FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00051076 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Alliance for Life Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 8000 Centre Park Dr., Ste. 380 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78754-5136 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. James C. NAME NICKNAME LAST **SUFFIX** Shaw STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4505 Corazon Cv. STREET **ADDRESS** (Residence or Business) Round Rock, TX 78681 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 8000 Centre Park Dr., Ste. 380 MAILING **ADDRESS** Austin, TX 78754 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 789-0111 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life			00051076	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Angela Paxton State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,730.86
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	19,321.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	5,764.07
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	2,000.00
16 AFFIDAVIT	•		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Jame	s C. Shaw	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Cignoture of officers of	ministaring anth	Drinted name of officer administrative and	Title of effic	or administaving acti
Signature of officer ad	mmistering oath	Printed name of officer administering oath	Tiue OF OTIC	er administering oath

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

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

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life				00051076	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Tom Maynard State Boar	d Of Education	
(Attach lists on plain 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	Pam Little State Board Of	f Education	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Tam Little State Board Of	Laucation	
(Attach lists on plain 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	Aaron Kinsey State Board	d Of Education	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Texas Alliance for Life				00051076	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dabney Bassel Court Of Appea	als, Justice	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	John Messinger Court Of Appe	als. Justice	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		John Messinger Court of Appe	ais, vusiice	
	(Attach lists on plain 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	Todd McCray Court Of Appeals	s, Justice	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life	9			00051076	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Lori Valenzuela Court Of Appe	eals, Justice	
(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	Kent Chambers Court Of Appe	als lustica	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Kent Grambers Court Gryppe	cuis, sustice	
(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.)	A. Supported	Jaime Tijerina Court of Appea	ls,Chief Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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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.)		Jenny Cron Court Of Appeals,	Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Ysmael Fonseca Court Of App	eals, Justice	
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	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	Jon West Court Of Appeals, Ju	stice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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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.)		Jason Herring	District Attorney	(Multi-county)	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Grant Moody	Bexar County Co	mmissioner Pre	cinct 3
ACTIVITY	(Identify by name or, if applicable, classify by party.)					S.I.161 G
(Attach lists on plain 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	Lorne Liechty	Rockwall County	Commissioner	Precinct 3
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
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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	Michael Bergsma 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.)	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.)		Carolyn Vaughn Corpus Christi	City Council, At Large
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if			
	applicable, classify by party.)			
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ryan Larson District Judge	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			

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asures by date and of election and issue.)	A. Supported B. Opposed A. Supported B. Opposed	Donna King District Judge	13 Filer ID (Ethics Commission Filers) 00051076
asures by date and of election and issue.)	B. Opposed A. Supported	Donna King District Judge	00051076
asures by date and of election and issue.)	B. Opposed A. Supported	Donna King District Judge	
asures / by date and of election and issue.) ceholders isted by name or, if	A. Supported		
e by date and of election and issue.) Ceholders isted by name or, if			
e by date and of election and issue.) Ceholders isted by name or, if			
ceholders isted by name or, if	B. Opposed		
isted by name or, if			
e, classify by party.)			
ndidates by name or, if e, classify by party.)	A. Supported	Richard Sanders Caldwell Coun	ty Constable Precinct 1
Ē	B. Opposed		
ASURES /	A. Supported		
issue.)	B. Opposed		
ceholders isted			
by name or, if e, classify by party.)			
oy name or, if e, classify by party.)	A. Supported	Sean Whittmore Criminal Distric	t Attorney
E	B. Opposed		
e by date and of election and issue.)	A. Supported		
E	B. Opposed		
a e of i	y name or, if , classify by party.) SUres by date and election and ssue.)	B. Opposed Sures by date and election and ssue.) B. Opposed A. Supported B. Opposed	B. Opposed B. Opposed Sures by date and election and ssue.) B. Opposed B. Opposed

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COMMITTEE NAME Texas Alliance for Life				13 Filer ID 00051076	(Ethics Commission Filers)
	1	1			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Gary VanDeaver State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE	1. Candidates	A Supported	Cecil Bell Jr. State Representati	VA	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Octor Bell of Citate Representati	VC	
(Attach lists on plain		D. Ourrand			
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 (Identify by name or, if applicable, classify by party.)		Keith Bell State Representative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	74. Зарронеа			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

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

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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.)		Trent Ashby Sta	ate 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				
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates	A. Supported	Trey Wharton S	tate 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				
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Angelia Orr Sta	te Representative	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				
	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.)		Paul Dyson	State Representativ	e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Will Metcalf	State Representativ	e	
ACTIVITY	(Identify by name or, if applicable, classify by party.)			·		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Stan Gerdes	s 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.)					
	applicable, classify by party.)	1				

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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.)		Ellen Troxclair State Represent	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)	7 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 Wilson 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.)		Dade Phelan 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.)				
		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.)		Terri Leo-Wilso	on State Represei	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.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Greg Bonnen	State 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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Cody Vasut Si	ate Representativ	re	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

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COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Gary Gates S	State Representativ	е	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)	7. 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.)		Jeffrey Barry	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.)		Ryan Guillen	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.)					
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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.)		Todd Hunter State Representati	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.)	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.)		Denise Villalobos State Represe	entative	
(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.)		Janie Lopez 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.)				
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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.)		Doc Guerra 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.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates	A. Supported	J.M. Lozano State Representati	ve	
	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Caroline Harris Davila State Rep	oresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if 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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jimmy Blacklock State Represe	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		John Devine Supreme Court Jus	stice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jane Bland Supreme Court Just	ice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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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 Schenc	k Court Of Appeal	s, Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	Brad Buckley	State Representat	ive	
	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.)		Patrick Curry	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.)					
	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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						_
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			
		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.)		Paul Bettencourt State Senator		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Carrie Isaac State Representativ	ve	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		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.)		Robert Garza State Representa	tive	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Don McLaughlin State Represer	ntative	
	(Attach lists on plain		B. Opposed			
	paper to complete this 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.)		Brooks Landgraf 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	1. Candidates (Identify by name or, if applicable, classify by party.)		Tom Craddick State Represe	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A Cupported			
		(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.)		Dustin Burrows State Repres	entative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Carl Tepper 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.)				
		applicable, classily 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.)		Stan Kitzman	State Representat	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	John Smithee	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 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.)		Ken King Stat	e 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, classily 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.)		Candy Noble 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.)	7t. 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.)		Nate Schatzline State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		David Cook State Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
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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	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	1. Candidates	A. Supported	Giovanni Capriglione State Repi	resentative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Cloratili Caprignone Clate Rep.	coomanyo	
(Attach lists on plain 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.)		Charlie Geren State Representa	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

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COMMITTEE NAME				13 Filer ID	(Ethios Commission Filors)
Texas Alliance for Life				00051076	(Ethics Commission Filers)
COMMITTEE	Candidates (Identify by name or, if applicable, classify by party.)		Jared Patterson State Represer		
(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.)		Morgan Meyer State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Angie Chen Button State Repre	esentative	
(Attach lists on plain 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.)				
	ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	ACTIVITY (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.) (Attach lists on plain paper to complete this report if necessary.)	(Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) COMMITTEE 1. Candidates (dentify by name or, if applicable, classify by party.) COMMITTEE 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) A. Supported Angie Chen Button State Represent dentification and nature of issue.) B. Opposed 3. Opposed 3. Opposed 3. Opposed 4. Supported Angie Chen Button State Represent dentification and nature of issue.) B. Opposed 5. Opposed 5. Opposed 6. Opposed 7. Supported Angie Chen Button State Represent dentification and nature of issue.) 8. Opposed 8. Opposed	(Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by tates and location of election and utilities of election and utilities of election) 2. Measures (Describe by tates and location of election and utilities) 3. Officeholders Assisted (Generally by name or, if applicable, classify by party). COMMITTEE ACTIVITY (Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by tates on the complete this general of election and location of election and nature of election) B. Opposed A. Supported Morgan Meyer State Representative depends on the complete this general or election and location of election and nature of election and nature of election and location of election and location of election and location of election and nature of election and nature of election and location of election and location of election and nature of election and location of election and

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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.)		John Lujan Stat	e Representative	9	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and	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.)		Marc LaHood S	tate Representat	tive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mark Dorazio Si	ate 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.)					
	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.)		Sam Harless 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	1. Candidates	A. Supported	Charles Cunningham State Rep	resentative	
	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Briscoe Cain State Representati	ive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

FORM GPAC ADDENDUM

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COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Alliance for Life					00051076	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dennis Paul 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.)	7 ti Gapportoa				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Tom Oliverson Sta	ate Representa	ative	
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.)		Mike Schofield Sta	ate Representa	ative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	applicable, classify by party.)					

FORM GPAC ADDENDUM

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12 COMMITTEE NAME				13 File		(Ethics Commiss	sion Filers)
Texas Alliance for Life				000	051076		
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mano DeAyala State Re	presentative			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures	A. Supported					
	(Describe by date and location of election and nature of issue.)						
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if						
	applicable, classify by party.)						
COMMITTEE	1. Candidates	A. Supported	Lacey Hull State Repres	entative			
ACTIVITY	(Identify by name or, if applicable, classify by party.)						
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
	,	B. Opposed					
	Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.)						
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Valoree Swanson State	Representative			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
	Assisted						

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					37 of 278
		EE NAME iance for Life	18 Filer ID 00051076	(Ethic	cs Commission Filers)
19 SC	HEDUL	E SUBTOTALS	00001010		SUBTOTAL AMOUNT
NA	ME OF	SCHEDULE		<u> </u>	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,930.86
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	2,400.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	Х	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$	800.00
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	16,282.04
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	3,039.25
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
				•	

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 1/16 Rpt: 38/278	
2	FILER NAME Texas Allian	ce for Life		3	Filer ID (Ethics Commissio 00051076	n Filers)
4	Date 11/23/2024	 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	s)		
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID Atkins, Mary Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Cedar Park, TX 78613 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Employer (eee meadeans	٥,		
	Date 12/06/2024	Full name of contributor	#:)		Amount of Contribution (\$)	\$250.00
		Bryan, TX 77802				
	Principal occu Retired Profe	pation / Job title (See Instructions) essor	Employer (See Instructions	s)		
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID Belisle, Merritt Contributor address; City; State; Zip Code Austin, TX 78708	#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Attorney	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID Belisle, Merritt Contributor address; City; State; Zip Code Austin, TX 78708	#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Attorney	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/16 Rpt: 39/278	
2	FILER NAME Texas Allian	ce for Life		3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 11/23/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_		Schulenberg, TX 78956				
8	Principal occu Geologist	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID#:_ Berger, Becky Contributor address; City; State; Zip Code Schulenberg, TX 78956)		Amount of Contribution (\$)	\$50.00
	Principal occu Geologist	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID#:_ Cortez, Abel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$52.09
		Austin, TX 78717 pation / Job title (See Instructions) ector/Abel Kare Concepts	Employer (See Instructions	5)		
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$52.09
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ DeWine, Dennis Contributor address; City; State; Zip Code San Antonio, TX 78248)		Amount of Contribution (\$)	\$625.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUT	IONS	5		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s form		1	Total pages Schedule A1: Sch: 3/16 Rpt: 40/278	
2	FILER NAME Texas Allian	ce for Life			3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 11/23/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
8	Dringinal occu	Denton, TX 76207 pation / Job title (See Instructions)	ا ۵ ا	Employer (See Instructions			
Ü		missioner Place 4		Employer (See Instructions	,		
	Date 12/23/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Denton, TX 76207 Dation / Job title (See Instructions)	l e	Employer (See Instructions)		
		missioner Place 4			,		
	Date 11/27/2024	Full name of contributor out-of-state PAC (IDE) Fitzgerald, Aine Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$10.00
		Waco, TX 76710					
	Principal occu Tutor/Self	pation / Job title (See Instructions)	E	Employer (See Instructions)		
	Date 12/23/2024	Full name of contributor out-of-state PAC (IDE) Fitzgerald, Aine Contributor address; City; State; Zip Code Waco, TX 76710				Amount of Contribution (\$)	\$10.00
	Principal occu Tutor/Self	pation / Job title (See Instructions)	E	Employer (See Instructions)		
	Date 11/23/2024	Full name of contributor out-of-state PAC (IE Floyd, Kathleen Contributor address; City; State; Zip Code Dripping Springs, TX 78620				Amount of Contribution (\$)	\$10.00
	Principal occu Registered N	oation / Job title (See Instructions) lurse	E	Employer (See Instructions)		
			ı				

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/16 Rpt: 41/278	
2	FILER NAME Texas Alliand	ce for Life		3	Filer ID (Ethics Commission 00051076	on Filers)
4	Date 12/23/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
8	Principal occur	Dripping Springs, TX 78620 pation / Job title (See Instructions)	9 Employer (See Instructions	·/_		
0	Registered N		5 Employer (See instructions	·)		
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID#:_ Givens, Edward Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Dringing aggr	Round Rock, TX 78681	Employer (See Instructions	<u></u>		
	Analyst	pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID#:_ Givens, Edward Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Round Rock, TX 78681				
	Principal occu Analyst	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/17/2024	Full name of contributor out-of-state PAC (ID#:_ Harless, Sam Contributor address; City; State; Zip Code Spring, TX 77379-6900			Amount of Contribution (\$)	\$1,200.00
		pation / Job title (See Instructions) entative/Automobile Dealer	Employer (See Instructions	5)		
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID#:_ Hashman, Lisa Contributor address; City; State; Zip Code Driftwood, TX 78619			Amount of Contribution (\$)	\$50.00
	Principal occu Pediatrician/	oation / Job title (See Instructions) Retired	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/16 Rpt: 42/278	
2	FILER NAME Texas Allian	ce for Life		3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 12/23/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Driftwood, TX 78619 pation / Job title (See Instructions)	9 Employer (See Instructions			
Ü	Pediatrician/		2 Employer (See Instructions	')		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#: Haynes, Brent Contributor address; City; State; Zip Code Houston, TX 77008			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney / Ga	Alveston County District Attorney				
	Date 11/23/2024	Full name of contributor			Amount of Contribution (\$)	\$25.00
		Houston, TX 77008				
		pation / Job title (See Instructions) Alveston County District Attorney	Employer (See Instructions	i)		
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	•	pation / Job title (See Instructions) alveston County District Attorney	Employer (See Instructions)		
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID#: Hayter, Russell Contributor address; City; State; Zip Code Mountain City, TX 78610			Amount of Contribution (\$)	\$300.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	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: 6/16 Rpt: 43/278	
2	FILER NAME Texas Allian	ce for Life		3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 12/23/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$300.00
_		Mountain City, TX 78610				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID#:_ Henderson, Terry Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	LOCKHART, TX 78644 pation / Job title (See Instructions)	Employer (See Instructions	:) 		
	Retired	odition 7 30b title (See Instructions)	Employer (See instructions	')		
	Date 12/23/2024	Full name of contributor			Amount of Contribution (\$)	\$10.00
		Lockhart, TX 78644				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/09/2024	Full name of contributor out-of-state PAC (ID#:_ Ho, Dan Contributor address; City; State; Zip Code Grapevine, TX 76051			Amount of Contribution (\$)	\$100.00
	Principal occu Engineer	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID#:_ Jacobs, Michael Contributor address; City; State; Zip Code San Antonio, TX 78261)		Amount of Contribution (\$)	\$100.00
	Principal occu Military Cont	pation / Job title (See Instructions) ractor	Employer (See Instructions	5)		
	-					

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/16 Rpt: 44/278	
2	FILER NAME Texas Allian	ce for Life		3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 12/23/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	Deinainal accu	San Antonio, TX 78261	O Frankrija (Cas krativijationa	<u></u>		
8	Military Cont		9 Employer (See Instructions	5)		
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID#:_ Joiner, Diane Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Dringing! goog	Lakeway, TX 78738	Employer (See Instructions			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID#:_ Joiner, Diane Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Lakeway, TX 78738				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_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	5)		
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID#:_ Karam, Elyse Contributor address; City; State; Zip Code San Antonio, TX 78212			Amount of Contribution (\$)	\$50.00
	Principal occu Bookkeeper	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/16 Rpt: 45/278	
2	FILER NAME Texas Allian	ce for Life		3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 12/23/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78212	1			
8	Principal occu Bookkeeper	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/08/2024	Full name of contributor out-of-state PAC (ID# Kiely, Bartholomew Contributor address; City; State; Zip Code	<i>t</i> :)		Amount of Contribution (\$)	\$100.00
	Principal occu	Cedar Park, TX 78613 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Electrical En					
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID: Kruczek, Loraine Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78737				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID# Kruczek, Loraine Contributor address; City; State; Zip Code Austin, TX 78737	<u>; </u>		Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID: Lopez, Michelle Contributor address; City; State; Zip Code Buda, TX 78610	<u>; </u>		Amount of Contribution (\$)	\$208.34
	Principal occu Self employe	oation / Job title (See Instructions) d	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/16 Rpt: 46/278	
2	FILER NAME Texas Alliand	ce for Life		3	Filer ID (Ethics Commission 00051076	n Filers)
4	Date 12/23/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$208.34
8	Principal occur	Buda, TX 78610 pation / Job title (See Instructions)	9 Employer (See Instructions) 		
	Self employe		2 Employer (eee meadeants	,		
	Date 11/23/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	San Marcos, TX 78666 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Religious Sis					
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID#:_ Manning, Lillian Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666				
	Principal occu Religious Sis	pation / Job title (See Instructions) ter	Employer (See Instructions)		
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID#:_Maxey, Sherri Contributor address; City; State; Zip Code Jarrell, TX 76537			Amount of Contribution (\$)	\$10.00
	Principal occu Office Manaç	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID#:_Maxey, Sherri Contributor address; City; State; Zip Code Jarrell, TX 76537			Amount of Contribution (\$)	\$10.00
	Principal occu Office Manaç	oation / Job title (See Instructions) ger	Employer (See Instructions	i)		

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 10/16 Rpt: 47/278	
2	FILER NAME Texas Allian	ce for Life		3	3 Filer ID (Ethics Commissio 00051076	n Filers)
4	Date 11/23/2024	 Full name of contributor out-of-state PA Medford, Brad Contributor address; City; State; Zip Code 			7 Amount of Contribution (\$)	\$25.00
		Cedar Park, TX 78641				
8	Principal occu CEO	pation / Job title (See Instructions)	9 Employei	(See Instructions)		
	Date 12/23/2024	Full name of contributor	C (ID#:		Amount of Contribution (\$)	\$25.00
	Principal occu	Cedar Park, TX 78641 pation / Job title (See Instructions)	Employe	(See Instructions)		
	CEO					
	Date 11/23/2024	Full name of contributor out-of-state PA Moreland, Ronda Contributor address; City; State; Zip Code	C (ID#:		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75218				
	Principal occu Radio Produ	oation / Job title (See Instructions) cer	Employer	(See Instructions)		
	Date 12/10/2024	Full name of contributor out-of-state PA Murphy, Tom Contributor address; City; State; Zip Code San Antonio, TX 78253	C (ID#:)	Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer	(See Instructions)		
	Date 10/28/2024	Full name of contributor out-of-state PA Niemeyer, Marlowe Contributor address; City; State; Zip Code Austin, TX 78733	C (ID#:		Amount of Contribution (\$)	\$100.00
	Principal occu Retired Psyc	oation / Job title (See Instructions) hiatrist	Employer	(See Instructions)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS	SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 11/16 Rpt: 48/278	
2	FILER NAME Texas Alliano	ce for Life			3 Filer ID (Ethics Commission 00051076	n Filers)
4	Date 11/23/2024	5 Full name of contributor Pojman, Joe (Dr.)6 Contributor address; City; St	out-of-state PAC (ID#:_	_	7 Amount of Contribution (\$)	\$100.00
8	Principal occu	Austin, TX 78728 pation / Job title (See Instructions	s)	9 Employer (See Instructions	5)	
•	Executive Di		,	Texas Alliance for Life,		
	Date 12/23/2024	Full name of contributor Pojman, Joe (Dr.) Contributor address; City; St	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78728 pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u>	
	Executive Di		,,	Texas Alliance for Life,		
	Date 11/23/2024	Full name of contributor Ransdell, James Contributor address; City; St	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$50.00
	Principal occu	Seguin, TX 78155 pation / Job title (See Instructions	.)	Employer (See Instructions		
	Retired	pation / 300 title (See motractions	,	Employer (See manuchons	5)	
	Date 12/23/2024	Full name of contributor Ransdell, James Contributor address; City; St Seguin, TX 78155	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instructions	5)	
	Date 12/10/2024	Full name of contributor Rauschuber, Robert Contributor address; City; St Georgetown, TX 78626	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$500.00
	Principal occu Retired Milita	pation / Job title (See Instructions ary	s)	Employer (See Instructions	5)	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	SCHEDULE A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 12/16 Rpt: 49/278		
2	FILER NAME Texas Allian	ce for Life		3	Filer ID (Ethics Commission 00051076	n Filers)	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Roady, Jack 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00		
_		Sante Fe, TX 77510					
8		pation / Job title (See Instructions) ney/Galveston County	9 Employer (See Instruct	ions)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/23/2024 Roady, Jack Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occu	Sante Fe, TX 77510 Dation / Job title (See Instructions)	Employer (See Instruct	ions)			
	District Attor	ney/Galveston County					
	Date Full name of contributor out-of-state PAC (ID#:) 11/23/2024 Robinson, Becky Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
		Austin, TX 78757					
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instruct	ions)			
	Date 12/23/2024	Robinson, Becky	state PAC (ID#:) ode		Amount of Contribution (\$)	\$25.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/30/2024 Sablo, Armando Contributor address; City; State; Zip Code Cibolo, TX 78108			Amount of Contribution (\$)	\$25.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruct	ions)			
			•				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 13/16 Rpt: 50/278		
2	FILER NAME Texas Allian	ILER NAME exas Alliance for Life		3	Filer ID (Ethics Commission 00051076	n Filers)	
4	Date 12/30/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00	
_	Deinsinal	Austin, TX 78749	O Frankrije (Ozakasta stira				
8	Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 11/23/2024 Schero, Donna Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00	
	Principal occu	Fort Worth, TX 76109 pation / Job title (See Instructions)	Employer (See Instructions)			
	Registered N	Nurse					
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID#:_ Schero, Donna Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00	
		Fort Worth, TX 76109					
	Principal occu Registered N	pation / Job title (See Instructions) Nurse	Employer (See Instructions)			
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID#:_Schulze, James Contributor address; City; State; Zip Code Conroe, TX 77304			Amount of Contribution (\$)	\$25.00	
	Principal occu Veterinarian	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID#:_Schulze, James Contributor address; City; State; Zip Code Conroe, TX 77304)		Amount of Contribution (\$)	\$25.00	
	Principal occu Veterinarian	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULI	DULE A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 14/16 Rpt: 51/278		
2	FILER NAME Texas Allian	ce for Life		3	Filer ID (Ethics Commission 00051076	ı Filers)	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Skowbo, James 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00		
8	Principal occu	Georgetown, TX 78633 pation / Job title (See Instructions)	9 Employer (See Instructions	 - S)			
	Self Employe		, , ,				
	Date Full name of contributor out-of-state PAC (ID#:) 12/23/2024 Skowbo, James Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$25.00		
	Dringing age	Georgetown, TX 78633	Employer (Coo Instructions	<u></u>			
	Self Employe	pation / Job title (See Instructions) ed	Employer (See Instructions	o)			
	Date 11/23/2024	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	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID#: Smith, Clark Contributor address; City; State; Zip Code Austin, TX 78750		•	Amount of Contribution (\$)	\$25.00	
	Principal occu Attorney	oation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID#: Umstattd, Thomas Contributor address; City; State; Zip Code Cedar Park, TX 78613			Amount of Contribution (\$)	\$50.00	
	Principal occu Podcaster	pation / Job title (See Instructions)	Employer (See Instructions	s)			
			•				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULI	ULE A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 15/16 Rpt: 52/278		
2	FILER NAME Texas Allian	ce for Life		3	Filer ID (Ethics Commission 00051076	Filers)	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 12/31/2024 Umstattd, Thomas 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00		
_	Deinsinal	Cedar Park, TX 78613	19				
8	Principal occu Podcaster	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/03/2024 Walker, Lowell Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
	Dringing agg	Nederland, TX 77627	Employer (See Instructions				
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	S)			
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID Wheatley, Elisabeth Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$50.00	
		Georgetown, TX 78626					
	Principal occu Writer	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID Wheatley, Elisabeth Contributor address; City; State; Zip Code Georgetown, TX 78626	#:)		Amount of Contribution (\$)	\$50.00	
	Principal occu Writer	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID Wilson, Roger Contributor address; City; State; Zip Code Jonestown, TX 78645			Amount of Contribution (\$)	\$50.00	
	Principal occu Retired Past	oation / Job title (See Instructions)	Employer (See Instructions	s)			
			•				

