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; S	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Check if trave	ol outside of Texas. Complete Schedule T. In, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Garza, Robert	State Representative Dist	rict 74 None
Date	Payee name		
	(see previous)		
Amount (\$)		State; Zip Code	
	, , ,	, ,	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Check if trave	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OF	¹ McLaughlin, Don	State Representative Dist	rict 80 None
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; S	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Check if trave	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	¹ Landgraf, Brooks	State Representative Dist	rict 81 State Representative District 81

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guid	de explains how to d	complete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3 Fil	er ID	(Ethics Commission Filers	5)
	Sch: 100/115 Rpt:		Texas Alliance for Life			oc	0051076		
4	Date	5	Payee name						
			(see previous)						
6	Amount (\$)	7	Payee address; City;	State; Zip C	Code				
_	T Expenditure from								
느	corporate funds	丄							
8	PURPOSE OF	(a)	Category (See Categories listed at the	e top of this schedule)	(b) Description		4.T	orlanda Calmandorla T	
	EXPENDITURE				Check if Austin			plete Schedule T. I expense	
					"				
9	Complete ONLY if direct		Candidate/Officeholder name	Office so	-		Office he		
	expenditure to benefit C/OI	Н (Craddick, Tom	State R	Representative Dist	rict 82	State R	epresentative District	82
	Date		Payee name						
			(see previous)						
	Amount (\$)	Т	Payee address; City;	State; Zip C	Code				
_	T Expenditure from								
L	corporate funds								
	PURPOSE OF	(a)	Category (See Categories listed at the	e top of this schedule)	(b) Description				
	EXPENDITURE				Check if travel			plete Schedule T.	
						i, 17t, Oili	ocholder living	Схропос	
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ought		Office he	eld	
	expenditure to benefit C/OI	H F	Burrows, Dustin	State R	Representative Dist	rict 83	State R	epresentative District	83
	Date	T	Payee name						
			(see previous)						
	Amount (\$)	T	Payee address; City;	State; Zip C	Code				
_	■ Expenditure from								
L	corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the	e top of this schedule)	(b) Description				
	OF EXPENDITURE				I 😐			plete Schedule T.	
					Check if Austir	1, 1 X, ОПІ	cenolaer living	expense	
	Complete ONLY if direct	Т,	Candidate/Officeholder name	Office so	l ought		Office he	eld	
	expenditure to benefit C/O	Н -	Tepper, Carl		Representative Dist	rict 84	State R	epresentative District	84
1									

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete this form.	
1	Total pages Schedule F1: Sch: 101/115 Rpt:	2 FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission 00051076	Filers)
4	Date	5 Payee name (see previous)		
6	Amount (\$)	7 Payee address; City; State; Zip Code	,	
	Expenditure from corporate funds			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough Kitzman, Stan State Repr	office held esentative District 85 State Representative Dis	strict 85
	Date	Payee name (see previous)		
	Amount (\$)	Payee address; City; State; Zip Code	;	
	Expenditure from corporate funds			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough Smithee, John State Repr	office held esentative District 86 State Representative Dis	strict 86
	Date	Payee name (see previous)		
	Amount (\$)	Payee address; City; State; Zip Code	,	
	Expenditure from corporate funds			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough King, Ken State Repr	office held esentative District 88 State Representative Dis	strict 88

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guid	de explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 102/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if tra	ovel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Noble, Candy	Office sought State Representative Di	Office held strict 89 State Representative District 89
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if tra	ovel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Schatzline, Nate	Office sought State Representative Di	Office held strict 93 State Representative District 93
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if tra	evel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Cook, David	Office sought State Representative Di	Office held strict 96 State Representative District 96

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guid	de explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 103/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H McQueeney, John	Office sought State Representative Dis	Office held strict 97 None
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Capriglione, Giovanni	Office sought State Representative Dis	Office held strict 98 State Representative District 98
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the	Check if trav	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H Geren, Charlie	Office sought State Representative Dis	Office held strict 99 State Representative District 99

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Ca	ra Payment	Th	e Instruction Guide	e explains how to c	omplete this form.		
1 Total pa	ges Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
Sch:	104/115 Rpt:	Texas Alliance	for Life			00051076	
4 Date		5 Payee name				<u> </u>	
		(see previous)					
6 Amount	(\$)	7 Payee address;	City;	State; Zip C	ode		
— Eynond	iture from						
	te funds						
-	POSE	(a) Category (See C	ategories listed at the to	op of this schedule)	(b) Description		
	OF IDITURE				1 =	outside of Texas. Co	
					Check if Austii	n, TX, officeholder livi	ng expense
9 Complet	e <u>ONLY</u> if direct	Candidate/Officeh	older name	Office so	<u> </u> uaht	Office I	neld
	ure to benefit C/O						Representative District
Date		Payee name					
		(see previous)					
Amount	(\$)	Payee address;	City;	State; Zip C	ode		
			•	, ,			
	iture from te funds						
	POSE OF	(a) Category (See C	ategories listed at the to	op of this schedule)	(b) Description		
	IDITURE				1 -	l outside of Texas. Co n, TX, officeholder livi	
					"		
	e ONLY if direct	Candidate/Officeh	older name	Office so	ught	Office I	neld
expendit	ure to benefit C/O	^H Meyer, Morgan		State R	epresentative Dist	rict 108 State	Representative District
Date		Payee name					
		(see previous)					
Amount	(\$)	Payee address;	City;	State; Zip C	ode		
☐ Expend	iture from						
	te funds						
	POSE	(a) Category (See C	ategories listed at the to	op of this schedule)	(b) Description		
	OF IDITURE				ı =	l outside of Texas. Co n, TX, officeholder livi	
					Criccic ii 7 tuosiii	n, 17, omeeneder nvi	ing expense
	e <u>ONLY</u> if direct	Candidate/Officeh	older name	Office so	ught	Office I	neld
expendit	ure to benefit C/O	^H Button, Angie C	hen	State R	epresentative Dist	rict 112 State	Representative District