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 16/16 Rpt: 53/278
2	2 FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
4	4 Date 12/23/2024 5 Full name of contributor out-of-state PAC (ID#: Wilson, Roger 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$50.00
	Jonestown, TX 78645	
8	8 Principal occupation / Job title (See Instructions)9 EmployerRetired Pastor	ployer (See Instructions)

PLED	GED CONTRIBU	TIONS			SCHEDULE B	
The Instruction Guide explains how to complete this form.				1 Total pages Schedule B: Sch: 1/1 Rpt: 54/278		
	2 FILER NAME Texas Alliance for Life				cs Commission Filers)	
4 TOTAL C	F UNITEMIZED PLEDG	ES		\$	0.00	
5 Date	6 Full name of pledgor Berger, Becky	out-of-state PAC (ID#:_		8 Amount of pledge (\$)	9 In-kind description (If applicable)	
11/26/2024	7 Pledgor Address;	City; State; Zip Code		\$1,200.00		
	Schulenberg, TX 7895	66		Check if travel outsi	l ide of Texas. Complete Schedule T.	
10 Principal oc Geologist	cupation / Job title (See Instru	ctions)	11 Employer (See Instru	ictions)		
5 Date	6 Full name of pledgor Roady, Jack 7 Pledgor Address;	out-of-state PAC (ID#:_		8 Amount of pledge (\$) \$1,200.00	9 In-kind description (If applicable)	
11/15/2024	Sante Fe, TX 77510			Check if travel outsi	ide of Texas. Complete Schedule T.	
10 Principal oc District Att	cupation / Job title (See Instru orney	ctions)	11 Employer (See Instru Galveston County			

NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C4

	The Instruction Guide explains how to complete this form.			Total pages S Sch: 1/1 Rp	Schedule C4: t: 55/278	
2	FILER NAME Texas Alliance for Life		3	Filer ID 00051076	(Ethics Commission Filers)	
4	Date 11/01/2024	5 Corporation / Labor Organization name Texas Alliance for Life, Inc.	6	Amount (\$)	4	400.00
	Date 12/01/2024	Corporation / Labor Organization name Texas Alliance for Life, Inc.		Amount (\$)	4	400.00

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

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: 1/221 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
12/04/2024	Brooks Landgraf Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	PO Box 13146
Expenditure from corporate funds	Odessa, TX 79768
8 PURPOSE	·
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/21/2024	Bryan Hughes Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	PO Box 450
Expenditure from corporate funds	Mineola, TX 75773
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/12/2024	Caroline Harris Davila Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	PO Box 700
Expenditure from corporate funds	Round Rock, TX 78680
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 2/221 Rpt:	2 FILER NAME Texas Alliance for Life 3 Filer ID (Ethics Commission Filers) 00051076
4 Date	5 Payee name
12/12/2024	Carrie Isaac Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	100 Commons Rd #7-125
Expenditure from corporate funds	Dripping Springs, TX 78620
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/12/2024	Cecil Bell Jr Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	30355 Old Hockley Rd
Expenditure from	
corporate funds	Mognolia, TX 77355
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialture to beliefit C/O	
Date	Payee name
12/12/2024	Charles Perry Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	PO Box 94806
Expenditure from corporate funds	Lubbock, TX 79493
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft C/O	•
I	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/221 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
11/18/2024	Charles Perry Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	PO Box 94806
Expenditure from corporate funds	Lubbock, TX 79493
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officerioider/Political Committee Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/02/2024	City of Austin
Amount (\$)	Payee address; City; State; Zip Code
\$3.25	301 W 2nd St 3rd Flr
Ψ0.20	552 W 2.1d 5(5/d 1 II
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Parking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Parking
	, same
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/02/2024	City of Austin
Amount (\$)	Payee address; City; State; Zip Code
\$3.25	301 W 2nd St 3rd Flr
40.20	552 W 2.1d 50 51 d T II
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Parking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Parking
	raikilly
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

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: 4/221 Rpt:	Texas Alliance for Life 00051076				
4 Date	5 Payee name				
11/21/2024	Cole Hefner Campaign				
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code PO Box 167				
φ100.00	FO BOX 107				
Expenditure from corporate funds	Mt. Pleasant, TX 75456				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee				
	Campaign Continuation				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					
Date	Payee name				
12/02/2024	Dade Phelan Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	P.O. Box 848				
Expenditure from	Nederland TV 77627				
corporate funds	Nederland, TX 77627				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By				
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense				
	Campaign Contribution				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
11/21/2024	Dan Patrick Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	PO Box 685085				
Expenditure from corporate funds	Austin, TX 78768				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Contributions/Contributions/Donations Made By Contributions/C				
	Candidate/Officeholder/Political Committee				
	Campaign Continuation				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	1				

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/221 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
12/09/2024	David Cook Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	309 E Broad St
Expenditure from corporate funds	Mansfield, TX 76063
<u> </u>	I
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/02/2024	Denise Villalobos Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	PO Box 2910
Expenditure from corporate funds	Austin, TX 78768
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
12/02/2024	Don McLaughlin Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	PO Box 1707
Expenditure from corporate funds	Uvalde, TX 78802
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By 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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/221 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
11/18/2024	Donna Campbell Campaign
11/10/2024	Donna Campbell Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	PO Box 171002
Expenditure from corporate funds	San Antonio, TX 78217
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaigh Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/O	
Date	Payee name
12/13/2024	Dot You.com
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$227.00	1000 Rutledge Place
Expenditure from	
corporate funds	Sun Valley, TX 91352
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Renew URLs
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-l
6 .	
Date	Payee name
12/13/2024	Dustin Burrows Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	5010 University Ave 5th Floor
Expenditure from corporate funds	Lubbock, TX 76413
-	·
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belieff C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/221 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	
12/02/2024	Elavon Compliance Services	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$86.18	7300 Chapman Hwy	
Expenditure from corporate funds	Knoxville, TN 37920	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
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 so	ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
11/02/2024	Elavon Compliance Services	
Amount (\$)	Payee address; City; State; Zip C	nde
\$427.60	7300 Chapman Hwy	ouc
Ψ+21.00	7500 Chapman Tiwy	
Expenditure from corporate funds	Knoxville, TN 37920	
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
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI		
Date	Payee name	
12/12/2024	Ellen Troxclair Campaign	
Amount (\$)	Payee address; City; State; Zip C	ada
\$100.00	701 HWY 281 Suite H 196	oue
Ψ100.00	70111W1 201 3dite 11 130	
Expenditure from corporate funds	Marble Falls, TX 78654	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Campaign Contribution
		Campaign Contribution
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card r dyment	The Instruction Guide explain	ns how to co	omplete this form.				
1	Total pages Schedule F1:	2 FILER NAME			3 Fil	er ID	(Ethics Commission Filer	s)
	Sch: 8/221 Rpt:	Texas Alliance for Life			00	051076		
4	Date	5 Payee name						
	11/30/2024	Facebook						
6	Amount (\$)	7 Payee address; City; Sta	te; Zip Co	ode				
	\$54.80	1 Hacker Way						
_	Expenditure from							
L	corporate funds	Menlo Park, CA 94025						
8	PURPOSE	(a) Category (See Categories listed at the top of this s	schedule)	(b) Description				
	OF EXPENDITURE	Advertising Expense		Check if travel Check if Austin			plete Schedule T.	
				Promote Pro				
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ıght		Office he	eld	
	expenditure to benefit C/OH	[†] Craddick, Christi	Railroad	Commissioner		Railroad	d Commissioner	
	Date	Payee name						
		(see previous)						
	Amount (\$)	Payee address; City; Sta	te; Zip Co	ode				
_	T Expenditure from							
	corporate funds							
	PURPOSE	(a) Category (See Categories listed at the top of this s	schedule)	(b) Description				
	OF EXPENDITURE			Check if travel Check if Austin			plete Schedule T.	
				Crieck ii Adsiii	i, TA, Ullic	ceriolaer living	Гехрепзе	
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ıght		Office he	eld	
	expenditure to benefit C/O	H Blacklock, Jimmy	Supreme	e Court Justice Pla	ace 2	Suprem	ne Court Justice Plac	e 2
	Date	Payee name						
		(see previous)						
	Amount (\$)	Payee address; City; Sta	te; Zip Co	ode				
_	T Expenditure from							
	corporate funds							
	PURPOSE	(a) Category (See Categories listed at the top of this s	schedule)	(b) Description				
	OF EXPENDITURE			Check if travel Check if Austin			plete Schedule T.	
				Cricck ii Addiii	i, TX, Olik	seriolaer living	гехрепас	
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ıght		Office he	eld	
	expenditure to benefit C/OH	¹ Devine, John	Supreme	e Court Justice Pla	ace 4	Suprem	ne Court Justice Plac	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/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
Sch: 9/221 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	
O Commission ONLY if allowed	Our field to 10ff as hald a grown of the state of the sta	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H. Bland, Jone Supreme Court Justice Blace 6. Supreme Court Justice Bland	00.6
	H Bland, Jane Supreme Court Justice Place 6 Supreme Court Justice Place 7	ce o
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/OI	Schenck, David Court of Criminal Appeals, None	
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.	
	Check if Austin, TX, officeholder living expense	
Complete CNII V if divert	Candidate/Officeholder name Office sought Office held	
Complete ONLY if direct expenditure to benefit C/OI		
	Maynard, 10111 State Board Of Education District State Board Of Education	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this fo	rm.
1	Total pages Schedule F1: Sch: 10/221 Rpt:	FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
4	Date	5 Payee name (see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE OF EXPENDITURE		ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Little, Pam State Board Of Educ	Office held ation District State Board Of Education
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE	I — I — I — I — I — I — I — I — I — I —	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Kinsey, Aaron State Board Of Educ	Office held ation District State Board Of Education
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE		ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Bettencourt, Paul State Senator District	Office held t 7 State Senator 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/Officenolder/Politica Credit Card Payment		Salaries/Wages/Contract Lat e explains how to complete this for	`
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 11/221 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		•
	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the to		
OF EXPENDITURE			if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		L Gricox i	II Austri, 17, onicendiuei nving expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H Paxton, Angela	State Senator District	t 8 State Senator District 8
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
, (+)		Эши, —р ста	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the to	· · · · · · · · · · · · · · · · · · ·	
OF EXPENDITURE			if travel outside of Texas. Complete Schedule T.
		L Cliebk i	if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Senator District	
Data	- I		
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			if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		LI 5	I Austrit, 177, Unicerrolate Wing expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Senator 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 edit Card Payment	l Committee	Legal Services The Instruction Gu	Salaries ide explains how to d	/Wages/Con complete t		OTH	HER (enter a	category not listed above)	
1 Tota	al pages Schedule F1:	2 FILER NAME				3	3 File	er ID	(Ethics Commission Filers)	
	Sch: 12/221 Rpt:	Texas Allia					000	051076		
4 Date	е	5 Payee name								
		(see previo	us)							
6 Amo	ount (\$)	7 Payee addre	ss; City;	State; Zip C	Code					_
7	σα (ψ)	l ayou aaanu	0.5,	Otato, 2.p	7040					
Fx	penditure from									
	rporate funds									
8	PURPOSE	(a) Category (s	ee Categories listed at th	a tan of this schodula)	(b) De	scription				_
	OF	(S	ee Calegories iisled at tri	e top of this schedule)	1, 1		ıtside of	Texas. Com	plete Schedule T.	
EX	(PENDITURE					Check if Austin, T	ΓX, office	eholder living	j expense	
9 Con	nplete <u>ONLY</u> if direct	L Candidate/Offi	ceholder name	Office so	<u> </u>			Office he	7l4	_
	enditure to benefit C/O				enator D	istrict 17			enator District 17	
		Tidiiiidii, 300		<u> </u>	Chator D	ISTRICT 17		Jidie J	Chatol District 17	_
Date	e	Payee name								
		(see previo	us)							
Amo	ount (\$)	Payee addre	ss; City;	State; Zip C	Code					-
7	σαε (ψ)	l ayou adding	0.5,	Otato, 2.p	7040					
l	penditure from									
	rporate funds									
	PURPOSE	(a) Category (S	ee Categories listed at th	e ton of this schedule)	(b) De	scription				_
	OF	(3	ce outegones nated at th	e top of this seriedate)	1		utside of	Texas. Com	plete Schedule T.	
EX	(PENDITURE				1 6	Check if Austin, T	ΓX, office	eholder living	j expense	
Con	nplete <u>ONLY</u> if direct	Candidate/Offi	ceholder name	Office so	<u> </u>			Office he	-lq	_
	enditure to benefit C/O				enator D	istrict 25			enator District 25	
		- Campbell, D			CHAIGH B	1511101 20		Otate 0	Chator Bistrict 20	_
Date	е	Payee name								
		(see previo	us)							
Amo	ount (\$)	Payee addre	ss; City;	State; Zip C	Code					_
	`,			•						
Ex	penditure from									
∟ со	rporate funds									
	PURPOSE	(a) Category (S	ee Categories listed at th	e top of this schedule)	(b) De	scription				
	OF		Ü			Check if travel ou	ıtside of	Texas. Com	plete Schedule T.	
EX	(PENDITURE					Check if Austin, T	ΓX, office	eholder living	g expense	
Con	nplete ONLY if direct	Candidate/Offi	ceholder name	Office so	ought			Office he	eld	_
	enditure to benefit C/O				enator D	istrict 27		None		
										_

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	l Com		vices truction Guide explain			Contract Labor te this form.	0	THER (enter a	category no	t listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	F	iler ID	(Ethics C	Commission Filers)
	Sch: 13/221 Rpt:		Texas Alliance for	Life				0	0051076		
4	Date	5	Payee name								
			(see previous)								
6	Amount (\$)	7	Payee address; (City; Stat	te; Zip Co	de					
	Expenditure from corporate funds										
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categor	ies listed at the top of this s	schedule)	(b)	Description Check if travel outs Check if Austin, TX				ule T.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholde lagenbuch, Brent	r name	Office sou State Ser		r District 30		Office he None	eld	
	Date	l	Payee name (see previous)								
	Amount (\$)		Payee address; (City; Stat	te; Zip Co	de					
	Expenditure from corporate funds										
	PURPOSE	(a)	Category (See Categor	ies listed at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE						Check if travel outs				ule T.
							Check if Austin, TX	., оп	ncenolaer living	expense	
	Complete ONLY if direct	<u> </u>	andidate/Officeholde	r name	Office sou	aht			Office he	eld	
	expenditure to benefit C/O		anDeaver, Gary			-	entative District	1			tative District 1
	D-4-									<u> </u>	
	Date	l	Payee name								
		_	(see previous)								
	Amount (\$)		Payee address;	City; Stat	te; Zip Co	de					
	Expenditure from corporate funds										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categor	ies listed at the top of this s	schedule)	(b)	Description Check if travel outs Check if Austin, TX				ule T.
	Complete ONLY if direct	C	andidate/Officeholde	r name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	Н В	sell Jr., Cecil				entative District	3	State R	epresen	tative District 3

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	· ·	ns how to complete this form.	OTTLA (enter a category not instear above)
1 Total pages Schedule F1:	•	·	3 Filer ID (Ethics Commission Filers)
Sch: 14/221 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 Bell, Keith	State Representative Distr	rict 4 State Representative District 4
Date	Payee name		
Jaio	(see previous)		
Amount (\$)	<u> </u>	ate; Zip Code	
Expenditure from	, ayou dad oos, ony,	ac, Zip code	
corporate funds		T	
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
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Hefner, Cole	State Representative Distr	rict 5 State Representative District 5
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	¹ Dean, Jay	State Representative Distr	rict 7 State Representative District 7

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/221 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	Harris, Cody State Representative District 8 State Representative District 8
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Amount (φ)	rayee address, Gity, State, Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Ashby, Trent State Representative District 9 State Representative District 9
Date	Payee name
	(see previous)
Amount (th)	
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF 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	H Wharton, Trey State Representative District 12 None

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to com	plete this form.	
1	Total pages Schedule F1: Sch: 16/221 Rpt:	FILER NAME Texas Alliance for Life		ler ID (Ethics Commission Filers) 0051076
4	Date	5 Payee name (see previous)	•	
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	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 o	of Texas. Complete Schedule T. ceholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough Orr, Angelia State Repr	nt esentative District 13	Office held State Representative District 13
	Date	Payee name (see previous)		
	Amount (\$)	Payee address; City; State; Zip Code	9	
	Expenditure from corporate funds			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	b) Description Check if travel outside o	of Texas. Complete Schedule T. ceholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough Dyson, Paul State Repr	nt resentative District 14	Office held None
	Date	Payee name (see previous)		
	Amount (\$)	Payee address; City; State; Zip Code	9	
	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 Check if Austin, TX, offi	of Texas. Complete Schedule T. ceholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough Metcalf, Will State Repr	nt esentative District 16	Office held State Representative District 16

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

Great Gara F ayment	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: 17/221 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	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Gerdes, Stan	Office sought State Representative Dist	Office held rict 17 State Representative District 17
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City; S	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Troxclair, Ellen	Office sought State Representative Dist	Office held rict 19 State Representative District 19
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City; S	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Check if trave	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H Wilson, Terry	Office sought State Representative Dist	Office held rict 20 State Representative District 20

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this for	rm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 18/221 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	·	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Phelan, Dade State Representative	Office held District 21 State Representative District 21
	Date	Payee name (see previous)	
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code	
	PURPOSE OF EXPENDITURE		ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Leo Wilson, Terri State Representative	Office held District 23 State Representative District 23
	Date	Payee name (see previous)	
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code	
	PURPOSE OF EXPENDITURE	l 🛏	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Bonnen, Greg State Representative	Office held District 24 State Representative District 24

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 19/221 Rpt:	Texas Alliance for Life 00051076
4	Date	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	Vasut, Cody State Representative District 25 State Representative District 25
	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	Gates, Gary State Representative District 28 State Representative District 28
	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		Barry, Jeffrey State Representative District 29 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 explain	s how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 20/221 Rpt:	Texas Alliance for Life		00051076
4	Date	5 Payee name (see previous)		
6	Amount (\$)	7 Payee address; City; Stat	e; Zip Code	
	Expenditure from corporate funds			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this s	·	outside of Texas. Complete Schedule T.
	EXPENDITURE			TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office cought	Office held
9	expenditure to benefit C/O		Office sought State Representative Distri	ct 31 State Representative District 31
⊨	Date	Payee name	<u> </u>	·
		(see previous)		
	Amount (\$)	Payee address; City; Stat	e; Zip Code	
_	T Expenditure from			
L	corporate funds			
	PURPOSE OF	(a) Category (See Categories listed at the top of this s	· I —	outside of Texas. Complete Schedule T.
	EXPENDITURE		· · ·	TX, officeholder living expense
	Complete ONIL V if direct	Candidate/Officeholder name	Office couplet	Office held
	Complete ONLY if direct expenditure to benefit C/OH		Office sought State Representative Distri	
_	Date	Payee name		
	Date	(see previous)		
	Amount (\$)	Payee address; City; Stat	e; Zip Code	
_	T Expenditure from			
L	corporate funds			
	PURPOSE OF	(a) Category (See Categories listed at the top of this s	·	outside of Texas. Complete Schedule T.
	EXPENDITURE			TX, officeholder living expense
	0 1. 2	0 111 (011)	000	0" 1
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Villalobos, Denise	Office sought State Representative Distri	Office held ct 34 Tuloso-Midway ISD School
		vinaiosos, seriise	Clate Representative Distri	ot on Tuloso Midway ISD School

SCHEDULE F1

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

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

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

Candidate/Officenolder/Politica		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: 21/221 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	(a) Category (See Categories listed at the top of the	· • • —	
EXPENDITURE			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Oricin ii / distri	in, 17, directioned living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	[†] Lopez, Janie	State Representative Dist	rict 37 State Representative District 37
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 EXPENDITURE	(ess satisfies listed at the top of the		outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austii	n, TX, officeholder living expense
One of the ONE Wife diagram	One distant (Office Includes a second	Office county	Office Isolal
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Guerra, John	Office sought State Representative Dist	Office held rict 41 None
		State Representative Dist	HIGH THORIE
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			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Crieck ii Austii	ii, 17, uniceroluer living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Representative Dist	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenolder/Politica	The Instruction Guide 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: 22/221 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name	•	
	(see previous)		
6 Amount (\$)	7 Payee address; City; State; Z	p Code	
Expenditure from corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	· -	
EXPENDITURE			de of Texas. Complete Schedule T. officeholder living expense
		Greek ii Austin, 17,	, unicertained living expense
9 Complete ONLY if direct		e sought	Office held
expenditure to benefit C/OI	Harris Davila, Caroline Stat	e Representative District	52 State Representative District 52
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; Z	p Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description	
OF EXPENDITURE		· –	de of Texas. Complete Schedule T.
LXI LIBITORE		Check if Austin, TX,	officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Offic	 e sought	Office held
expenditure to benefit C/OI	1	e Representative District !	
D-1-	-	- Troprocentative Bletifet	- Ctate (top/ocontain)
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; Z	p Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule		
EXPENDITURE			de of Texas. Complete Schedule T. officeholder living expense
			Sinceriolade in ing disponent
Complete ONLY if direct	Candidate/Officeholder name Offic	e sought	Office held
expenditure to benefit C/OI		e Representative District	56 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

e Travel in District se Travel Out of District OUTHER (enter a contract Labor OTHER (enter a con

	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: 23/221 Rpt:	Texas Alliance for Life	00051076
4	Date	5 Payee name (see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	7 uno una (4)	ayou dudices,	
	Expenditure from corporate funds		
8	PURPOSE OF EXPENDITURE		utside 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	Hayes, Richard State Representative Distri	ct 57 State Representative District 57
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Slawson, Shelby State Representative Distri	Office held ct 59 State Representative District 59
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel of	utside 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 Bumgarner, Ben State Representative Distri	Office held ct 63 State Representative District 63

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: 24/221 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	I <u> </u>	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
_	Complete ONLY if direct	Condidate/Officeholder name Office cought	Office hold
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H Shaheen, Matt State Representative D	Office held District 66 State Representative District 66
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE	I	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought H Leach, Jeff State Representative D	Office held District 67 State Representative District 67
	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	I ₩	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Spiller, David State Representative D	Office held District 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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this	form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 25/221 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		ption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
١	expenditure to benefit C/OI		
_	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE		ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		ve District 71 State Representative District 71
	Date	Payee name (see previous)	
H	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) Descri	•
	EXPENDITURE		eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Darby, Drew State Representative	ve District 72 State Representative District 72

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not 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: 26/221 Rpt:	Texas Alliance for Life 00051076	
4	Date	5 Payee name	
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
_	T Expenditure from		
L	corporate funds		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Check it Addition 1975, contectioned in wing expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H Isaac, Carrie State Representative District 73 State Representative District	73
	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	
		Check if Adsirt, 17, diffice floring expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H Garza, Robert State Representative District 74 None	
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

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	l Committee Legal Ser		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: 27/221 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 Categor	ries listed at the top of this schedule)	(b) Description		
OF EXPENDITURE			· · ·	outside of Texas. Com , TX, officeholder living	
9 Complete ONLY if direct	Candidate/Officeholde	r name Office	sought	Office he	eld.
expenditure to benefit C/O			· ·		epresentative District 81
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address;	City; State; Zip	Code		
Expenditure from corporate funds					
PURPOSE OF EXPENDITURE	(a) Category (See Categor	ries listed at the top of this schedule)	Check if travel of	outside of Texas. Com, , TX, officeholder living	
Complete ONLY if direct	Candidate/Officeholde	r name Office	sought	Office he	7ld
expenditure to benefit C/Ol			· ·		epresentative District 82
Date	Payee name (see previous)				
Amount (\$)	Payee address;	City; State; Zip	Code		
Expenditure from corporate funds					
PURPOSE	(a) Category (can cotate	ries listed at the top of this schedule)	(b) Description		
OF	(See Categor	nes nsieu ai ine iop oi inis schedule)	·	outside of Texas. Com	plete Schedule T.
EXPENDITURE			Check if Austin,	, TX, officeholder living	expense
Complete ONLY if direct	Candidate/Officeholde	r name Office	sought	Office he	eld
expenditure to benefit C/O	H Burrows, Dustin	State	Representative Distri	ict 83 State R	epresentative District 83

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this f	orm.
1	Total pages Schedule F1: Sch: 28/221 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		ttion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Tepper, Carl State Representative	Office held e District 84 State Representative District 84
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE		t ion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Kitzman, Stan State Representativ	Office held e District 85 State Representative District 85
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE		t ion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Smithee, John State Representative	Office held e District 86 State Representative 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 expla	ins how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Sch: 29/221 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	(a) Category (See Categories listed at the top of this	s schedule) (b) Description		
OF EXPENDITURE			l outside of Texas. Complete Schedule T.	
		Crieck ii Austii	n, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/O	^H King, Ken	State Representative Dist		
Date	Payee name			
	(see previous)			
Amount (\$)	· · ·	ate; Zip Code		
(+)		,р		
Expenditure from corporate funds				
PURPOSE	(a) Category (See Categories listed at the top of this	(b) Description		
OF	(See Categories listed at the top of this	· · · · · · · · · · · · · · · · · · ·	l outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin	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			05.	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Noble, Candy	Office sought State Representative Dist	Office held rict 89 State Representative District 89	
	robie, carray	——————————————————————————————————————	State Representative District 69	
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City; St	ate; Zip Code		
Expenditure from				
corporate funds				
PURPOSE OF	(a) Category (See Categories listed at the top of this	· I		
EXPENDITURE			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
			., ., .,	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/O	^H Schatzline, Nate	State Representative Dist	rict 93 State Representative District 93	

SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 30/221 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zi	p Code
Expenditure from		
corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		_
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		e sought Office held
	Cook, David State	e Representative District 96 State Representative District 96
Date	Payee name	
A / /h)	(see previous)	0.4
Amount (\$)	Payee address; City; State; Zi	p Code
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule	
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Greek at assume the properties
Complete ONLY if direct		e sought Office held
expenditure to benefit C/OI	H McQueeney, John State	e Representative District 97 None
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zi	p 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 travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	1	e sought Office held
expenditure to benefit C/OI	¹ Capriglione, Giovanni State	e Representative District 98 State Representative District 98

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 31/221 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s Geren, Charlie State F	cought Office held Representative District 99 State Representative District 99
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s Patterson, Jared State F	Sought Office held Representative District 106 State Representative District
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s H Meyer, Morgan State F	sought Office held Representative District 108 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	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 32/221 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
, ,	
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H Button, Angie Chen State Representative District 112 State Representative District
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Amount (φ)	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	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.
LAI LINDITORE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H 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 Credit Card Payment

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 33/221 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	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
		Check if Austin	, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		ict 122 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	l <u> </u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Harless, Sam State Representative Distr	ict 126 State Representative District
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
_	T Expenditure from		
L	corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	I ₩	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Creek ii Ausuri	TX, officerolaci living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH Cunningham, Charles State Representative District 127 State Representative District		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this	form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 34/221 Rpt:	Texas Alliance for Life	00051076
4	Date	5 Payee name	
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
_	T Expenditure from		
L	corporate funds		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descr	•
	EXPENDITURE	l <u> </u>	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
			eck in Addition, 174, officeriolaer living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH	H Cain, Briscoe State Representati	ive District 128 State Representative District
Т	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption
	OF EXPENDITURE	Che	eck if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Che	eck if Austin, TX, officeholder living expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		ive District 129 State Representative District
_	Date	Payee name	<u> </u>
	Dute	(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Αποαπί (Φ)	rayee address, City, State, Zip Code	
Г	Expenditure from corporate funds		
	PURPOSE	(6) 0-1	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	I	eck if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH Oliverson, Tom State Representative District 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

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

Credit Card Payment	The Instruction Guide explains	how to complete this form.	OTTLA (enter a category not listed above)
1 Total pages Schedule F1:	•	<u> </u>	3 Filer ID (Ethics Commission Filers)
Sch: 35/221 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 sch	Check if travel	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 132 State Representative District
Date	Davisa nama	·	
Date	Payee name (see previous)		
Δ		71- O-4-	
Amount (\$)	Payee address; City; State;	; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
OF EXPENDITURE			outside of Texas. Complete Schedule T.
		Check if Austii	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought	Office held
experialitate to belieff of of	DeAyala, Mano S	State Representative Dist	rict 133 State Representative District
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State;	; Zip Code	
(*)	, , , , , , , , , , , , , , , , , , , ,	•	
Expenditure from corporate funds			
PURPOSE	(a) Catagory (a. a. a	edule) (b) Description	
OF	(a) Category (See Categories listed at the top of this sch		outside of Texas. Complete Schedule T.
EXPENDITURE		I <u></u>	n, TX, officeholder living expense
		_	
Complete ONLY if direct	Candidate/Officeholder name C	I Office sought	Office held
expenditure to benefit C/OI			rict 138 State Representative District
	,,		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 36/221 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	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
		(see 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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
		bassel, basiley Court of Appeals, susfice Flace Court of Appeals, susfice Flace
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	T Expenditure from	
L	corporate funds	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Emportance to bottom 0/01	¹ Messinger, John Court Of Appeals, Justice 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/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: 37/221 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	McCray, Todd Court Of Appeals, Justice Place None
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
7 πποσπε (Φ)	Tayoo addicoo, Oily, State, 21p 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.
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	Valenzuela, Lori Court Of Appeals, Justice Place Court Of Appeals, Justice Place
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.
LA LIBITORE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Chambers, Kent Court Of Appeals, Justice Place None

SCHEDULE F1

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

Fees Office Overhead/F
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/C

Candidate/Officenoider/Politica		Salaries/Wages/Contra explains how to complete this		HER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	-	3 File	er ID (Ethics Commission Filers)	
Sch: 38/221 Rpt:	Texas Alliance for Life			051076	
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) Desc	cription		
OF EXPENDITURE				Texas. Complete Schedule T.	
		L	theck if Austin, TX, office	eholder living expense	
9 Complete ONLY if direct	L Candidate/Officeholder name	Office sought		Office held	
expenditure to benefit C/O	¹ Tijerina, Jaime	Court of Appeals,	Chief Justice	Court Of Appeals, Justice Pla	се
Data					_
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) Desc	crintion		
OF	(a) Category (See Categories listed at the top		•	Texas. Complete Schedule T.	
EXPENDITURE			theck if Austin, TX, office		
		-			
Complete ONLY if direct	L Candidate/Officeholder name	Office sought		Office held	_
expenditure to benefit C/O		Court Of Appeals	Justice Place	None	
	-	- Court Or Appeals	, σασίισο τ ιασσ		_
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
Expenditure from corporate funds					
•		100			
PURPOSE OF	(a) Category (See Categories listed at the top		•	Taylor Commission Cabadyla T	
EXPENDITURE			neck if travel outside of theck if Austin, TX, office	Texas. Complete Schedule T.	
		l Li	nicck ii Austin, 17, omcc	cholder living expense	
Compulate ONLY if diseast	Condidate/Office helder research	Office security		Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Justice Diese	Office held	
	¬ Fonseca, Ysmael	Court Of Appeals	, Justice Place	District Judge District 476	

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: Sch: 39/221 Rpt:	2 FILER NAME Texas Alliance for Life		Filer ID (Ethics Commission Filers) 00051076
4	Date	5 Payee name (see previous)	·	
6	Amount (\$)	7 Payee address; City; State; Zip (Code	
	Expenditure from corporate funds		_	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	· ·	le of Texas. Complete Schedule T. officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so Court C	ought Of Appeals, Justice Plac	Office held ce None
	Date	Payee name (see previous)		
	Amount (\$)	Payee address; City; State; Zip (Code	
	Expenditure from corporate funds			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		le of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office some Herring, Jason District	ought Attorney (Multi-county)	Office held District Attorney (Multi-county)
	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)		le of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so Bexard	ought County Commissioner,	Office held Bexar County Commissioner,

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	l Committee Legal Services The Instruction Guide ex	Salaries/Wages/ cplains how to complet		OTHER (enter a ca	tegory not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID (Ethics Commission Filers)
Sch: 40/221 Rpt:	Texas Alliance for Life		ľ	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	f this schedule) (b)	Description		
OF EXPENDITURE	(constant to the constant to t			de of Texas. Comple	te Schedule T.
EXPENDITURE			Check if Austin, TX,	officeholder living ex	pense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held	
expenditure to benefit C/OI	^H Bergsma, Michael	Corpus Christ	ti ISD Trustee, A	t None	
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
γιιτοατίε (Φ)	r dyee dddress, eity,	State, Zip Code			
Expenditure from					
corporate funds					
PURPOSE	(a) Category (See Categories listed at the top of	f this schedule) (b)	Description		
OF EXPENDITURE			<u>'-</u>	de of Texas. Comple	
			Check if Austin, TX,	officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought		Office held	
experientare to belieff Gree	[⊣] Liechty, Lorne	Rockwall Col	unty Commission	er, None	
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
Expenditure from corporate funds					
'		1			
PURPOSE OF	(a) Category (See Categories listed at the top of	f this schedule) (b)	Description	do of Toyon Comple	to Cohodulo T
EXPENDITURE			느	de of Texas. Comple officeholder living ex	
		'			
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held	
expenditure to benefit C/OI		Criminal Distr	rict Attornev		District Attorney

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services 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: 41/221 Rpt:	Texas Alliance for Life 00051076
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	- Evpanditura from	
	Expenditure from corporate funds	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
		Ning, Donna District dadge District 20 District dadge District 20
	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
	0 1: 0.11.7.7.1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	<u>'</u>	¹ Larson, Ryan District Judge District 395 District Judge District 395
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	- Formanditura franc	
	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/OH	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH Vaughn, Carolyn Corpus Christi City Council, At None		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card 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: 42/221 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 scl	· I —	
OF EXPENDITURE			outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Cricck ii Austiii	i, 17, officeriolder living expense
9 Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/OF	Sanders, Richard	Caldwell County Constabl	e, None
Date	Payee name		
11/30/2024	Facebook		
Amount (\$)	Payee address; City; State	; Zip Code	
\$911.52	1 Hacker Way		
Expenditure from			
corporate funds	Menlo Park, CA 94025		
PURPOSE OF	(a) Category (See Categories listed at the top of this sci		
EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
		-	Life Voter Guide
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/O	Traddick, Christi	Railroad Commissioner	Railroad Commissioner
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 sol	· I —	
EXPENDITURE			outside of Texas. Complete Schedule T.
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/O	H Blacklock, Jimmy	Supreme Court Justice Pla	ace 2 Supreme Court Justice Place 2

SCHEDULE F1

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

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

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

	Candidate/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: 43/221 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/O	Devine, John Supreme Court Justice Place 4 Supreme Court Justice Place 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 top of this schedule) (b) Description
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Bland, Jane Supreme Court Justice Place 6 Supreme Court Justice Place 6
	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	Schenck, David Court of Criminal Appeals, None

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		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 44/221 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	•
	(see previous)	
C Amount (th)		
6 Amount (\$)	7 Payee address; City; State; Zip Code	
Expenditure from corporate funds		
	(6) 0	
8 PURPOSE OF		Scription
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Check if Austin, 17, officerolider living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	¹ Maynard, Tom State Board Of E	Education District State Board Of Education
Date	Payee name	
24.0	(see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
·		
PURPOSE OF		scription
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	¹ Little, Pam State Board Of E	Education District State Board Of Education
Date	Payee name	
Bate	(see previous)	
	(See previous)	
Amount (\$)	Payee address; City; State; Zip Code	
Expenditure from corporate funds		
•	T	
PURPOSE OF		scription
EXPENDITURE	│	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	H Kinsey, Aaron State Board Of E	Education District State Board Of Education

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

xpense Travel in Dis xpense Travel Out o Vages/Contract Labor OTHER (ent

	Candidate/Officeholder/Politica Credit Card Payment		egal Services The Instruction Guide e		Wages/Contract La omplete this for		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 45/221 Rpt:	Texas Alliano	e for Life				00051076	
4	Date	5 Payee name (see previous	3)					
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)		if travel outsid	de of Texas. Com officeholder living	plete Schedule T. expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office		Office so	ight nator Distric	t 7	Office he State S	eld enator District 7
	Date	Payee name (see previous	s)					
	Amount (\$) Expenditure from corporate funds	Payee address	s; City;	State; Zip C	ode			
	PURPOSE OF EXPENDITURE	(a) Category (See	Categories listed at the top	of this schedule)		if travel outsid	de of Texas. Com	plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office		Office son State Se	ight nator Distric	t 8	Office he	eld enator District 8
	Date	Payee name (see previous	3)					
	Amount (\$)	Payee address	s; City;	State; Zip C	ode			
	corporate funds				I			
	PURPOSE OF EXPENDITURE	(a) Category (See	Categories listed at the top	of this schedule)		if travel outsid	de of Texas. Com	plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	eholder name	Office so	ight nator Distric	t 10	Office he State S	eld enator 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/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: 46/221 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Parker, Tan State Senator District 12 State Senator District 12
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Amount (φ)	rayee address, Gity, State, Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Huffman, Joan State Senator District 17 State Senator District 17
Date	Payee name
24.0	(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	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

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		Gift/Awards/Memorials E mmittee Legal Services	expense	Printing Ex Salaries/W		se s/Contract Labor		Out of Di R (enter a	strict a category not listed above)	
	Credit Card Payment		The Instruction Gui	de explains		-			`	,	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer I	D	(Ethics Commission F	-ilers)
	Sch: 47/221 Rpt:		Texas Alliance for Life					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	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE						Check if travel outside				
							Check if Austin, TX,	officeno	ider livin	g expense	
9	Complete ONLY if direct		Candidate/Officeholder name		Office sou	thr		0	ffice h	eld	
•	expenditure to benefit C/OI		Hinojosa, Adam			-	or District 27		lone	0.0	
	Date	Г	Payee name								
			(see previous)								
	Amount (\$)	┝	Payee address; City;	State:	; Zip Co	de					
			,		, _,						
	Expenditure from corporate funds										
	PURPOSE	(a)	Category (See Categories listed at the			(h)	Description				
	OF	("	Category (See Categories listed at the	top of this sch	nedule)	()	Check if travel outside	de of Tex	xas. Com	nplete Schedule T.	
	EXPENDITURE						Check if Austin, TX,	officeho	lder livin	g expense	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name		Office sou		or District 30		office h	eld	
	<u>'</u>	_	Hagenbuch, Brent		State Sei	iaii	——————————————————————————————————————		lone		
	Date		Payee name								
			(see previous)								
	Amount (\$)		Payee address; City;	State;	; Zip Co	de					
г	Expenditure from										
L	corporate funds										
	PURPOSE OF	(a)	Category (See Categories listed at the	e top of this sch	nedule)	(b)	Description	do of To		poloto Cobodulo T	
	EXPENDITURE						Check if travel outsion Check if Austin, TX,				
	Complete ONLY if direct		Candidate/Officeholder name		Office sou	ght		0	ffice h	eld	
	expenditure to benefit C/OI	н ,	VanDeaver, Gary	5	State Rep	ores	sentative District 1	1 S	tate F	Representative Dist	trict 1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	ů	ins how to complete this form.	OTTLA (enter a category not listed above)
1 Total pages Schedule F1:	·	·	3 Filer ID (Ethics Commission Filers)
Sch: 48/221 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 EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Bell Jr., Cecil	State Representative Dist	rict 3 State Representative District 3
Date	Payee name		
	(see previous)		
Amount (\$)		ate; Zip Code	
Amount (4)	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			outside of Texas. Complete Schedule T.
		Check if Austii	n, TX, officeholder living expense
2 1 2 2 1 1 2 1 1		200	250
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experientare to benefit Great	Bell, Keith	State Representative Dist	rict 4 State Representative District 4
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; St	ate; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Cotogon	(h) Description	
OF	(a) Category (See Categories listed at the top of this		outside of Texas. Complete Schedule T.
EXPENDITURE			n, TX, officeholder living expense
		_	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Hefner, Cole	State Representative Dist	rict 5 State Representative District 5

SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide	explains how to complete this form.	,
1 Total pages Schedule F1: Sch: 49/221 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	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 Dean, Jay	Office sought State Representative Dist	Office held rict 7 State Representative District 7
Dete	-	State Representative Dist	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 top	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Harris, Cody	Office sought State Representative Dist	Office held rict 8 State Representative District 8
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if 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	Office sought	Office held
Experience to Berion Grof	1 Ashby, Trent	State Representative Dist	rict 9 State Representative District 9

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	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 50/221 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H Wharton, Trey State Representative District 12 None
Date	Payee name
Dato	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
	outo representative bleater to be dute representative bleater to
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Dyson, Paul State Representative District 14 None

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	(c
1	Total pages Schedule F1:	2 FILER NAME	3 File	er ID (Ethics Commission Filers)
	Sch: 51/221 Rpt:	Texas Alliance for Life	000	051076
4	Date	5 Payee name		
		(see previous)		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	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 Check if Austin, TX, office	Texas. Complete Schedule T. sholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	H Metcalf, Will State Re	presentative District 16	State Representative District 16
	Date	Payee name (see previous)		
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Co	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Check if Austin, TX, office	Texas. Complete Schedule T. sholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sould Gerdes, Stan State Re	ght presentative District 17	Office held State Representative District 17
	Date	Payee name (see previous)		
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Co	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Check if Austin, TX, office	Texas. Complete Schedule T. sholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sould Troxclair, Ellen State Re	ght presentative District 19	Office held State Representative District 19

SCHEDULE F1

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

Fees Office Overhead/Rental Expens
Food/Beverage Expense Polling Expense
Giff/Awards/Memorials Expense Printing 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 Fil	er ID	(Ethics Commission Filers)
	Sch: 52/221 Rpt:		Texas Alliance for Life			00	051076	
4	Date	5	Payee name (see previous)					
_	Amount (ft)	 _		State: 7in C	`ada			
ь	Amount (\$)	'	Payee address; City;	State; Zip C	ode			
	Expenditure from corporate funds							
8	PURPOSE OF	(a)	Category (See Categories listed at the top	of this schedule)	(b) Description		<i>(</i> = 0	
	EXPENDITURE				Check if travel			plete Schedule T. Lexpense
					"		J	•
9	Complete ONLY if direct		Candidate/Officeholder name	Office so	-		Office he	
	expenditure to benefit C/OI	^н \	Wilson, Terry	State R	epresentative Distr	ict 20	State R	epresentative District 20
	Date		Payee name					
			(see previous)					
	Amount (\$)	П	Payee address; City;	State; Zip C	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			plete Schedule T.
						,,	g	
	Complete ONLY if direct		Candidate/Officeholder name	Office so	pught		Office he	eld
	expenditure to benefit C/OI	H F	Phelan, Dade	State R	epresentative Distr	ict 21	State R	epresentative District 21
	Date	T	Payee name					
			(see previous)					
	Amount (\$)	T	Payee address; City;	State; Zip C	Code			
	T Evpanditura from							
	Expenditure from corporate funds							
	PURPOSE	(a)	Category (See Categories listed at the top	of this schedule)	(b) Description			
	OF EXPENDITURE							plete Schedule T.
					Check if Austir	i, TX, offic	ceholder living	expense
	Complete ONLY if direct	Т (Candidate/Officeholder name	Office so	 ought		Office he	eld
	expenditure to benefit C/OI	H I	Leo Wilson, Terri		epresentative Distr	ict 23		epresentative District 23

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guid	Salaries/ de explains how to co	Wages/Contract La complete this fo		THER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	 E			3 Fi	ler ID	(Ethics Commission Filers)
	Sch: 53/221 Rpt:		nce for Life				0051076	,
4	Date	5 Payee name (see previo				•		
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode			
	Expenditure from corporate funds							
8	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the	top of this schedule)	. =			plete Schedule T. expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ficeholder name eg	Office sou State Re	ught presentative	e District 24	Office he State R	eld epresentative District 24
	Date	Payee name (see previo						
	Amount (\$) Expenditure from corporate funds	Payee addre	ess; City;	State; Zip Co	ode			
	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the	top of this schedule)	ı =			plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou State Re	ught presentative	e District 25	Office he State R	eld epresentative District 25
	Date	Payee name (see previo						
	Amount (\$) Expenditure from corporate funds	Payee addre	ess; City;	State; Zip C	ode			
	PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the	top of this schedule)				plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office so	ught epresentative	e District 28	Office he	eld epresentative District 28
		- Catos, Cary		State Ne		2.00.100.20		op. Journal of District 20

SCHEDULE F1

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

Gift/Awards/Memorials Expense

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

Credit Card Payment	The Instruction Guide explain:	s how to complete this form.	OTTLA (enter a category not instear above)
1 Total pages Schedule F1:		<u> </u>	3 Filer ID (Ethics Commission Filers)
Sch: 54/221 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 EXPENDITURE	(a) Category (See Categories listed at the top of this se	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Representative Distr	
Date	Payes name	·	
Date	Payee name (see previous)		
A (A)	· · ·	7' 0 1	
Amount (\$)	Payee address; City; Stat	e; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this so		
OF EXPENDITURE		Check if travel	outside of Texas. Complete Schedule T.
		Check if Austin	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 benefit G/Oi	Guillen, Ryan	State Representative Distr	rict 31 State Representative District 31
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Stat	e; Zip Code	
γ πιτοατίτε (Φ)	l ayee address, Sky, Ska	.o, 21p 0000	
Expenditure from corporate funds			
PURPOSE	(a) Cataman	(b) Description	
OF	(a) Category (See Categories listed at the top of this so		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 Distr	
		- Ctate : top: cootat: ro 2.ct.	

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

' '		3 Filer ID (Ethics Commission Filers)
Sch: 55/221 Rpt: Te		·
	exas Alliance for Life	00051076
	ayee name	
(Se	see previous)	
6 Amount (\$) 7 Pa	ayee address; City; State; Zip Code	
Expenditure from corporate funds		
8 PURPOSE (a) Ca	ategory (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE		utside of Texas. Complete Schedule T.
	Check if Austin, T	TX, officeholder living expense
9 Complete ONLY if direct Can	ndidate/Officeholder name Office sought	Office held
averaged its was to be madis C/OLL	lalobos, Denise State Representative Distric	
	<u> </u>	
	ayee name	
(Se	see previous)	
Amount (\$) Pa	ayee address; City; State; Zip Code	
Expenditure from corporate funds		
PURPOSE (a) Ca	ategory (See Categories listed at the top of this schedule) (b) Description	
OF		utside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin,	TX, officeholder living expense
	_	
Complete ONLY if direct Can	ndidate/Officeholder name Office sought	Office held
ovponditure to benefit C/OH	· · · · · · · · · · · · · · · · · · ·	ct 37 State Representative District 37
	· · · · · · · · · · · · · · · · · · ·	·
(Se	see previous)	
Amount (\$)	ayee address; City; State; Zip Code	
Expenditure from corporate funds		
	(b) =	
PURPOSE (a) Ca	ategory (See Categories listed at the top of this schedule) (b) Description	utside of Texas. Complete Schedule T.
EXPENDITURE		TX, officeholder living expense
	Greek ii Addaily	177, officeriolaer living expense
Complete ONLY if direct Con	ndidata/Officabaldar nama Offica aquabt	Office hold
averaged it was to be a soft C/OLL	ndidate/Officeholder name Office sought	Office held
Gue	erra, John State Representative Distric	ct 41 None
expenditure to benefit C/OH Lop Date Pa (se	ndidate/Officeholder name pez, Janie see previous) Office sought State Representative District Office sought State Representative District Office sought State Representative District Office sought	Office held

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: 56/221 Rpt:	2 FILER NAME Texas Alliance for Life			iler ID 0051076	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)		<u> </u>		
6	Amount (\$)	7 Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if tra		of Texas. Com	plete Schedule T. expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Lozano, J.M.	Office sought State Representative Di	strict 43	Office he State R	eld epresentative District 43
	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 tra		of Texas. Com	plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Harris Davila, Caroline	Office sought State Representative Di	strict 52	Office he	eld epresentative District 52
	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. Com	plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Buckley, Brad	Office sought State Representative Di	strict 54	Office he State R	eld epresentative District 54

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 c	omplete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3 Fil	er ID	(Ethics Commission Filers)	
	Sch: 57/221 Rpt:		Texas Alliance for Life			00	051076		
4	Date	5	Payee name						
			(see previous)						
6	Amount (\$)	7	Payee address; City;	State; Zip C	ode				
	l								
	T Expenditure from								
╙	corporate funds								
8	PURPOSE OF	(a)	Category (See Categories listed at the top	of this schedule)	(b) Description				
	EXPENDITURE				Check if travel			plete Schedule T.	
	l					, 170, 01110	citolaci iiviiig	у схропос	
	l								
9	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught		Office he	eld	
	expenditure to benefit C/OF	H	Curry, Patrick	State Re	epresentative Distr	ict 56	None		
Т	Date	Т	Payee name						=
	l		(see previous)						
	Amount (\$)	+	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				٦
	OF EXPENDITURE				<u> -</u>			plete Schedule T.	
					Check if Austin	, TX, offic	ceholder living	g expense	
	!								
	Complete ONLY if direct	Щ	Candidate/Officeholder name	Office so	<u> </u> 		Office he	əlq	_
	expenditure to benefit C/O		Hayes, Richard		epresentative Distr	ict 57		epresentative District 57	,
-	Date	$\overline{}$	Payee name		·			·	=
	Date		(see previous)						
	Amount (\$)	+	Payee address; City;	State; Zip C	`ode				_
	Amount (ϕ)		rayee address, City,	State, Zip C	oue				
	!								
Г	Expenditure from corporate funds								
	PURPOSE	(2)	Catagony		(b) Description				_
	OF	(a)	Category (See Categories listed at the top	of this schedule)	(b) Description Check if travel	outside o	f Texas. 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/O	п (Slawson, Shelby	State Re	epresentative Distr	ict 59	State R	epresentative District 59)

SCHEDULE F1

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

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

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: 58/221 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Bumgarner, Ben State Representative District 63 State Representative District 63
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	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	State Representative District 66 State Representative District 66
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	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
	·

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains he	ow to complete this form.			
1	Total pages Schedule F1: Sch: 59/221 Rpt:	2 FILER NAME Texas Alliance for Life			er ID 051076	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)				
6	Amount (\$)	7 Payee address; City; State;	Zip Code			
	Expenditure from corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	· · · · · · · · · · · · · · · · · · ·			olete Schedule T. expense
9	Complete ONLY if direct expenditure to benefit C/O		fice sought ate Representative Distr	ict 68	Office he State Re	eld epresentative District 68
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City; State;	Zip Code			
	Expenditure from corporate funds					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	·			plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O		fice sought ate Representative Distr	ict 69	Office he	eld epresentative District 69
	Date	Payee name (see previous)				
	Amount (\$) Expenditure from corporate funds	Payee address; City; State;	Zip Code			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	′ I <u> </u>			olete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	Ц	fice sought ate Representative Distr	ict 71	Office he	eld epresentative District 71

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 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: 60/221 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	I <u> </u>	tside of Texas. Complete Schedule T. X, officeholder living expense
			3
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Darby, Drew State Representative Distric	t 72 State Representative District 72
	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	I	tside of Texas. Complete Schedule T. X, officeholder living expense
			and the second s
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Isaac, Carrie State Representative Distric	t 73 State Representative District 73
	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		tside of Texas. Complete Schedule T. X, officeholder living expense
		Crieck if Austin, 1	A, officeriolder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	OH Garza, Robert State Representative Distric	t 74 None

SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F1: Sch: 61/221 Rpt:	FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
4 Date	5 Payee name (see previous)	00031070
6 Amount (\$)	7 Payee address; City; State; Z	p 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		e sought Office held e Representative District 80 None
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Z	p 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/OF	i .	e sought Office held e Representative District 81 State Representative District 81
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Z	p 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 82 State Representative District 82

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide e	xplains how to complete this fo	orm.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 62/221 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				
느	corporate funds		T		
8	PURPOSE OF	(a) Category (See Categories listed at the top of	, <u> </u>		ıs. Complete Schedule T.
	EXPENDITURE			k if Austin, TX, officehold	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought		fice held
		H Burrows, Dustin	State Representativ	e district 83 St	ate Representative District 83
	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) Descrip	ation	
	OF EXPENDITURE	(See Categories listed at the top of			s. Complete Schedule T.
	EXPENDITURE		Chec	k if Austin, TX, officehold	er living expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Off	fice held
	expenditure to benefit C/O		State Representativ		ate Representative District 84
	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	of this schedule) (b) Descrip	otion	
	OF EXPENDITURE		Chec		s. Complete Schedule T.
			Chec	k if Austin, TX, officehold	er living expense
_	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Off	fice held
	expenditure to benefit C/Oh		State Representativ		ate Representative District 85
1					

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 ho	w to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 F	Filer ID (Ethics Commission Filers)
Sch: 63/221 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 travel outside	e of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	1.1	ce sought ite Representative District 8	Office held 6 State Representative District 86
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City; State; 2	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu	Check if travel outside	e of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		ce sought te Representative District 8	Office held 8 State Representative District 88
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Z	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu	Check if travel outside	e of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	1.1	ce sought te Representative District 8	Office held 9 State Representative District 89

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	al Committee	Legal Services The Instruction Gui		s/Wages/Contract Labor complete this form.	OT	THER (enter a	category not listed above)
1 To	otal pages Schedule F1:	2 FILER NAMI	=			3 Fil	er ID	(Ethics Commission Filers)
	Sch: 64/221 Rpt:	Texas Allia	nce for Life			00	0051076	
4 Da	ate	5 Payee name						
		(see previo	us)					
6 Aı	mount (\$)	7 Payee addre	ess; City;	State; Zip	Code			
	Expenditure from							
	corporate funds							
8	PURPOSE	(a) Category (S	ee Categories listed at the	e top of this schedule)	(b) Description			
E	OF EXPENDITURE							plete Schedule T.
					Check if Austi	II, IX, OIII	ceholder living	expense
9 C	omplete ONLY if direct	Candidate/Off	iceholder name	Office s	<u> </u>		Office he	eld
	penditure to benefit C/OI				Representative Dist	rict 93		epresentative District 93
D:	ate	Payee name						
	aic	(see previo						
	mount (\$)	Payee addre		State; Zip	Codo			
A	πουπ (Φ)	rayee addre	ess, City,	State, Zip	Code			
	Expenditure from							
1	corporate funds				_			
	PURPOSE OF	(a) Category (S	ee Categories listed at the	e top of this schedule)	(b) Description		4.T O	olate Calcadula T
E	EXPENDITURE				· ·		ceholder living	plete Schedule T. expense
						, , , ,		
	omplete <u>ONLY</u> if direct		iceholder name	Office s	ought		Office he	eld
ex	rpenditure to benefit C/OI	^H Cook, David		State F	Representative Dist	rict 96	State R	epresentative District 96
Di	ate	Payee name						
		(see previo						
Aı	mount (\$)	Payee addre	ess; City;	State; Zip	Code			
	- (.,		,,		-			
	Expenditure from corporate funds							
	PURPOSE	(a) Category			(b) Description			
	OF	(a) Category (S	ee Categories listed at the	e top of this schedule)	l <u>—</u>	l outside o	of Texas. Com	plete Schedule T.
E	EXPENDITURE						ceholder living	
	omplete ONLY if direct		iceholder name	Office s			Office he	eld
e>	penditure to benefit C/OI	H McQueeney	, John	State F	Representative Dist	rict 97	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 con	nplete this form.			
1	Total pages Schedule F1: Sch: 65/221 Rpt:	2 FILER NAME Texas Alliance for Life		3 Filer ID 000510	(Ethics Commissio	n Filers)
4	Date	5 Payee name (see previous)			70	
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)		outside of Texas. TX, officeholder	Complete Schedule T. living expense	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H Capriglione, Giovanni State Rep	ght presentative Distri		e held e Representative D	istrict 98
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City; State; Zip Coo	de			
	Expenditure from corporate funds					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	=	outside of Texas. TX, officeholder	Complete Schedule T. living expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H Geren, Charlie State Rep	ght presentative Distri		e held e Representative D	istrict 99
	Date	Payee name (see previous)				
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Coo	de			
	PURPOSE	(a) Cotogony	(h) Description			
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		outside of Texas. TX, officeholder	Complete Schedule T. living expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H Patterson, Jared State Rep			e held e Representative D	istrict

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 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: 66/221 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/O	
	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
	- CAPONIANCE TO SOME OF OR	Button, Angie Chen State Representative District 112 State Representative District
	Date	Payee name (see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	Expenditure from corporate funds	, ayou dad. coo, coo, coo, coo, coo, coo, coo, coo
	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	Lujan, John State Representative District 118 State Representative District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense 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 o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 67/221 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/Oh	Candidate/Officeholder name Office so LaHood, Marc State R	ought Office held representative District 121 None
Date	Payee name	
Dato	(see previous)	
Amount (\$)	Payee address; City; State; Zip C	Pada
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 so Dorazio, Mark State R	ought Office held representative District 122 State Representative District
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip C	Pada
Expenditure from corporate funds	Fayee audiess, Oity, State, Zip C	
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/OH	Candidate/Officeholder name Office so Harless, Sam State R	ought Office held representative District 126 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	v to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 68/221 Rpt:	Texas Alliance for Life		00051076	
4	Date	5 Payee name			
		(see previous)			
6	Amount (\$)	7 Payee address; City; State; Z	Zip Code		
_	Expenditure from				
느	corporate funds				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedu	· I — ·	Lautaida af Taura Can	oulete Celectule T
	EXPENDITURE		I 	l outside of Texas. Com n, TX, officeholder living	
9	Complete ONLY if direct		ce sought	Office h	
	expenditure to benefit C/OI	¹ Cunningham, Charles Sta	te Representative Dist	rict 127 State R	Representative District
	Date	Payee name			
		(see previous)			
	Amount (\$)	Payee address; City; State; Z	Zip Code		
_	Expenditure from				
L	corporate funds				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedu	· —		
	EXPENDITURE		<u> </u>	l outside of Texas. Com n, TX, officeholder living	
	Complete ONLY if direct		ce sought	Office h	eld
	expenditure to benefit C/OI	¹ Cain, Briscoe Sta	te Representative Dist	rict 128 State R	Representative District
	Date	Payee name			
		(see previous)			
	Amount (\$)	Payee address; City; State; Z	Zip Code		
_	Expenditure from				
L	corporate funds				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedu	· I		
	EXPENDITURE			l outside of Texas. Com n, TX, officeholder living	•
			Check ii Austii	n, 17, omeendaer hving	у схрензе
	Complete ONLY if direct		ce sought	Office h	eld
	expenditure to benefit C/OH Paul, Dennis State Representative District 129 State Representative District				
		· aa, pointo		120 State N	Copressionative 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 c	omplete this form.	
1	Total pages Schedule F1: Sch: 69/221 Rpt:	2 FILER NAME Texas Alliance for Life		iler ID (Ethics Commission Filers) 0051076
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)		of Texas. Complete Schedule T. ficeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	- -	Office held
	·	Oliverson, Tom State Re	epresentative District 13	30 State Representative District
	Date	Payee name (see previous)		
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip C	ode	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	_ _	of Texas. Complete Schedule T. ficeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H Schofield, Mike State Re		Office held 32 State Representative District
	Date	Payee name (see previous)		
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip C	ode	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	l □	of Texas. Complete Schedule T. ficeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H DeAyala, Mano State Re		Office held 33 State Representative District
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how	to complete this form.			
1	Total pages Schedule F1: Sch: 70/221 Rpt:	2 FILER NAME Texas Alliance for Life			ler ID 0051076	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)		<u>.I</u>		
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 schedule	Check if trave		of Texas. Compiceholder living	plete Schedule T. expense
9	Complete ONLY if direct expenditure to benefit C/O		e sought e Representative Dist	rict 13	Office he 8 State R	
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City; State; Z	ip Code			
	Expenditure from corporate funds					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if trave		of Texas. Com iceholder living	plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O		e sought e Representative Dist	rict 15	Office he	·· ·
	Date	Payee name (see previous)				
	Amount (\$) Expenditure from	Payee address; City; State; Z	ip Code			
_	corporate funds		las			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if trave		of Texas. Com _l iceholder living	plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	1.1	e sought rt Of Appeals, Justice	Place	Office he	eld of Appeals, Justice Place