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 105/115 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
, ,	
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Lujan, John State Representative District 118 State Representative District
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Amount (Ψ)	rayee address, City, State, Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	LaHood, Marc State Representative District 121 None
Date	Payee name
	(see previous)
Δ	
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EAPENDITUKE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Dorazio, Mark State Representative District 122 State Representative District

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	s)
Sch: 106/115 Rpt:	Texas Alliance for Life 00051076	
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Expenditure from corporate funds		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Greek in leading 174, directioned in ing experise	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	Harless, Sam State Representative District 126 State Representative District	
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from		
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H. Curpingham, Charles, State Bengacentative District 127 State Bengacentative District	
	Cunningham, Charles State Representative District 127 State Representative District	
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		

SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains he	ow to complete this form.	OTTLEN (enter a category not listed above)
1 Total pages Schedule F1:		·	3 Filer ID (Ethics Commission Filers)
Sch: 107/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Of	fice sought	Office held
expenditure to benefit C/Ol			rict 129 State Representative District
Date	Payee name		
	(see previous)		
Amount (\$)		Zip Code	
γ ιποαπε (Φ)	r ayou dadross, Ony, State,	2.p 0000	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
OF EXPENDITURE		<u> </u>	I outside of Texas. Complete Schedule T.
		Check if Austi	n, TX, officeholder living expense
2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	fice sought	Office held
	¹ Oliverson, Tom St	ale Representative Dist	rict 130 State Representative District
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State;	Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Catagony	(h) Description	
OF	(a) Category (See Categories listed at the top of this sched		I outside of Texas. Complete Schedule T.
EXPENDITURE		- I <u></u>	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Of	fice sought	Office held
expenditure to benefit C/O			rict 132 State Representative District
		<u> </u>	<u>-</u>

SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains I	how to complete this form.	OTHER (enter a category not isseed above)
1 Total pages Schedule F1:	·	·	3 Filer ID (Ethics Commission Filers)
Sch: 108/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		•
	(see previous)		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name C	I Office sought	Office held
expenditure to benefit C/OI			rict 133 State Representative District
Date	Payee name		
	(see previous)		
Amount (\$)		Zip Code	
Amount (4)	Payee address, City, State,	Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
OF EXPENDITURE		<u> </u>	I outside of Texas. Complete Schedule T.
		Check if Austi	n, TX, officeholder living expense
2 1 2 2 1 1 1 1 1			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought	Office held
experientare to benefit Great	[¬] Hull, Lacey S	State Representative Dist	rict 138 State Representative District
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State;	Zip Code	
Expenditure from corporate funds			
		[ns	
PURPOSE OF	(a) Category (See Categories listed at the top of this school		l outside of Texas. Complete Schedule T.
EXPENDITURE		<u> -</u>	n, TX, officeholder living expense
			, , ,
Complete ONLY if direct	Candidate/Officeholder name C	 Office sought	Office held
expenditure to benefit C/OI			rict 150 State Representative District
			The state of the s

SCHEDULE F1

Advertising Expense EAccounting/Banking FOOSulting Expense FOOSUlting Expense FOOSUlting Expense FOOSULTING FO

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 109/115 Rpt:	Texas Alliance for Life 00051076	
4	Date	5 Payee name	
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	- Evnanditura from		
	Expenditure from corporate funds		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
3	expenditure to benefit C/O		e
	D :		_
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
_	T Expenditure from		
	corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Operation ONLY if allowed	On alidate (Office helder game)	_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held Messinger, John Court Of Appeals, Justice Place None	
	•	iviessinger, John Court Of Appeals, Justice Place Notice	_
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from		
	corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
	2		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Orialiano to bonioni o/Oi	McCray, Todd Court Of Appeals, Justice Place None	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Great Gara F ayment	The Instruction Guide e	xplains how to complete this form	-	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 110/115 Rpt:	Texas Alliance for Life		00051	.076
4 Date	5 Payee name (see previous)		•	
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if t		as. Complete Schedule T. der living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Valenzuela, Lori	Office sought Court Of Appeals, Just		fice held ourt Of Appeals, Justice Place
Date	Payee name (see previous)			
Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if t		as. Complete Schedule T. der living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Chambers, Kent	Office sought Court Of Appeals, Just		fice held one
Date	Payee name (see previous)			
Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if t		as. Complete Schedule T. der living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Tijerina, Jaime	Office sought Court of Appeals,Chief		fice held ourt Of Appeals, Justice Place

SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains	s how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	·	3 Filer ID (Ethics Commission Filers)
Sch: 111/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City; State	e; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI		Office sought Court Of Appeals, Justice	Office held Place None
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State	e; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI		Office sought Court Of Appeals, Justice	Office held Place District Judge District 476
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State	e; Zip Code	
corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI		Office sought Court Of Appeals, Justice	Office held Place None

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Politica Credit Card Payment		ns how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 112/115 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		•
	(see previous)		
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this	·	and the of Tours Countries Cabadala T
EXPENDITURE			outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Herring, Jason	District Attorney (Multi-cou	inty) District Attorney (Multi-county)
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	ite; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE			outside of Texas. Complete Schedule T.
		Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Bexar County Commission	
Date		<u> </u>	<u> </u>
Date	Payee name (see previous)		
A (A)		. 7' 0 1	
Amount (\$)	Payee address; City; Sta	te; Zip Code	
Expenditure from			
corporate funds		· · · · · · · · · · · · · · · · · · ·	
PURPOSE OF	(a) Category (See Categories listed at the top of this		(= 0 1.01.11.=
EXPENDITURE			outside of Texas. Complete Schedule T. , TX, officeholder living expense
			, ,
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Corpus Christi ISD Trustee	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide ex	xplains how to complete this form.	
1	Total pages Schedule F1: Sch: 113/115 Rpt:	2 FILER NAME Texas Alliance for Life		3 Filer ID (Ethics Commission Filers) 00051076
4	Date	5 Payee name (see previous)		
6	Amount (\$)	7 Payee address; City;	State; Zip Code	
	Expenditure from corporate funds			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Liechty, Lorne	Office sought Rockwall County Commis	Office held sioner, None
	Date	Payee name (see previous)		
	Amount (\$)	Payee address; City;	State; Zip Code	
	Expenditure from corporate funds			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Whittmore, Sean	Office sought Criminal District Attorney	Office held Criminal District Attorney
	Date	Payee name (see previous)		
	Amount (\$)	Payee address; City;	State; Zip Code	
	Expenditure from corporate funds			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name King, Donna	Office sought District Judge District 26	Office held District Judge District 26

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide	e explains how to complete this	s form.	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 114/115 Rpt:	Texas Alliance for Life		00051076	
4 Date	5 Payee name			
	(see previous)			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	_ CI	ription neck if travel outside of Texas. Co neck if Austin, TX, officeholder livi	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Larson, Ryan	Office sought District Judge Dis	Office I trict 395 Distric	neld t Judge District 395
Date	Payee name			
Date	(see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	CI	ription neck if travel outside of Texas. Co neck if Austin, TX, officeholder livi	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Vaughn, Carolyn	Office sought Corpus Christi Cit	Office I y Council, At None	neld
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	CI	ription neck if travel outside of Texas. Co neck if Austin, TX, officeholder livi	•
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Sanders, Richard	Office sought Caldwell County (Office I Constable, None	neld
	Salucis, Nicidiu	Caluwell County C	Solistable, Notice	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 115/115 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
10/09/2024	Valoree Swanson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	23020 Ammick Ct
Expenditure from corporate funds	Spring, TX 77389
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 Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign Continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	dandidate/officeriolder flame office sought office field
Date	Payee name
10/15/2024	Will Metcalf Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	2505 N. Yorkchase Lane
Expenditure from corporate funds	Conroe, TX 77304
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.	(* * * * * * * * * * * * * * * * * * *		,	
1 Total pages Schedule F4:	4: 2 FILER NAME			3 Filer ID (E	3 Filer ID (Ethics Commission Filers)		
Sch: 1/1 Rpt: 168/168		Texas Alliance for Life					
4 CREDIT CARD ISSUER		ncial institution Fargo	5 TOTAL OF UNITEMI EXPENDITURES CHARGED TO A CR CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
Expenditure from corporate funds	\$265.16	10/25/2024					
7 PAYEE	(a) Payee name Wells Fargo Busine	ess Card	(b) Payee address; PO Box 51174	City,	State,	Zip Code	
			Los Angeles, CA 900)51-5474			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Accounting/Banking	of this schedule)	(b) Description Wells Fargo Busines	s Card Fee			
Non-Political	() 🗖		<u> </u>				
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	tin, TX, officeholder living Office held	expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onic	e sougni	Office field			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
Expenditure from corporate funds	\$269.92	09/30/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Facebook		1 Hacker Way				
			Menlo Park, CA 9402	25			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Promote Pro-Life Voter Guide				
X Political	Advertising Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card	Issuer Paid			
Expenditure from corporate funds	\$2.24	10/20/2024	(-)(-)				
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code	
	Wells Fargo Busine	ess Card	PO Box 51174				
			Los Angeles, CA 900)51-5474			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Accounting/Banking	of this schedule)	(b) Description Financial Charges				
X Political							
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		tin, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			