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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 I	nstruction Guide expl	ains how to co	omplete this form.				
1	Total pages Schedule F1:	2 FILER NAME				3 Filer	ID	(Ethics Commission Filers)	_
	Sch: 71/221 Rpt:	Texas Alliance fo	or Life			0005	1076		
4	Date	Payee name				•			_
		(see previous)							
6	Amount (\$)	7 Payee address;	City; S	State; Zip C	ode				_
L	Expenditure from corporate funds								
8	PURPOSE	(a) Category (See Cate	gories listed at the top of th	is schedule)	(b) Description				_
	OF EXPENDITURE	·		,	ı =			olete Schedule T.	
					Check if Austin	ı, TX, officeho	older living	expense	
9	Complete ONLY if direct	Candidate/Officehole	der name	Office so	<u> </u> uaht	(Office he	ld	_
Ĭ	expenditure to benefit C/OI	Messinger, John	aci name		f Appeals, Justice		None		
	Date	Payee name							-
	Date	(see previous)							
	Amount (\$)	Payee address;	City; S	State; Zip C	ode				_
	7 miledine (4)	. ayoo aaa.ooo,	0.0,	-tato,p o					
	Expenditure from corporate funds								
	PURPOSE OF	(a) Category (See Cate	gories listed at the top of th	is schedule)	(b) Description				
	EXPENDITURE				Check if travel			expense	
					🗀	,,			
	Complete ONLY if direct	Candidate/Officehole	der name	Office so	ught	C	Office he	ld	_
	expenditure to benefit C/OI	McCray, Todd		Court Of	f Appeals, Justice	Place N	None		
	Date	Payee name							_
		(see previous)							
	Amount (\$)	Payee address;	City; S	State; Zip C	ode				_
	- Formardikura fuara								
	Expenditure from corporate funds								
	PURPOSE	a) Category (See Cate	gories listed at the top of th	is schedule)	(b) Description				_
	OF EXPENDITURE				ı <u></u>			olete Schedule T.	
					Check if Austin	ı, TX, officeho	older living	expense	
	Complete ONLY if direct	Candidate/Officehole	der name	Office so	<u>l</u> uaht	(Office he		_
expenditure to benefit C/OH Valenzuela, Lori Court Of Appeals, Justice					f Appeals, Justice Plac	е			
					-			·	

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 co	omplete this form.	(**************************************	
1	Total pages Schedule F1:	2 FILER NAME	[;	3 Filer ID	(Ethics Commission Filers)
	Sch: 72/221 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 EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	ı =	utside of Texas. Com TX, officeholder living	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office he	eld
	expenditure to benefit C/O	^H Chambers, Kent Court Of	Appeals, Justice F	Place None	
	Date	Payee name (see previous)			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	Expenditure from corporate funds PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	ı =	utside of Texas. Com TX, officeholder living	
			<u> </u>		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sout Tijerina, Jaime Court of	ught Appeals,Chief Just	Office he cice Court C	of Appeals, Justice Place
	Date	Payee name			
		(see previous)			
	Amount (\$)	Payee address; City; State; Zip Co	ode		
	Expenditure from corporate funds				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	ı <u>—</u>	utside of Texas. Com TX, officeholder living	
	Complete ONLY if direct	Candidate/Officeholder name Office sou		Office he	eld
	expenditure to benefit C/OI	H Cron, Jenny Court Of	Appeals, Justice P	Place None	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

Credit Card Payment	The Instruction Guide	explains how to complete this form.	
1 Total pages Schedule F1: Sch: 73/221 Rpt:	2 FILER NAME Texas Alliance for Life		3 Filer ID (Ethics Commission Filers) 00051076
4 Date	5 Payee name (see previous)		. L
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Fonseca, Ysmael	Office sought Court Of Appeals, Justice	Office held e Place District Judge District 476
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H West, Jon	Office sought Court Of Appeals, Justice	Office held e 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 top	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H Herring, Jason	Office sought District Attorney (Multi-co	Office held nunty) District Attorney (Multi-county)

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	d Committee Legal Services Salaries The Instruction Guide explains how to describe the services of the committee of the services of the servi	s/Wages/Contract Labor 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: 74/221 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
(4)			
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	(tside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, T.	X, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office held
expenditure to benefit C/O	^H Moody, Grant Bexar C	County Commissione	r, Bexar County Commissioner,
Date	Payee name		
	(see previous)		
Λ ma α ι ι m t (Φ)		Sada .	
Amount (\$)	Payee address; City; State; Zip C	Loue	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EVENDITURE	(l —	tside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, T.	X, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office held
expenditure to benefit C/O	^H Bergsma, Michael Corpus	Christi ISD Trustee,	At None
Date	Payee name		
Dute	(see previous)		
	, ,		
Amount (\$)	Payee address; City; State; Zip C	Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	(esc exiegones noted at the top of time estimate)	·	tside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, T.	X, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office held
expenditure to benefit C/O	H Liechty, Lorne Rockwa	all County Commissio	oner, None

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

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

	Credit Card Payment	The Instruction Guide	e explains how to c	omplete this form.		
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 75/221 Rpt:	Texas Alliance for Life			00051076	
4	Date	5 Payee name				
		(see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip C	ode		
	Expenditure from corporate funds					
8	PURPOSE	(a) Cotogon		(b) Description		
o	OF	(a) Category (See Categories listed at the to	op of this schedule)	(b) Description Check if travel or	utside of Texas. Comple	ete Schedule T.
	EXPENDITURE			ı <u>—</u>	TX, officeholder living e	
9	Complete ONLY if direct	Candidate/Officeholder name	Office so	ught	Office held	t
	expenditure to benefit C/OI	^H Whittmore, Sean	Crimina	l District Attorney	Criminal	District Attorney
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip C	ode		
	γ (ψ)		Otato, E.p. O			
Г	Expenditure from					
<u> </u>	☐ corporate funds			Т.,		
	PURPOSE OF	(a) Category (See Categories listed at the to	op of this schedule)	(b) Description	utside of Toyas, Cample	oto Sobodulo T
	EXPENDITURE			_ _	utside of Texas. Comple TX, officeholder living e	
						•
	Complete ONLY if direct	Candidate/Officeholder name	Office so	ught	Office held	t
	expenditure to benefit C/O	^H King, Donna	District .	Judge District 26	District J	udge District 26
	Date	Payee name				
	Duic	(see previous)				
	Λ α (Φ)		Ctata: Zin C			
	Amount (\$)	Payee address; City;	State; Zip C	ode		
г	Expenditure from					
L	corporate funds					
	PURPOSE	(a) Category (See Categories listed at the to	op of this schedule)	(b) Description		
	OF EXPENDITURE			ı <u>—</u>	utside of Texas. Comple	
				Cneck if Austin,	TX, officeholder living e	xpense
	Complete ONLY if direct	Candidate/Officeholder name	Office	Light	Office half	4
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Larson, Ryan	Office so	Judge District 395	Office held	udge District 395
	•	Edison, Nyan	טוטנוונג .	Mage District 393	DISHICL J	uage District 333

SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services 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: 76/221 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Vaughn, Carolyn Corpus Christi City Council, At None
Date	Payee name
	(see previous)
Amount (4)	
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Sanders, Richard Caldwell County Constable, None
Date	Payee name
12/04/2024	Gary VanDeaver Campaign
Amount (\$)	, ,
` *	
\$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
LAFLINDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting 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: 77/221 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
12/04/2024	Giovanni Capriglione Campaign
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 1352 Ten Bar Trl.
Expenditure from corporate funds	Southlake, TX 76092
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/12/2024	Glenn Hegar Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	PO box 1008
Expenditure from corporate funds	Katy, TX 77492
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/11/2024	Greg Bonnen Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	405 David St
Expenditure from corporate funds	Friendswood, TX 77546
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

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

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	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: 78/221 Rpt:	Texas Alliance for Life 00051076			
4 Date	5 Payee name			
11/14/2024	Hilton Austin			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$6,342.70	500 E 4th St			
Expenditure from corporate funds	Austin, TX 78701			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Solicitation/Fundraising Expense			
	Check if Austin, TX, officeholder living expense Hotel Banquet bill			
	Hotel Banquet bill			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Davies same			
	Payee name			
12/15/2024	Intellipay			
Amount (\$)	Payee address; City; State; Zip Code			
\$26.40	12884 Frontrunner Blvd, Suite 220			
Expenditure from				
corporate funds	Draper, UT 84020			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense Merchant Services			
	Merchant Services			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
D-4-				
Date	Payee name			
11/15/2024	Intellipay			
Amount (\$)	Payee address; City; State; Zip Code			
\$25.05	12884 Frontrunner Blvd, Suite 220			
Expenditure from				
corporate funds	Draper, UT 84020			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense Merchant Services			
	IVICIONALIL SCIVICES			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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	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: 79/221 Rpt:	Texas Alliance for Life 00051076			
4 Date	5 Payee name			
11/12/2024	Jared Patterson Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$100.00	PO Box 5419			
Expenditure from	Frisco, TX 75035			
corporate funds				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Candidate/Officeholder/Political Committee Campaign Contribution			
	Campaigh Contribution			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experientare to benefit Gree	· 			
Date	Payee name			
12/04/2024	Keith Bell Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$100.00	PO Box 1178			
4100.00	1 0 56X 1110			
Expenditure from	- TV			
corporate funds	Forney, TX 75126			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
EXI ENDITORE	Candidate/Officeholder/Political Committee			
	Campaign Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O	1			
Date	Payee name			
12/04/2024	Kelly Hancock Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
()	PO Box 821349			
\$100.00	PO Box 821349			
Expenditure from				
corporate funds	North Richland Hills, TX 76182			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
EXPENDITURE	Candidate/Officeholder/Political Committee			
	Campaign Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O	1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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: 80/221 Rpt:	Texas Alliance for Life 00051076
-	
4 Date	5 Payee name
12/04/2024	Ken King Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	15074 Marshall Drive
Expenditure from corporate funds	Canadian, TX 79014
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/04/2024	Lois Kolkhorst Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	PO Box 2546
Expenditure from corporate funds	Brenham, TX 77834
PURPOSE	
OF OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-i
Data	David and the second se
Date	Payee name
12/04/2024	Nate Schatzline Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	6642 N Riverside Dr. Suite 620
— Foresteller of forest	
Expenditure from corporate funds	Fort Worth, TX 76137
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By 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

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 Salarice Magnet/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: 81/221 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
11/18/2024	Ryan Guillen Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	2504 Sable Palm Dr.
Expenditure from	
corporate funds	Rio Grande City, TX 78582
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign Continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/04/2024	Tan Parker Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	PO Box 271741
Expenditure from corporate funds	Flower Mound, TX 75027
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/30/2024	Texas Alliance for Life, Inc
Amount (\$)	Payee address; City; State; Zip Code
\$594.40	8000 Centre Park Dr Ste 380
φ594.40	6000 Centre Park Dr Ste 360
Expenditure from corporate funds	Austin, TX 78754
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENINE UPF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Mass email for Pro Life Voter Guide
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Craddick, Christi Railroad Commissioner Railroad Commissioner
	Craddick, Christi Railroad Commissioner Railroad Commissioner

SCHEDULE F1

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

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

	Candidate/Officenoider/Politica Credit Card Payment		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: 82/221 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 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	¹ Blacklock, Jimmy	Supreme Court Justice Pla	ace 2 Supreme Court Justice Place 2
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; St	ate; Zip Code	
	Expenditure from corporate funds			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel	outside of Texas. Complete Schedule T. b, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/O		Supreme Court Justice Pla	
	Date	Payee name (see previous)		
	Amount (\$)	Payee address; City; St	ate; Zip Code	
	Expenditure from corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of this		
	OF EXPENDITURE			outside of Texas. Complete Schedule T. 1, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/O	¹ Bland, Jane	Supreme Court Justice Plant	ace 6 Supreme Court Justice Place 6

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 83/221 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	
<u>_</u>	corporate funds	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if traval outside of Taxas, Complete Schedule T
	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	Schenck, David Court of Criminal Appeals, None
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	Expenditure from corporate funds	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	
	Date	Payee name (see previous)
	A me συνπέ (Φ)	
	Amount (\$)	Payee address; City; State; Zip Code
Г	Expenditure from	
	corporate funds	i
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Little, Pam 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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 84/221 Rpt:	FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
4	Date	5 Payee name (see previous)	•
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Kinsey, Aaron State Board	Office held Of Education District State Board Of Education
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
L	corporate funds		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Bettencourt, Paul State Senate	Office held or District 7 State Senator 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 top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H Paxton, Angela State Senato	Office held or District 8 State Senator District 8

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide ex		omplete this form.	OTTLK (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	•	•	3 Filer ID	(Ethics Commission Filers)
	Sch: 85/221 Rpt:	Texas Alliance for Life			00051076	
4	Date	5 Payee name			•	
		(see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip C	ode		
	Expenditure from corporate funds					
8	PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	(b) Description		
	OF EXPENDITURE	(See Sategories listed at the top of	tillo soricuale)		outside of Texas. Con	nplete Schedule T.
	EXPENDITORE			Check if Austin	n, TX, officeholder living	g expense
_				<u> </u>		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office so		Office h	
		¹ King, Phil	State Se	enator District 10	State S	Senator District 10
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip C	ode		
	T Expenditure from					
L	corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	(b) Description		
	OF EXPENDITURE			ı —	outside of Texas. Con	
	ZA ZHOHOKZ			Check if Austin	n, TX, officeholder living	g expense
	Complete ONLY if direct	Candidate/Officeholder name	Office	ught	Office h	ald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Parker, Tan	Office so	enator District 12	Office h	eiu Senator District 12
			<u> </u>	Chator District 12	State C	District 12
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip C	ode		
_	Expenditure from					
L	corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	(b) Description		
	OF EXPENDITURE			l <u>L</u>	l outside of Texas. Con	
				Check if Austii	n, TX, officeholder livin	g expense
	Complete ONLY if direct	Candidate/Officeholder name	Office so	 ught	Office h	eld
	expenditure to benefit C/O			enator District 17		enator District 17
Trainingin, Journ State Seriator District 17 Sta				- Jidle 3	JOHNSON DISTRICT I	

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	de explains how to complete th	` -	su above)
1 Total pages Schedule F1:		· · · · · · · · · · · · · · · · · · ·		mission Filers)
Sch: 86/221 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		Cription 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 Campbell, Donna	Office sought State Senator Di	Office held strict 25 State Senator Dist	rict 25
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the		Cription 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 Hinojosa, Adam	Office sought State Senator Di	Office held Strict 27 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		Cription 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 Hagenbuch, Brent	Office sought State Senator Di	Office held Strict 30 None	
	<u> </u>			

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide	explains how to complete this fo	rm.		
1	Total pages Schedule F1: Sch: 87/221 Rpt:	2 FILER NAME Texas Alliance for Life		1	er ID 0051076	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check	tion < if travel outside o < if Austin, TX, offic		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name VanDeaver, Gary	Office sought State Representative	e District 1	Office he State R	eld epresentative District 1
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
	corporate funds					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check	tion k if travel outside o k if Austin, TX, offic		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Hell Jr., Cecil	Office sought State Representative	e District 3	Office he	eld epresentative District 3
	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	tion ‹ if travel outside o ‹ if Austin, TX, offid		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name H Bell, Keith	Office sought State Representative	e District 4	Office he	eld epresentative District 4

SCHEDULE F1

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

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

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

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

Candidate/Officenoider/Politica Credit Card Payment		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: 88/221 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 tra	vel outside of Texas. Complete Schedule T.
		Check II Au	stin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Hefner, Cole	State Representative Di	strict 5 State Representative District 5
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
(+)		эн эн	
Expenditure from corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top	· I —	
EXPENDITURE			vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense
		CHeck if Ad	Istili, 17, Unicertolider living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Representative Di	
5 .	-		
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top	o of this schedule) (b) Description	
OF EXPENDITURE			vel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Au	ıstin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
	¹ Harris, Cody	State Representative Di	strict 8 State Representative District 8

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising 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: 89/221 Rpt:	Texas Alliance for Life	00051076
4	Date	5 Payee name (see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	,,		
Г	Expenditure from corporate funds		
8	PURPOSE OF EXPENDITURE		utside 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	Ashby, Trent State Representative Distri	ct 9 State Representative District 9
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H Wharton, Trey State Representative Distri	Office held ct 12 None
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Orr, Angelia State Representative Distri	Office held ct 13 State Representative District 13

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	s how to complete this form.
1 Total pages Schedule F1: Sch: 90/221 Rpt:	FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
4 Date	5 Payee name (see previous)	
6 Amount (\$)	7 Payee address; City; State	e; Zip Code
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI		Office sought Office held State Representative District 14 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	hedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	İ.	Office sought Office held State Representative District 16 State Representative District 16
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	hedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI		Office sought Office held State Representative District 17 State Representative District 17

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Guide	explains how to c	complete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3 Fil	er ID	(Ethics Commission File	rs)
	Sch: 91/221 Rpt:		Texas Alliance for Life			00	051076		
4	Date	5	Payee name						
			(see previous)						
6	Amount (\$)	7	Payee address; City;	State; Zip C	Code				
	T Expenditure from								
L	corporate funds	\perp							
8	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this schedule)	(b) Description				
	EXPENDITURE				Check if travel			plete Schedule T.	
					Check ii / tustiii	, 171, 01110	seriolaer living	у схрепос	
9	Complete ONLY if direct		Candidate/Officeholder name	Office so	pught		Office he	eld	
	expenditure to benefit C/OF	Η -	Troxclair, Ellen	State Ro	epresentative Distr	ict 19	State R	epresentative Distric	t 19
	Date	\overline{T}	Payee name						
			(see previous)						
	Amount (\$)	+	Payee address; City;	State; Zip C	Code				
	Expenditure from corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the to	op of this schedule)	(b) Description				
	OF EXPENDITURE				Check if travel			plete Schedule T.	
					Crieck ii Austiii	i, TA, Ullic	seriolder living	y expense	
	Complete ONLY if direct		Candidate/Officeholder name	Office so	 ought		Office he	eld	
	expenditure to benefit C/OF	Ή \	Wilson, Terry	State Ro	epresentative Distr	ict 20	State R	epresentative Distric	t 20
_	Date	T	Payee name						
			(see previous)						
	Amount (\$)	╁	Payee address; City;	State; Zip C	Code				
	(,)		. .,	, ,					
	Expenditure from corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the to	on of this schodule)	(b) Description				
	OF	(",	(See Categories listed at the to	op of trils scriedule)		outside o	f Texas. Com	plete Schedule T.	
	EXPENDITURE				Check if Austin	ı, TX, offic	ceholder living	j expense	
		丄							
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office so		iat 01	Office he		. 01
	- cxperialitate to beliefit 6/6/	···	Phelan, Dade	State Re	epresentative Disti	ict 21	State R	epresentative Distric	t 21

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

nbursement Solicitation/Fundraising Expense
al Expense Transportation Equipment & Related Expense
Travel in District
Travel OUTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 92/221 Rpt:	2 FILER NAME Texas Alliance for Life 3 Filer ID (Ethics Commission Filers) 00051076
4 Date	5 Payee name (see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held State Representative District 23 State Representative District 23
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 24 State Representative District 24
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/Oh	Candidate/Officeholder name Office sought Office held Vasut, Cody State Representative District 25 State Representative District 25

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	· ·	ains how to complete this form.	OTTLEN (enter a category not listed above)
1 Total pages Schedule F1:	•	·	3 Filer ID (Ethics Commission Filers)
Sch: 93/221 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 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/OI		State Representative Dist	rict 28 State Representative District 28
Date	Payee name		
Date	(see previous)		
A a	· · · ·	tata. Zin Cada	
Amount (\$)	Payee address; City; S	tate; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of thi	is schedule) (b) Description	
OF EXPENDITURE			l outside of Texas. Complete Schedule T.
_//		Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	¹ Barry, Jeffrey	State Representative Dist	rict 29 None
Date	Payee name		
	(see previous)		
Amount (\$)		tate; Zip Code	
Amount (ψ)	rayee address, City, S	iale, Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of thi	is schedule) (b) Description	
OF	(See Salegories listed at the top of the		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 Guillen, Ryan	State Representative Dist	rict 31 State Representative District 31

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

(See previous) 6 Amount (\$) 7 Payee address: City: State: Zip Code Expenditure from corporate funds Code of this schedule Code of the schedule Code of	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explain	s how to complete this form.	OTHER (enter a category not listed above)
Sch: 94/221 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 EXPENDITURE (a) Category (see Categories isseed at the top of this scheduler) 9 Complete QNLY if direct expenditure to benefit C/OH Hunter. Todd State Representative District 32 State Representative District 34	1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
(See previous) 6 Amount (\$) 7 Payee address: City: State: Zip Code Expenditure from corporate funds Condition Conditio				· ·
Amount (\$) 7 Payee address; City; State; Zip Code	4 Date	,		
Expenditure from comporate funds Sample Cartegory (See Categories listed at the top of this schedule) Cartegory Cardidate/Officeholder name Office sought Cardidate/Officeholder name Office sought Cardidate/Officeholder name Cardidate/Officeholder name Office sought Office held Of		(see previous)		
Corporate funds	6 Amount (\$)	7 Payee address; City; Stat	te; Zip Code	
OF EXPENDITURE Candidate/Office beld Check if Austin, TX, difficeholder Tomas. Complete Schedule T. Check if Austin, TX, difficeholder Inving expense				
Check if Ausin, TX, officeholder living expense Check if Ausin, TX, officeholder living expense		(a) Category (See Categories listed at the top of this s	············	
9 Complete ONLY if direct expenditure to benefit C/OH Hunter, Todd State Representative District 32 State Representative District 32 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held State Representative District 34 Tuloso-Midway ISD School Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Candidate/Officeholder name Office sought Office held State Representative District 34 Tuloso-Midway ISD School 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 austin, TX, officeholder Iving expense (b) Description (b) Description Check if austin, TX, officeholder Iving expense			-	
Date Payee name (see previous) Payee address; City; State; Zip Code Complete DNLY if direct expenditure to benefit C/OH villalobos, Denise Payee name (see previous) Complete DNLY if direct expenditure to benefit C/OH villalobos, Denise City; State; Zip Code Cod			L CHECK II Ausun	, TX, Utilicerrolaer living expense
Date Payee name (see previous) Payee address; City; State; Zip Code Complete DNLY if direct expenditure to benefit C/OH villalobos, Denise Payee name (see previous) Complete DNLY if direct expenditure to benefit C/OH villalobos, Denise City; State; Zip Code Cod				
Date Payee name (see previous)			Office sought	Office held
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 faustionation of the composition of the comp	expenditure to benefit C/OI	Hunter, Todd	State Representative Distr	ict 32 State Representative District 32
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) Complete QNLY if direct expenditure to benefit C/OH Villalobos, Denise Candidate/Officeholder name Office sought Office held State Representative District 34 Tuloso-Midway ISD School Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) Payee round (See Previous) Amount (\$) Payee address; City; State; Zip Code (b) Description (b) Description (check if travel outside of Texas. Complete Schedule T. (Check if travel outside of Texas. Complete Schedule T. (Check if travel outside of Texas. Complete Schedule T. (Check if travel outside of Texas. Complete Schedule T. (Check if Austin, TX., officeholder living expense	Date	Payee name		
Expenditure from corporate funds PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Villalobos, Denise 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 Austin, TX, officeholder inving expense State Representative District 34 Tuloso-Midway ISD School Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Code		(see previous)		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Villalobos, Denise Office sought State Representative District 34 Tuloso-Midway ISD School 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 ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Amount (\$)	Payee address; City; Star	te; Zip Code	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Villalobos, Denise Office sought State Representative District 34 Tuloso-Midway ISD School 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 ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Villalobos, Denise Office sought State Representative District 34 Tuloso-Midway ISD School 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 ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
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Complete ONLY if direct 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) Candidate/Officeholder name Office sought State Representative District 34 Tuloso-Midway ISD School Tuloso-Midway ISD School Tuloso-Midway ISD School (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Expenditure to benefit C/OH Villalobos, Denise State Representative District 34 Tuloso-Midway ISD School 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			Check if Austin	, TX, officenoider living expense
Expenditure to benefit C/OH Villalobos, Denise State Representative District 34 Tuloso-Midway ISD School 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				
expenditure to benefit C/OH Villalobos, Denise State Representative District 34 Tuloso-Midway ISD School Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
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		i .	•	
(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	Data	Payee name	·	
Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense	Date			
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	Amount (¢)		to: Zin Codo	
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	Amount (4)	Payee address, City, Stat	te, Zip Code	
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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				
OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		 	las	
EXPENDITURE Check if Austin, TX, officeholder living expense		(a) Category (See Categories listed at the top of this s		outside of Texas, Complete Schedule T
	EXPENDITURE			·
			_	
			Office sought	Office held
expenditure to benefit C/OH Lopez, Janie State Representative District 37 State Representative District 37	expenditure to benefit C/OI	¹ Lopez, Janie	State Representative Distr	ict 37 State Representative District 37
l de la companya de				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 95/221 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name (see previous)	
6 Amount (\$)	7 Payee address; City; State; Zi) Code
Expenditure from corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	1.1	e sought Office held
experiorare to beriefit C/O	Guerra, John State	Representative District 41 None
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zi	o 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
		Check if Austin, 17, officerolider living expense
Complete ONLY if direct		sought Office held
expenditure to benefit C/O	H Lozano, J.M. State	Representative District 43 State Representative District 43
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zi) Code
Expenditure from		
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct		sought Office held
expenditure to benefit C/OI	H Harris Davila, Caroline State	Representative District 52 State Representative District 52

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:	·	·	3 Filer ID (Ethics Commission Filers)
Sch: 96/221 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 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		State Representative Dist	rict 54 State Representative District 54
Date	Payee name		
Duic	(see previous)		
Λ α (Φ)		ata. Zia Cada	
Amount (\$)	Payee address; City; St	ate; Zip Code	
Expenditure from corporate funds			
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
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OF	¹ Curry, Patrick	State Representative Dist	rict 56 None
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; St	ate; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	(b) Description	
OF EXPENDITURE			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	^H Hayes, Richard	State Representative Dist	rict 57 State Representative District 57

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete thi	is form.		
1	Total pages Schedule F1:	2 FILER NAME	3 File	er ID	(Ethics Commission Filers)
	Sch: 97/221 Rpt:	Texas Alliance for Life	00	051076	
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	cription		
	OF EXPENDITURE		Check if travel outside of Check if Austin, TX, office		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	ld
	expenditure to benefit C/OI		ative District 59		epresentative District 59
	Date	Payee name			
		(see previous)			
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code			
	PURPOSE OF EXPENDITURE		cription Check if travel outside of Check if Austin, TX, offic		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Bumgarner, Ben State Representa	ative District 63	Office he	ld epresentative District 63
	Date	Payee name (see previous)			
	Amount (\$)	Payee address; City; State; Zip Code			
L	corporate funds				
	PURPOSE OF EXPENDITURE		cription Check if travel outside o Check if Austin, TX, offic		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Shaheen, Matt State Representa	ative District 66	Office he State Re	ld epresentative District 66

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	ů	ins how to complete this form.	OTTLA (enter a category not listed above)
1 Total pages Schedule F1:	-	·	3 Filer ID (Ethics Commission Filers)
Sch: 98/221 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 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	¹ Leach, Jeff	State Representative Dist	rict 67 State Representative District 67
Date	Payee name		
	(see previous)		
Amount (\$)		ate; Zip Code	
Amount (ϕ)	rayee 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			outside of Texas. Complete Schedule T.
		Check if Austii	n, TX, officeholder living expense
0 1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0	0 "1. (0" 1.11		0.00
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
	¹ Spiller, David	State Representative Dist	rict 68 State Representative District 68
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; St	ate; Zip Code	
Expenditure from corporate funds			
•		las	
PURPOSE OF	(a) Category (See Categories listed at the top of this		outside of Texas. Complete Schedule T.
EXPENDITURE		 	n, TX, officeholder living expense
			3 - p
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Representative Dist	
	,	James Sp. 555. Rativo Blots	The second of th

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide ex	plains how to complete this form.			
1	Total pages Schedule F1: Sch: 99/221 Rpt:	2 FILER NAME Texas Alliance for Life		ı	ler ID 0051076	(Ethics Commission Filers)
4	Date	5 Payee name (see previous)		<u> </u>		
6	Amount (\$)	7 Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if tr	avel outside o	of Texas. Com	plete Schedule T. expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Lambert, Stan	Office sought State Representative D	istrict 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	Check if tr	avel outside o	of Texas. Com	plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Darby, Drew	Office sought State Representative D	istrict 72	Office he State R	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 tr	avel outside o	of Texas. Com ceholder living	plete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Isaac, Carrie	Office sought State Representative D	istrict 73	Office he State R	eld epresentative District 73

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3	3 Filer ID (Ethics Commission Filers)
Sch: 100/221 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 EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel ou	utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Garza, Robert	Office sought State Representative Distric	Office held ct 74 None
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; St	ate; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel ou	utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Holaughlin, Don	Office sought State Representative Distric	Office held ct 80 None
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City; St	ate; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel ou	utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Landgraf, Brooks	Office sought State Representative Distric	Office held at 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 C	Guide explains how to	complete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3 Fil	er ID	(Ethics Commission File	rs)
	Sch: 101/221 Rpt:		Texas Alliance for Life			00	0051076		
4	Date	5	Payee name						
			(see previous)						
6	Amount (\$)	7	Payee address; City;	State; Zip	Code				
_	T Expenditure from								
L	corporate funds	\perp							
8	PURPOSE OF	(a)	Category (See Categories listed at	the top of this schedule)	(b) Description				
	EXPENDITURE						of Texas. Com ceholder living	plete Schedule T.	
					Cricck ii Austi	11, 17, 0111	ceriolaer living	Гехрепас	
9	Complete ONLY if direct		Candidate/Officeholder name	Office s	sought		Office he	eld	
	expenditure to benefit C/O)H (Craddick, Tom	State I	Representative Dist	rict 82	State R	epresentative Distric	t 82
	Date	Т	Payee name						
			(see previous)						
	Amount (\$)	十	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				 		of Texas. Com ceholder living	plete Schedule T.	
						., .,,	oonoidor iiriiig	, oxponed	
	Complete ONLY if direct		Candidate/Officeholder name	Office s	sought		Office he	eld	
	expenditure to benefit C/OI	⁾ H E	Burrows, Dustin	State I	Representative Dist	rict 83	State R	epresentative Distric	ct 83
	Date	\top	Payee name						
			(see previous)						
	Amount (\$)	+	Payee address; City;	State; Zip	Code				
	,			•					
	Expenditure from corporate funds								
	PURPOSE	(a)	Category (See Categories listed at	the ten of this schedule)	(b) Description				
	OF	"	(See Categories listed at	the top of this schedule)		l outside o	of Texas. Com	plete Schedule T.	
	EXPENDITURE				Check if Austi	n, TX, offi	ceholder living	expense	
		丄							
	Complete ONLY if direct expenditure to benefit C/OI	NLI	Candidate/Officeholder name	Office s		wist 0.4	Office he		0.4
	- cxperialitate to belieff of et		Tepper, Carl	State I	Representative Dist	rict 84	State R	epresentative Distric	et 84

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 h	ow to complete this form.	- · · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 102/221 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	Check if travel out	tside of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF		ffice sought tate Representative Distric	Office held t 85 State Representative 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 of this sche	Check if travel out	tside of Texas. Complete Schedule T. 'X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF		ffice sought tate Representative Distric	Office held t 86 State Representative District 86
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 sche	Check if travel out	tside of Texas. Complete Schedule T. X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ffice sought tate Representative Distric	Office held t 88 State Representative District 88

SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 103/221 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s H Noble, Candy State I	Cought Office held Representative District 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 top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s H Schatzline, Nate State I	Cought Office held Representative District 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 top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s H Cook, David State I	sought Office held Representative District 96 State Representative District 96

SCHEDULE F1

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

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

Candidate/Officenoider/Politica Credit Card Payment		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: 104/221 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	· I —	
OF EXPENDITURE			outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Crieck if Adstill	i, 1X, officerolder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H McQueeney, John	State Representative Distr	rict 97 None
Date	Payee name		
Jano	(see previous)		
Amount (\$)		ate; Zip Code	
Amount (4)	rayee 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.
		Cneck 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	
5 .			
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		Check if travel	outside of Texas. Complete Schedule T.
		Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidata/Officabaldar nama	Office cought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Geren, Charlie	Office sought State Representative Distr	
•	——————————————————————————————————————	State Representative Distr	ict 99 State Representative District 99

SCHEDULE F1

vertising Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1: Sch: 105/221 Rpt:	FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
4	Date	5 Payee name (see previous)	00031070
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Patterson, Jared State Repre	Office held esentative District 106 State Representative District
	Date	Payee name (see previous)	
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Meyer, Morgan State Repre	Office held esentative District 108 State Representative District
	Date	Payee name (see previous)	
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Button, Angie Chen State Repre	t Office held esentative District 112 State Representative District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
se 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: 106/221 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/OF	Candidate/Officeholder name Office s H Lujan, John State F	ought Office held Representative District 118 State Representative District
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H LaHood, Marc State F	ought Office held Representative District 121 None
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of 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 s H Dorazio, Mark State F	ought Office held Representative District 122 State Representative District

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explain	s how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 107/221 Rpt:	Texas Alliance for Life		00051076
4	Date	5 Payee name		•
		(see previous)		
6	Amount (\$)	7 Payee address; City; Stat	te; Zip Code	
	Expenditure from			
L	corporate funds			
8	PURPOSE	(a) Category (See Categories listed at the top of this s	′ I — `	
	OF EXPENDITURE			outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			Check if Additi	, 17, officerolder living expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH	^H Harless, Sam	State Representative Distr	rict 126 State Representative District
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; Stat	te; Zip Code	
	Expenditure from corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
	OF EXPENDITURE		Check if travel	outside of Texas. Complete Schedule T.
			Check if Austir	n, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/O			rict 127 State Representative District
_	Date	Payee name	·	· · · · · · · · · · · · · · · · · · ·
	Date	(see previous)		
	Amount (\$)	, ,	te; Zip Code	
	, unodin (¢)	r ayou address, Sky, Sky,	.c, 2.p 0000	
	Expenditure from corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
	OF	(a) Category (See Categories listed at the top of this s	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austir	n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
		Cain, Briscoe	State Representative Disti	rict 128 State Representative District

SCHEDULE F1

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

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

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

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

xpense Travel in xpense Travel O Vages/Contract Labor OTHER

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to	o complete this form.
1 Total pages Schedule F1:	2 FII FR NAME	3 Filer ID (Ethics Commission Filers)
Sch: 108/221 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	•
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
Expenditure from corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Greek if Adding 174, officerolds: Italia superiors
9 Complete ONLY if direct	Candidate/Officeholder name Office	
expenditure to benefit C/O		Representative District 129 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
		Greek it Austin, 174, officeriolas, arming expenses
Complete ONLY if direct	Candidate/Officeholder name Office	Sought Office held
expenditure to benefit C/OI		Representative District 130 State Representative District
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
— Franciskus from		
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
LA LIBITORE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held
expenditure to benefit C/O	1	Representative District 132 State Representative District
	Scholied, wine	Representative District 132 State Representative District

SCHEDULE F1

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

Gift/Awards/Memorials Expense Legal Services

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 109/221 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/OF	Candidate/Officeholder name Office s DeAyala, Mano State F	Sought Office held Representative District 133 State Representative District
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s Hull, Lacey State F	Sought Office held Representative District 138 State Representative District
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s Swanson, Valoree State F	sought Office held Representative District 150 State Representative District

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

1 Total pages Schedule F1:	2 FILER NAME		3 F	Filer ID (Ethics Commission Filers)
Sch: 110/221 Rpt:	Texas Alliance for Life		0	00051076
4 Date	5 Payee name		•	
	(see previous)			
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de	
Expenditure from corporate funds				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	=	of Texas. Complete Schedule T. fficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hassel, Dabney	Office sou Court Of	•	Office held e Court Of Appeals, Justice Place
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City;	State; Zip Co	de	
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	-	of Texas. Complete Schedule T. ificeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sou	-	Office held
expenditure to benefit C/O	[⊣] Messinger, John	Court Of	Appeals, Justice Place	e None
Date	Payee name (see previous)			
Amount (\$)	Payee address; City;	State; Zip Co	de	
Expenditure from corporate funds				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	o of this schedule)	<u> </u>	of Texas. Complete Schedule T. ificeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou		Office held
3p 3	McCray, Todd	Court Of	Appeals, Justice Place	e None

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Gu	uide explains how to complete this	form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 111/221 Rpt:	Texas Alliance for Life		0005107	76
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	· · · · · · · · · · · · · · · · · · ·	•	
	EXPENDITURE			neck if travel outside of Texas. neck if Austin, TX, officeholder	
				reak ii Adaliii, 174, diidenoiden	iving expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office	e held
	expenditure to benefit C/OH	Valenzuela, Lori	Court Of Appeals,	Justice Place Cou	rt Of Appeals, Justice Place
	Date	Payee name			
		(see previous)			
	Amount (\$)	Payee address; City;	State; Zip Code		
	Expenditure from corporate funds				
	PURPOSE	(a) Category (See Categories listed at the	he top of this schedule) (b) Desci	ription	
	OF EXPENDITURE	, , , , ,	☐ Ch	neck if travel outside of Texas.	
	EXI ENDITORE		Ch	neck if Austin, TX, officeholder	iving expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office	e held
	expenditure to benefit C/O		Court Of Appeals,		
_	Date	·	1,		-
	Date	Payee name (see previous)			
	Amount (\$)		State: Zin Code		
	Amount (\$)	Payee address; City;	State; Zip Code		
Г	Expenditure from				
Ľ	corporate funds	(-) a .	(0.) -		
	PURPOSE OF	(a) Category (See Categories listed at the	· · · · · · · · · · · · · · · · · · ·	ription neck if travel outside of Texas.	Complete Schedule T.
	EXPENDITURE			neck if Austin, TX, officeholder	
	Complete ONLY if direct	Candidate/Officeholder name	Office sought		e held
	expenditure to benefit C/O	Tijerina, Jaime	Court of Appeals,0	Chief Justice Cou	rt Of Appeals, Justice Place

SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 112/221 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H Cron, Jenny Court Of Appeals, Justice Place None
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
7 πποσπε (Φ)	Tayoo addisoo, Oisy, Ciato, Elp Codo
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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiditure to beliefft C/O	Fonseca, Ysmael Court Of Appeals, Justice Place District Judge District 476
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
(+)	y,,,
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/O	Candidate/Officeholder name Office sought Office held
experialitie to belieff C/O	West, Jon Court Of Appeals, Justice Place None

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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		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: 113/221 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	· I —	autilla of Taura Campleta Cabadula 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	unty) District Attorney (Multi-county)
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.
		Cneck 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>	
Date	Payee name (see previous)		
A (A)		. 7' 0 1	
Amount (\$)	Payee address; City; Sta	ate; 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. n, TX, officeholder living expense
			,,gp
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Corpus Christi ISD Trustee	
	·	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide expla	ins how to complete this form.	
1	Total pages Schedule F1: Sch: 114/221 Rpt:	FILER NAME Texas Alliance for Life		3 Filer ID (Ethics Commission Filers) 00051076
4	Date	5 Payee name (see previous)		
6	Amount (\$)	7 Payee address; City; S	ate; Zip Code	
	Expenditure from corporate funds			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	Check if travel	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 Commiss	Office held sioner, None
	Date	Payee name (see previous)		
	Amount (\$)	Payee address; City; S	ate; Zip Code	
L	corporate funds			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	Check if travel	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; S	ate; Zip Code	
	Expenditure from corporate funds			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Hing, Donna	Office sought District Judge District 26	Office held District Judge District 26

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g Expense Event Expense Loan Repayment/Reimbu

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Sa The Instruction Guide explains how	aries/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: 115/221 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; State; Z	p Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description	
OF EXPENDITURE		I =	utside of Texas. Complete Schedule T. FX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF		e sought rict Judge District 395	Office held District Judge District 395
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; Z	p Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if travel ou	utside of Texas. Complete Schedule T. FX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	e sought ous Christi City Council,	Office held At None
Date	Payee name		
Dute	(see previous)		
Amount (\$)	Payee address; City; State; Z	p Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	Check if travel or	utside of Texas. Complete Schedule T. FX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	e sought Iwell County Constable,	Office held None
	Canadia, Manada	County Constable,	None

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide ex	xplains how to comp	lete this form.	(,
1 Total pages Schedule F1:	2 FILER NAME		3 Fil	er ID (Ethics Commission	on Filers)
Sch: 116/221 Rpt:	Texas Alliance for Life		00	0051076	·
4 Date	5 Payee name				
11/30/2024	Texas Alliance for Life, Inc				
6 Amount (\$)	7 Payee address; City;	State; Zip Code			
\$1,985.52	8000 Centre Park Dr Ste 380				
Expenditure from corporate funds	Austin, TX 78754				
8 PURPOSE	(a) Category (See Categories listed at the top o	of this schedule) (b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor			f Texas. Complete Schedule T.	
			Check if Austin, TX, office		
			Start salaries for va	arious campaign work	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sough		Office held	
experialiture to beliefit C/O	H Craddick, Christi	Railroad Co	ommissioner	Railroad Commissione	r
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
(+)	,	- Ip			
Expenditure from					
corporate funds					
PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Description		
OF EXPENDITURE			=	of Texas. Complete Schedule T.	
			Check if Austin, TX, office	ceholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sough		Office held	
experientare to benefit 6/61	H Blacklock, Jimmy	Supreme C	ourt Justice Place 2	Supreme Court Justice	Place 2
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City;	State; Zip Code			
(1)	.,,	, ,			
Expenditure from					
corporate funds					
PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Description		
OF EXPENDITURE				of Texas. Complete Schedule T.	
			Check if Austin, TX, office	cenoider living expense	
0 1. 6				0.00	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sough		Office held	Dlag- 4
SAPORARATO TO BOTTOTIC O/OI	H Devine, John	Supreme C	ourt Justice Place 4	Supreme Court Justice	Place 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		ns how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FII FR NAME		3 Filer ID (Ethics Commission Filers)
Sch: 117/221 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.
		Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Supreme Court Justice Pla	
Data		<u> </u>	<u>'</u>
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	(·	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	¹ Schenck, David	Court of Criminal Appeals,	None
Date	Payas nama		
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
= 20 0 60 2			
Expenditure from corporate funds			
PURPOSE	(a) Catagony (5. 0.) listed at the transfer	schedule) (b) Description	
OF	(a) Category (See Categories listed at the top of this		outside of Texas. Complete Schedule T.
EXPENDITURE			n, TX, officeholder living expense
		-	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O			District State Board Of Education
		State Board Of Eddeation	District State Board Of Education

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide expl		omplete this form.	OTTLK (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		·	3 Filer ID	(Ethics Commission Filers)
	Sch: 118/221 Rpt:	Texas Alliance for Life			00051076	
4	Date	5 Payee name			•	
		(see previous)				
6	Amount (\$)	7 Payee address; City; S	State; Zip C	ode		
	Expenditure from corporate funds					
8	PURPOSE	(a) Category (See Categories listed at the top of the	nis schedule)	(b) Description		
	OF EXPENDITURE	(occ outegoines listed at the top of the	iis sorieduic)	_	el outside of Texas. Com	plete Schedule T.
	EXPENDITORE			Check if Aust	in, TX, officeholder living	expense
				<u> </u>		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou	-	Office he	
		Little, Pam	State Bo	Dard Of Education	DISTRICT State B	oard Of Education
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City; S	State; Zip C	ode		
_	T Expenditure from					
L	corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of the	nis schedule)	(b) Description		
	OF EXPENDITURE			l <u>–</u>	el outside of Texas. Com	
				Check if Aust	in, TX, officeholder living	expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ught	Office he	ald.
	Complete ONLY if direct expenditure to benefit C/OH			· ·		oard Of Education
		·	Otate Be	- Laddalloi	- District Gtate B	- Ludodion
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City; S	State; Zip C	ode		
_	Expenditure from					
L	corporate funds			_		
	PURPOSE	(a) Category (See Categories listed at the top of the	nis schedule)	(b) Description		
	OF EXPENDITURE				el outside of Texas. Com in, TX, officeholder living	
				Crieck if Aust	in, 1A, onicendaei living	expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	<u>l</u> uaht	Office he	eld
	expenditure to benefit C/O			enator District 7		enator District 7
		<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	e explains how to complete this forn	n.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 119/221 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t	Check if	on travel outside of Texas. Complete Schedule T. Austin, 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	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t	Check if	on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H King, Phil	Office sought State Senator District	Office held State Senator District 10
		State Seriator District	To State Schator District 10
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the t	Check if	ON travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/Of	^H Parker, Tan	State Senator District	12 State Senator District 12

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment		explains how to complete this fo	•	er a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	<u> </u>	3 Filer ID	(Ethics Commission Filers)
Sch: 120/221 Rpt:	Texas Alliance for Life		0005107	' 6
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) Descript	tion	
OF EXPENDITURE			k if travel outside of Texas. (k if Austin, TX, officeholder li	
		L Check	Cii Austiii, TA, oiliceriolder ii	iving expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office	e held
expenditure to benefit C/OI		State Senator Distric		e Senator District 17
Date	Payee name			
Date	(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) Descript	tion	
OF EXPENDITURE			k if travel outside of Texas. C	
		Спеск	k if Austin, TX, officeholder li	iving expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office	e held
expenditure to benefit C/OI		State Senator Distric		e Senator District 25
Data	·			
Date	Payee name (see previous)			
A (A)		0.1.7.0.1		
Amount (\$)	Payee address; City;	State; Zip Code		
Expenditure from				
corporate funds				
PURPOSE OF	(a) Category (See Categories listed at the to			Complete Cabadula T
EXPENDITURE			k if travel outside of Texas. C k if Austin, TX, officeholder li	
				- •
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office	e held
expenditure to benefit C/OI	[†] Hinojosa, Adam	State Senator Distric	ct 27 None	е

SCHEDULE F1

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

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

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

Candidate/Officenoider/Politica Credit Card Payment		Salaries/Wages/Contract i explains how to complete this fo		HER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 File	er ID (Ethics Commission Filers)
Sch: 121/221 Rpt:	Texas Alliance for Life		1	051076
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	· · · · · · · · · · · · · · · · · · ·		
EXPENDITURE				Texas. Complete Schedule T. Pholder living expense
			sk ii Addilli, 174, olilot	and der living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held
expenditure to benefit C/OI	Hagenbuch, Brent	State Senator Distri	ct 30	None
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b) Descrip	otion	
OF EXPENDITURE	(coo categorios notas at ano top			Texas. Complete Schedule T.
LAFENDITORE		Chec	ck if Austin, TX, office	eholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		State Representativ	e District 1	State Representative District 1
	-	State Representativ	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			
EXPENDITURE				Texas. Complete Schedule T. Pholder living expense
			sk ii Addini, 174, omoc	and definiting expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held
expenditure to benefit C/O	H Bell Jr., Cecil	State Representativ	e 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how	w to complete this form.	OTTLEN (enter a category not isseed above)
1	Total pages Schedule F1:	·	<u> </u>	3 Filer ID (Ethics Commission Filers)
	Sch: 122/221 Rpt:	Texas Alliance for Life		00051076
4	Date	5 Payee name		•
		(see previous)		
6	Amount (\$)	7 Payee address; City; State; Z	Zip Code	
	Expenditure from corporate funds			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu	Check if trave	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office	ce sought	Office held
	expenditure to benefit C/OF	1	te Representative Dist	rict 4 State Representative District 4
	Date	Payee name		
	24.0	(see previous)		
	Amount (\$)		Zip Code	
	Expenditure from corporate funds			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu	Check if trave	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct		ce sought	Office held
	expenditure to benefit C/OF	Hefner, Cole Sta	te Representative Dist	rict 5 State Representative District 5
	Date	Payee name (see previous)		
	Amount (\$)	Payee address; City; State; Z	Zip Code	
	Expenditure from corporate funds			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedu		Louteido of Toyac Complete Schodule T
	EXPENDITURE		_ 	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct		ce sought	Office held
	expenditure to benefit C/OF	¹ Dean, Jay Sta	te Representative Dist	rict 7 State Representative District 7

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se 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: 123/221 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	Harris, Cody State Representative District 8 State Representative District 8
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	Ashby, Trent State Representative District 9 State Representative District 9
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 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

Credit Card Payment	ű	ins how to complete this form.	OTTLA (enter a category not listed above)
1 Total pages Schedule F1:	-	·	3 Filer ID (Ethics Commission Filers)
Sch: 124/221 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 EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel	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		State Representative Dist	
Date	Payee name	·	
Date	(see previous)		
Δ		-t 75- O1-	
Amount (\$)	Payee address; City; St	ate; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	(b) Description	
OF EXPENDITURE		Check if travel	l outside of Texas. Complete Schedule T.
		Check if Austii	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 benefit C/OI	T Dyson, Paul	State Representative Dist	rict 14 None
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; St	ate; Zip Code	
7 (4)		a.c,p	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	(b) Description	
OF EXPENDITURE	2 (())))		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

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	ains how to complete this form.	
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 125/221 Rpt:	Texas Alliance for Life		00051076
4	Date	5 Payee name (see previous)		
6	Amount (\$)		tate; Zip Code	
•	γ πιοαπι (φ)	i i ayoo aaanooo, ony, o	1010, 21p 3300	
	Expenditure from corporate funds			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OF	Gerdes, Stan	State Representative Dist	rict 17 State Representative District 17
	Date	Payee name (see previous)		
	Amount (\$)	Payee address; City; S	tate; Zip Code	
	Expenditure from corporate funds			
	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
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/O	Troxclair, Ellen	State Representative Dist	rict 19 State Representative District 19
	Date	Payee name (see previous)		
	Amount (\$)	Payee address; City; S	tate; Zip Code	
	Expenditure from corporate funds			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	CAPETIGITUTE TO DETICITE C/OF	¹ Wilson, Terry	State Representative Dist	rict 20 State Representative District 20

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	ins how to complete this form.	OTTLA (enter a category not listed above)
1 Total pages Schedule F1:	· ·	·	3 Filer ID (Ethics Commission Filers)
Sch: 126/221 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 EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Representative Dist	rict 21 State Representative District 21
Date	Payee name		
Date	(see previous)		
A a		ata. Zia Cada	
Amount (\$)	Payee address; City; St	ate; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this	(b) Description	
OF EXPENDITURE		Check if travel	outside of Texas. Complete Schedule T.
		Check if Austir	n, TX, officeholder living expense
One make the ONII Wife diagram	One distant 10ff and a latent to the	Office a second	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Leo Wilson, Terri	Office sought	Office held
'	Leo Wilson, Tem	State Representative Dist	rict 23 State Representative District 23
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; St	ate; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Catagony (a. a. a	(b) Description	
OF	(a) Category (See Categories listed at the top of this		outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H Bonnen, Greg	State Representative Dist	rict 24 State Representative District 24

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	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: 127/221 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	Vasut, Cody State Representative District 25 State Representative District 25
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Amount (Φ)	rayee address, Gity, State, Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Gates, Gary State Representative District 28 State Representative District 28
Date	Payee name
	(see previous)
A management (ch)	
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.
EAFENDITUKE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Harry, Jeffrey State Representative District 29 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/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: 128/221 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
, ,	
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H Guillen, Ryan State Representative District 31 State Representative District 31
Date	Payee name
	(see previous)
Λ (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	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 Hunter, Todd State Representative District 32 State Representative District 32
Data	
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	
	Vilialobos, Definse State Representative District 34 Tuloso-iviluway ISD SC11001

SCHEDULE F1

Advertising Expense Ever

Accounting/Banking Fee:
Consulting Expense Foot
Contributions/ Donations Made By - Gift/
Candidate/Officeholder/Political Committee Legic
Credit Card Pavment

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services 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: 129/221 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name (see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Lopez, Janie	Office sought State Representative Dist	Office held rict 37 State Representative District 37
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Guerra, John	Office sought State Representative Dist	Office held rict 41 None
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Lozano, J.M.	Office sought State Representative Dist	Office held rict 43 State Representative District 43

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	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 130/221 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
	(see previous)
6 Amount (\$)	7 Payee address; City; State; Zip Code
, ,	
Expenditure from corporate funds	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H Harris Davila, Caroline State Representative District 52 State Representative District 52
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Amount (φ)	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	H Buckley, Brad State Representative District 54 State Representative District 54
Date	Payee name
	(see previous)
A management (th)	
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H Curry, Patrick State Representative District 56 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	· ·	ains how to complete this form.	OTTLEN (enter a category not listed above)
1 Total pages Schedule F1:	·	·	3 Filer ID (Ethics Commission Filers)
Sch: 131/221 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	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Representative Dist	rict 57 State Representative District 57
Date	Payee name		
Date	(see previous)		
A a	· · · ·	Nata. Zia Cada	
Amount (\$)	Payee address; City; S	State; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	
OF EXPENDITURE		<u> </u>	l outside of Texas. Complete Schedule T.
_//		Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	¹ Slawson, Shelby	State Representative Dist	rict 59 State Representative District 59
Date	Payee name		
	(see previous)		
Amount (\$)		State; Zip Code	
Amount (\$)	rayee address, City, 3	state, Zip Code	
Expenditure from corporate funds			
	(-) 0	(1-)	
PURPOSE OF	(a) Category (See Categories listed at the top of th		l 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	
		State Representative Dist	State Representative Blothlet 00

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		omplete this for		ilk (eillei a	category not listed above)	
1	Total pages Schedule F1: Sch: 132/221 Rpt:	FILER NAME Texas Alliance for Life			3 File	er ID 051076	(Ethics Commission Filers)
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 to	op of this schedule)	. =	ion if travel outside of if Austin, TX, office			
9	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name H Shaheen, Matt	Office so	-	District 66	Office he	eld epresentative District	66
	Date	Payee name (see previous)						
	Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip C	ode				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	op of this schedule)	. =	ion if travel outside of if Austin, TX, office			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Leach, Jeff	Office so	ught epresentative	District 67	Office he	eld epresentative District	67
	Date	Payee name (see previous)						
	Amount (\$) Expenditure from	Payee address; City;	State; Zip C	ode				
	corporate funds							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	op of this schedule)		ion if travel outside of if Austin, TX, office			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Spiller, David	Office so	ught epresentative	District 68	Office he State R	eld epresentative District	68

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 133/221 Rpt:	Texas Alliance for Life	00051076
4	Date	5 Payee name	·
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	e
_	T Expenditure from		
느	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 sough	
	expenditure to benefit C/OI	¹ Frank, James State Representation	esentative District 69 State Representative District 69
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	e
_	T Expenditure from		
L	corporate funds		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	D) 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 sough	nt Office held
	expenditure to benefit C/OI	H Lambert, Stan State Repr	esentative District 71 State Representative District 71
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	9
	■ Expenditure from		
L	corporate funds		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	D) Description
	OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Crieck if Ausuri, 17, uniceriolder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
	expenditure to benefit C/O	1	esentative District 72 State Representative District 72
1			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above the Instruction Guide explains how to complete this form.	ve)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	n Filers)
	Sch: 134/221 Rpt:	Texas Alliance for Life 00051076	
4	Date	5 Payee name	
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to beliefft C/Or	DH Isaac, Carrie State Representative District 73 State Representative D	istrict 73
	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	
		Check if Austin, 174, unicertaided 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	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 135/221 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	l 	utside 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/OF	Landgraf, Brooks State Representative Distriction	ct 81 State Representative District 81
Η	Date	Payee name	
	!	(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE	l <u></u>	utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Craddick, Tom State Representative Distriction	Office held ct 82 State Representative District 82
	Date	Payee name (see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Expenditure from corporate funds		
	PURPOSE OF EXPENDITURE	l <u></u>	utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Burrows, Dustin State Representative Distriction	Office held ct 83 State Representative District 83

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenolder/Politica Credit Card Payment	•	salaries/wages/Contract Labor cplains 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: 136/221 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		•
	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top o	of this schedule) (b) Description	
OF EXPENDITURE			rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		Check if Aus	sur, 17, uncertaider living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^{-l} Tepper, Carl	State Representative Dis	strict 84 State Representative District 84
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
, aoa (+)	. 4,00 444.000, 0.0,	State, Ep Couc	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top o	of this schedule) (b) Description	
OF EXPENDITURE			rel outside of Texas. Complete Schedule T.
		L Crieck if Aus	stin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Representative Dis	
Data			
Date	Payee name (see previous)		
A (A)		0: . 7: 0 .	
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of		and proteining of Tourse Commission College and T
EXPENDITURE			rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
			,, <u>.</u> ,
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	¹ Smithee, John	State Representative Dis	strict 86 State Representative 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 137/221 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/O	Candidate/Officeholder name Office s H King, Ken State F	ought Office held Representative District 88 State Representative District 88
	Date	Payee name (see previous)	
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip	Code
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H Noble, Candy State F	ought Office held Representative District 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 top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H Schatzline, Nate State F	ought Office held Representative District 93 State Representative District 93

SCHEDULE F1

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

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

	Credit Card Payment		The Instruction	Guide explains how to	complete this form.			
1	Total pages Schedule F1:	2 FILER NA	AME			3 Filer	· ID	(Ethics Commission Filers)
	Sch: 138/221 Rpt:	Texas A	Iliance for Life			000	51076	
4	Date	5 Payee na				•		
		(see pre						
6	Amount (\$)	7 Payee ad	ldress; City;	State; Zip (Code			
	Expenditure from corporate funds							
8	PURPOSE OF	(a) Category	(See Categories listed a	at the top of this schedule)	(b) Description			
	EXPENDITURE				I <u>—</u>	el outside of T tin, TX, officel		plete Schedule T. expense
						,,	9	
9	Complete ONLY if direct		/Officeholder name	Office s	ought		Office he	eld
	expenditure to benefit C/OI	Cook, Da	vid	State F	Representative Dis	trict 96	State Re	epresentative District 96
	Date	Payee na	ıme					
		(see pre	vious)					
	Amount (\$)	Payee ad	ldress; City;	State; Zip (Code			
_	T Expenditure from							
L	corporate funds							
	PURPOSE OF	(a) Category	(See Categories listed a	at the top of this schedule)	(b) Description			
	EXPENDITURE				· ·	el outside of T tin, TX, officel		plete Schedule T. expense
	Complete ONLY if direct		/Officeholder name	Office s	ought		Office he	eld
	expenditure to benefit C/OI	^I McQueen	ıey, John	State F	Representative Dis	trict 97	None	
	Date	Payee na	ime					
		(see pre	vious)					
	Amount (\$)	Payee ad	ldress; City;	State; Zip (Code			
	■ Expenditure from							
L	corporate funds							
	PURPOSE	(a) Category	(See Categories listed a	at the top of this schedule)	(b) Description			
	OF EXPENDITURE				· -	el outside of T tin, TX, officel		plete Schedule T.
					LI Check ii Ausi	un, 1A, onicei	loluer living	expense
	Complete ONLY if direct	Candidate/	/Officeholder name	Office s	I ought		Office he	eld
	expenditure to benefit C/OI	Capriglior	ne, Giovanni		Representative Dis	trict 98	State R	epresentative District 98
1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 139/221 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s Geren, Charlie State I	Sought Office held Representative District 99 State Representative District 99
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s Patterson, Jared State I	Sought Office held Representative District 106 State Representative District
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s H Meyer, Morgan State I	sought Office held Representative District 108 State Representative District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

The Instruction Guide explains how to complete this form.

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

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

1		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 140/221 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	·
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H Button, Angie Chen State Re	ght Office held presentative District 112 State Representative District
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Co	nde
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H Lujan, John State Re	ght Office held presentative District 118 State Representative District
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Co	nde
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description

expenditure to benefit C/OH LaHood, Marc

OF

EXPENDITURE

Complete ONLY if direct

Office sought

(b) Description

State Representative District 121 None

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

(a) Category (See Categories listed at the top of this schedule)

Candidate/Officeholder name

SCHEDULE F1

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FII FR NAMF	3 Filer ID (Ethics Commission Filers)
Sch: 141/221 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	·
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip (Code
Expenditure from corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
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 so	ought Office held
expenditure to benefit C/OI	¹ Dorazio, Mark State F	Representative District 122 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
		Creek it Austin, 174, uniceriouel living expense
Complete ONLY if direct	Candidate/Officeholder name Office so	L ought Office held
expenditure to benefit C/OI		Representative District 126 State Representative District
Date	Payee name	
Dato	(see previous)	
Amount (\$)	Payee address; City; State; Zip (Code
Amount (ψ)	Fayee address, Oity, State, Zip C	Joue
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.
EXPENDITORL		Check if Austin, TX, officeholder living expense
O L to ONII V if disease		O# 1-14
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	
- p	Cunningham, Charles State F	Representative District 127 State Representative District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains ho	w to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 142/221 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; 2	Zip Code
Expenditure from		
corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	, _ ·
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct		ce sought Office held
expenditure to benefit C/OI	Cain, Briscoe Sta	te Representative District 128 State Representative 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 EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Circux ii Austiri, 17, oiiicerioluer livilig expense
Complete ONLY if direct		ce sought Office held
expenditure to benefit C/OI	¹ Paul, Dennis Sta	te Representative District 129 State Representative District
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; 2	Zip Code
- Funanditura from		
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedu	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Offi	L ce sought Office held
expenditure to benefit C/O		te Representative District 130 State Representative District

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 143/221 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code	
Expenditure from			
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this	· I —	uteide of Taylor Complete Cabadula T
EXPENDITURE			utside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought	Office held
experioration to benefit C/Or	Schofield, Mike	State Representative Distri	ct 132 State Representative District
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	· I —	utrida of Taura Commissa Calcadala T
EXPENDITURE		<u>-</u>	utside 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	T DeAyala, Mano	State Representative Distri	ct 133 State Representative District
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			utside of Texas. Complete Schedule T. TX, officeholder living expense
		G. Isok a 7 decin,	The state of the s
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Hull, Lacey	State Representative Distri	ct 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	I Committee	Legal Services The Instruction Gui			Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 144/221 Rpt:		nce for Life					00051076	
4	Date	5 Payee name							
		(see previo	us)						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code				
	Expenditure from corporate funds								
8	PURPOSE OF	(a) Category (S	See Categories listed at the	e top of this schedule)	(b)	Description			
	EXPENDITURE					=		de of Texas. Com officeholder living	plete Schedule T.
						Check ii Addiii	, 17,	omeenolder hving	у схрепас
9	Complete ONLY if direct		iceholder name	Office	sought			Office h	eld
	expenditure to benefit C/O	^H Swanson, V	aloree	State	Repres	sentative Distr	ict 1	L50 State R	epresentative District
	Date	Payee name	!						
		(see previo	us)						
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	Expenditure from corporate funds								
	PURPOSE	(a) Category (s	See Categories listed at the	e top of this schedule)	(b)	Description			
	OF EXPENDITURE					=			plete Schedule T.
						Check if Austin	, TX,	officeholder living	g expense
	Complete ONLY if direct	Candidate/Off	iceholder name	Office	sought			Office he	7l4
	expenditure to benefit C/O				•	eals. Justice	Plac		of Appeals, Justice Place
	Data								
	Date	Payee name (see previo							
		` '							
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	Expenditure from corporate funds								
	PURPOSE OF	(a) Category (s	See Categories listed at the	e top of this schedule)	(b)	Description		l4 T O	olete Celesdole T
	EXPENDITURE							officeholder living	plete Schedule T. a expense
							,,		,
	Complete ONLY if direct	Candidate/Off	iceholder name	Office	sought			Office he	eld
	expenditure to benefit C/O	H Messinger, 3	John		-	eals, Justice	Plac	ce None	

SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains	how to complete this form.	OTTLEN (enter a category not listed above)
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	<u> </u>	3 Filer ID (Ethics Commission Filers)
Sch: 145/221 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 travel	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/O		Court Of Appeals, Justice	
Date		· · ·	
Dale	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State;	; Zip Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name C	 Office sought	Office held
expenditure to benefit C/O	^H Valenzuela, Lori C	Court Of Appeals, Justice	Place Court Of Appeals, Justice Place
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 scho		
OF EXPENDITURE		<u> </u>	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/O	^H Chambers, Kent C	Court Of Appeals, Justice	Place None

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide expl	ains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 146/221 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			
느	corporate funds			
8	PURPOSE OF	(a) Category (See Categories listed at the top of th	· I	al autaida of Tayaa Camplata Cabadula T
	EXPENDITURE			el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/O	Tijerina, Jaime	Court of Appeals,Chief Ju	ustice Court Of Appeals, Justice Plac
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; S	state; Zip Code	
_	T Expenditure from			
L	corporate funds			
	PURPOSE OF	(a) Category (See Categories listed at the top of th	· —	
	EXPENDITURE			el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
			Oneok ii / kask	in, 17, onicended hving expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH	^H Cron, Jenny	Court Of Appeals, Justice	e Place None
	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 th	is schedule) (b) Description	
	OF EXPENDITURE		I 🛏	el outside of Texas. Complete Schedule T.
			Check if Aust	tin, TX, officeholder living expense
H	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/O	^H Fonseca, Ysmael	Court Of Appeals, Justice	

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 (Contract Labor

Credit Card Payment	· ·	eplains how to complete this form	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:		· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Sch: 147/221 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 o	Check if to	1 ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Court Of Appeals, Just	ice Place None
Date	Payee name		
Date	(see previous)		
A		Ctata: Zia Cada	
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	1
OF EXPENDITURE		Check if to	ravel outside of Texas. Complete Schedule T.
_, _, _, _, _, _, _, _, _, _, _, _, _, _		Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experialitate to benefit 6/61	Therring, Jason	District Attorney (Multi-	county) District Attorney (Multi-county)
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
•	(4) 0	(h) p : ::	
PURPOSE OF	(a) Category (See Categories listed at the top o		1 ravel outside of Texas. Complete Schedule T.
EXPENDITURE			Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Bexar County Commis	
	-		

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	xplains how to complete this form.	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 148/221 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
. (4)	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of	· I —	
EXPENDITURE			vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experiorative to beriefit C/O	Bergsma, Michael	Corpus Christi ISD Trust	ee, At 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	· I —	vel outside of Texas. Complete Schedule T.
EXPENDITURE		 	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experience to belief eye	T Liechty, Lorne	Rockwall County Commi	issioner, None
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Catagoni	(b) December :	
OF	(a) Category (See Categories listed at the top of	· I —	vel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Aus	stin, TX, officeholder living expense
Complete CAU V if direct	Condidate/Officehalder name	Office cought	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H Whittmore, Sean	Office sought Criminal District Attorney	Office held Criminal District Attorney
		Sa. Siotriot / Morries	

SCHEDULE F1

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

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

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: 149/221 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/OI	¹ King, Donna District Judge District 26 District Judge District 26
	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	Larson, Ryan District Judge District 395 District Judge District 395
	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 Taxon Complete School to Taxon Compl
	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	Vaughn, Carolyn Corpus Christi City Council, At 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 150/221 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/OF	Candidate/Officeholder name Office s Sanders, Richard Caldw	cought Office held rell County Constable, None
Date	Payee name	
11/30/2024	Texas Alliance for Life, Inc	
Amount (\$) \$53.41	Payee address; City; State; Zip 8000 Centre Park Dr Ste 380	Code
Expenditure from corporate funds	Austin, TX 78754	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising on Google to promote Pro Life Voter Guide
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office s Craddick, Christi Railroa	sought Office held ad Commissioner Railroad Commissioner
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office s Blacklock, Jimmy Supre	sought Office held me Court Justice Place 2 Supreme Court Justice Place 2

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	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: 151/221 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/OI	Devine, John Supreme Court Justice Place 4 Supreme Court Justice Place 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 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 expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Bland, Jane Supreme Court Justice Place 6 Supreme Court Justice Place 6
	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	Schenck, David Court of Criminal Appeals, 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 (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: 152/221 Rpt:	Texas Alliance for Life 00051076
4	Date	Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	Expenditure from corporate funds	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
		(see previous)
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code
	PURPOSE	(a) Category (See Categories listed at the top of 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/OF	Little, Pam State 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 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/OI	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Expense Travel in District
g Expense Travel Out of D
s/Wages/Contract Labor OTHER (enter

Candidate/Officeholder/Politica Credit Card Payment	ŭ	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: 153/221 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; Sta	te; Zip Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
OF EXPENDITURE			outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin	ı, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experiditure to beliefit C/O	H Bettencourt, Paul	State Senator District 7	State Senator District 7
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
(+)			
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this s	· —	
EXPENDITURE		· · · ·	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Check if Austin	, 1A, officerolaer living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		State Senator District 8	State Senator District 8
	raxion, Angela	State Seriator District o	State Seriator District o
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Catagony (a)	(b) Description	
OF	(a) Category (See Categories listed at the top of this s		outside of Texas. Complete Schedule T.
EXPENDITURE			ı, 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
	-		

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 Salarice Magnet/Contract Labor

Candidate/Officenolder/Politica Credit Card Payment		Salaries/Wages/Contract e explains how to complete this f	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 154/221 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		·
	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the to	·	
OF EXPENDITURE			ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
			IX II Austin, 17, unicendiuei nving expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Parker, Tan	State Senator Distr	
Date	Payee name		
Jaio	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Amount (ψ)	Fayee address, City,	State, Lip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b) Descri	otion
OF EXPENDITURE			ck if travel outside of Texas. Complete Schedule T.
		L	ck if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Senator Distri	
	·	Oldio Condict E.c.	otti ottato ottato. Siotiot 1.
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the to		
OF EXPENDITURE			ck if travel outside of Texas. Complete Schedule T.
		Licher	ck if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Senator Distri	
	Odinpoon, Donna	01000001000	ot 25 State Condition 2.55. 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 exp	lains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 155/221 Rpt:	Texas Alliance for Life		00051076
4	Date	5 Payee name		
		(see previous)		
6	Amount (\$)	7 Payee address; City;	State; Zip Code	
	Expenditure from			
┕	corporate funds			
8	PURPOSE OF	(a) Category (See Categories listed at the top of t	·	
	EXPENDITURE			outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			Cricck ii Adatii	i, 17, dilicendide living expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OF	^H Hinojosa, Adam	State Senator District 27	None
	Date	Payee name		
		(see previous)		
	Amount (\$)		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	outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austi	n, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/O		State Senator District 30	None
_	Data			
	Date	Payee name (see previous)		
	A (A)			
	Amount (\$)	Payee address; City;	State; Zip Code	
	Expenditure from			
L	corporate funds			
	PURPOSE OF	(a) Category (See Categories listed at the top of t	·	outside of Texas. Complete Schedule T.
	EXPENDITURE		I 😐	n, TX, officeholder living expense
				•
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH	¹ VanDeaver, Gary	State Representative Dist	rict 1 State Representative District 1
ı				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	l Committee Legal Services	Salaries/Wages/Contract Labor le explains how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:		•	3 Filer ID (Ethics Commission Filers)
			·
Sch: 156/221 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	G , (coo canagamaa mana an an	· · · · · · · · · · · · · · · · · · ·	l outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austi	n, TX, officeholder living expense
		-	
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	¹ Bell Jr., Cecil	State Representative Dist	rict 3 State Representative District 3
Data			
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State: Zip Code	
(4)	,		
Expenditure from corporate funds			
		T _n .	
PURPOSE	(a) Category (See Categories listed at the	top of this schedule) (b) Description	
OF EXPENDITURE		Check if trave	l outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidata/Officabalder name	Office cought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	
experialities to beliefit 6/6/	¹ Bell, Keith	State Representative Dist	rict 4 State Representative District 4
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the	top of this schedule) (b) Description	
OF	(a) Category (See Categories listed at the	· / ·	l outside of Texas. Complete Schedule T.
EXPENDITURE			n, TX, officeholder living expense
		Crick ii Austii	ii, 17, onecholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Hefner, Cole	State Representative Dist	rict 5 State Representative District 5
	,	21332 1359.000	2.00.00

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide e	xplains how to complete this	form.		
1	Total pages Schedule F1:				ler ID	(Ethics Commission Filers)
_	Sch: 157/221 Rpt:	Texas Alliance for Life		00	0051076	
4	Date	5 Payee name (see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
8	PURPOSE OF	(a) Category (See Categories listed at the top of	· I —	•		
	EXPENDITURE			eck if travel outside of eck if Austin, TX, offi		
				, ,	3	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	ld
	expenditure to benefit C/OI	T Dean, Jay	State Representati	ve District 7	State Re	epresentative District 7
	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) Descri	ption		
	OF EXPENDITURE			eck if travel outside of eck if Austin, TX, offi		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	concider armig	о.,роп.ос
	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	ld
	expenditure to benefit C/O	Harris, Cody	State Representati	ve District 8	State Re	epresentative District 8
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Descri	ption		
	OF EXPENDITURE		· · · · · ·	eck if travel outside o		
				eck if Austin, TX, offi	cenoider living	expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	ld
	expenditure to benefit C/OI	^Ⅎ Ashby, Trent	State Representati	ve District 9	State Re	epresentative District 9

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			Legal Se		Expense ide explains		Vages,	Contract Labor		Travel Ou OTHER (6		trict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID		(Ethics Commission I	Filers)
	Sch: 158/221 Rpt:		Texas Alliar	nce for	r Life						000510	076		
4 [Date	5	Payee name											
			(see previou	ıs)										
6 A	Amount (\$)	7	Payee addres	ss;	City;	State	; Zip Co	de						
Ы	Expenditure from													
므	corporate funds													
8	PURPOSE OF	(a)	Category (Se	ee Catego	ories listed at th	e top of this sch	nedule)	(b)	Description	outoi	do of Toyor	Comr	oloto Sobodulo T	
	EXPENDITURE								Check if Austin				olete Schedule T. expense	
									_					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic		er name		Office sou	-				ce he	eld	
	experiditure to beriefit C/OI	<u>'</u> \	Wharton, Tre	У			State Re	pres	entative Distr	rict :	12 No	ne		
[Date		Payee name											
			(see previou	ıs)										
A	Amount (\$)		Payee addres	ss;	City;	State	; Zip Co	de						
Ш	Expenditure from													
Ш	corporate funds													
	PURPOSE OF	(a)	Category (Se	ee Catego	ories listed at th	e top of this sch	nedule)	(b)	Description					
	EXPENDITURE								Check if travel Check if Austin				olete Schedule T.	
									ш					
	Complete ONLY if direct		Candidate/Offic	ceholde	er name	(Office sou	ght			Offi	ce he	eld	
•	expenditure to benefit C/OI	Η (Orr, Angelia				State Re	pres	entative Distr	rict :	13 Sta	ite R	epresentative Dis	trict 13
[Date		Payee name											
			(see previou	ıs)										
A	Amount (\$)		Payee addres	ss;	City;	State	; Zip Co	de						
	Expenditure from													
Ш	corporate funds													
	PURPOSE OF	(a)	Category (Se	ee Catego	ories listed at th	e top of this sch	nedule)	(b)	Description					
	EXPENDITURE								Check if travel Check if Austin				olete Schedule T.	
									L S. IOSK II AUSUII	., 1/	JJC1101010	viily		
	Complete ONLY if direct		Candidate/Offic	ceholde	er name	(Office sou	ght			Offi	ce he	eld	
•	expenditure to benefit C/OI	Н [Dyson, Paul			9	State Re	pres	entative Distr	rict :	14 No	ne		

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 c	complete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3 File	er ID	(Ethics Commission Filers)	
	Sch: 159/221 Rpt:		Texas Alliance for Life			00	051076		
4	Date	5	Payee name						
			(see previous)						
6	Amount (\$)	7	Payee address; City;	State; Zip C	Code				
	■ Expenditure from								
L	corporate funds								
8	PURPOSE	(a)	Category (See Categories listed at the	top of this schedule)	(b) Description				
	OF EXPENDITURE				Check if travel			plete Schedule T.	
					Crieck ii Austii	i, IA, Ullic	ceriolder living	y expense	
9	Complete ONLY if direct		Candidate/Officeholder name	Office so	I ought		Office he	eld	_
	expenditure to benefit C/O)H	Metcalf, Will		epresentative Dist	ict 16	State R	epresentative District 16	ò
_	Date	\top	Payee name						=
			(see previous)						
	Amount (\$)	+	Payee address; City;	State; Zip C	Code				-
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, р					
	Expenditure from corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the	top of this schedule)	(b) Description				
	OF EXPENDITURE				· -			plete Schedule T.	
					Check if Austir	i, i X, omic	cenolaer living	g expense	
	Complete ONLY if direct	Т (Candidate/Officeholder name	Office so	I ought		Office he	eld	_
	expenditure to benefit C/OI		Gerdes, Stan		epresentative Dist	ict 17	State R	epresentative District 17	7
_	Date	$\overline{}$	Payee name						=
			(see previous)						
	Amount (\$)	+	Payee address; City;	State; Zip C	Code				_
	γ unodite (Φ)		r dydd ddarddo, Glly,	Otato, Zip c	3040				
Г	Expenditure from corporate funds								
	PURPOSE	10	Cotogon		(b) Description				_
	OF OF	(a)	Category (See Categories listed at the	top of this schedule)	(b) Description Check if travel	outside o	f Texas. Com	plete Schedule T.	
	EXPENDITURE				Check if Austin	, TX, offic	ceholder living	expense	
		L							
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office so			Office he		
	experionality to benefit C/O	Π]	Troxclair, Ellen	State R	epresentative Dist	ict 19	State R	epresentative District 19)

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Credit Card Payment	· ·	ains how to complete this form.	OTHER (enter a category not isseed above)
1 Total pages Schedule F1:	•	·	3 Filer ID (Ethics Commission Filers)
Sch: 160/221 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	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Representative Dist	rict 20 State Representative District 20
Date	Payee name		
Date	(see previous)		
A a		Nata. Zia Cada	
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 EXPENDITURE		I <u>—</u>	l 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	¹ Phelan, Dade	State Representative Dist	rict 21 State Representative District 21
Date	Payee name		
	(see previous)		
Amount (\$)		State; Zip Code	
Amount (ψ)	r dycc dddress, City,	naic, 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 th		l outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	[∃] Leo Wilson, Terri	State Representative Dist	rict 23 State Representative District 23
		<u> </u>	

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	Legal Services The Instruction Guide explain	s how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 161/221 Rpt:	Texas Alliance for Life		00051076
4	Date	5 Payee name		
		(see previous)		
6	Amount (\$)	7 Payee address; City; Stat	e; Zip Code	
	Expenditure from corporate funds			
8	PURPOSE	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
	OF EXPENDITURE	(Check if travel	outside of Texas. Complete Schedule T.
			Check if Austin	, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/O	H Bonnen, Greg	State Representative Distr	ict 24 State Representative District 24
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; Stat	e; Zip Code	
_	T Expenditure from			
	corporate funds			
	PURPOSE OF	(a) Category (See Categories listed at the top of this se	· I —	
	EXPENDITURE			outside of Texas. Complete Schedule T. , TX, officeholder living expense
				,,gp
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OI	[⊣] Vasut, Cody	State Representative Distr	ict 25 State Representative District 25
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; Stat	e; Zip Code	
Г	Expenditure from			
<u></u>	corporate funds		<u> </u>	
	PURPOSE OF	(a) Category (See Categories listed at the top of this so		outside of Texas. Complete Schedule T.
	EXPENDITURE			, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
		Gates, Gary	State Representative Distr	ict 28 State Representative District 28

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment		The In	nstruction Guide ex	plains how to co	omplete this form.				
1	Total pages Schedule F1:	2 F	ILER NAME				3 Filer	ID	(Ethics Commiss	ion Filers)
	Sch: 162/221 Rpt:	T	exas Alliance fo	r Life			000	51076		
4	Date	5 P.	ayee name							
		(5	see previous)							
6	Amount (\$)	7 P	ayee address;	City;	State; Zip Co	ode				
	Expenditure from corporate funds									
8	PURPOSE	(a) C	Category (See Categ	gories listed at the top of	this schedule)	(b) Description				
	OF EXPENDITURE		5 7 (See Surey	jones noted at the top of	and demodale)	l <u> </u>	outside of T	exas. Comp	plete Schedule T.	
	LAFENDITORE					Check if Austin	n, TX, officeh	nolder living	expense	
Ļ	0 1: 0 1: 0	<u></u>				<u> </u>		0111	1.1	
9	Complete ONLY if direct expenditure to benefit C/OH	NI I	indidate/Officehold arry, Jeffrey	ier name	Office sou	ugnt epresentative Distr		Office he None	ela	
	<u> </u>	— Ба	iry, Jenrey		State Re		101 29	None		
	Date	1	ayee name							
		(S	see previous)							
	Amount (\$)	P:	ayee address;	City;	State; Zip Co	ode				
	!									
_	T Expenditure from									
	corporate funds									
	PURPOSE	(a) C	Category (See Categ	gories listed at the top of	this schedule)	(b) Description				
	OF EXPENDITURE					ı =			plete Schedule T.	
						Check if Austin	ı, TX, officer	iolder living	expense	
	!									
L	Complete ONLY if direct		ındidate/Officehold	lor namo	Office sou	Light		Office he	NA .	
	expenditure to benefit C/OF	NI I	uillen, Ryan	lei name		epresentative Distr			epresentative	District 31
H	5.4	_					10: 32			Dioti.5: 1_
	Date	1	Payee name							
		 `	see previous)							
	Amount (\$)	Pa	ayee address;	City;	State; Zip Co	ode				
	!									
_	Expenditure from									
L	corporate funds									
	PURPOSE OF	(a) C	Category (See Categ	gories listed at the top of	this schedule)	(b) Description		_		_
	EXPENDITURE					Check if travel Check if Austin			plete Schedule T.	
	!					L CHECK II Austin	l, IA, UIIICGI	IOIUEI IIVIII9	ехрепье	
	Complete ONLY if direct	L Ca	andidate/Officehold	er name	Office sou	<u> </u>		Office he	ald.	
	expenditure to benefit C/OF	NI I	unter, Todd	ici name		epresentative Distr			epresentative	District 32

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 163/221 Rpt:	FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
4 Date	5 Payee name (see previous)	00031070
6 Amount (\$)	7 Payee address; City; State; Zip	Code
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s Villalobos, Denise State F	Ought Office held Representative District 34 Tuloso-Midway ISD School
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s Lopez, Janie State F	ought Office held Representative District 37 State Representative District 37
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s Guerra, John State F	ought Office held Representative District 41 None

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

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

Credit Card Payment	The Instruction Guide	e explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 164/221 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) Cotogony	(h) Description	
OF EXPENDITURE	(a) Category (See Categories listed at the to	Check if trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Lozano, J.M.	State Representative Dis	strict 43 State Representative District 43
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 trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H Harris Davila, Caroline	Office sought State Representative Dis	Office held trict 52 State Representative District 52
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 trave	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H Buckley, Brad	Office sought State Representative Dis	Office held strict 54 State Representative District 54

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 expl	ains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 165/221 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 travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Curry, Patrick	Office sought State Representative Distr	Office held rict 56 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 travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY 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
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City; S	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Slawson, Shelby	Office sought State Representative Distr	Office held rict 59 State Representative District 59

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide expla	ains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 166/221 Rpt:	Texas Alliance for Life		00051076
4	Date	5 Payee name		
		(see previous)		
6	Amount (\$)	7 Payee address; City; S	tate; Zip Code	
	T Expenditure from			
ᆫ	corporate funds			
8	PURPOSE OF	(a) Category (See Categories listed at the top of thi	, I —	Loutide of Tours Consults Calculus T
	EXPENDITURE			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/O	H Bumgarner, Ben	State Representative Dist	rict 63 State Representative District 63
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; S	tate; Zip Code	
_	T Expenditure from			
L	corporate funds			
	PURPOSE OF	(a) Category (See Categories listed at the top of thi	· I —	
	EXPENDITURE			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
				, , , , , , , , , , , , , , , , , , , ,
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH	^H Shaheen, Matt	State Representative Dist	rict 66 State Representative District 66
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; S	tate; Zip Code	
_	T Expenditure from			
L	corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of thi	is 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/OF	H Leach, Jeff	State Representative Dist	rict 67 State Representative District 67

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 explain	ns how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 167/221 Rpt:	Texas Alliance for Life		00051076
4	Date	5 Payee name		
		(see previous)		
6	Amount (\$)	7 Payee address; City; Sta	te; Zip Code	
	Expenditure from			
L	corporate funds			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this s	· I — ·	
	EXPENDITURE			outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			Onedk ii / iustiii	, TX, Gillecholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OF	^H Spiller, David	State Representative Distr	rict 68 State Representative District 68
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; Sta	te; Zip Code	
	` '		·	
	Expenditure from corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
	OF EXPENDITURE		<u> </u>	outside of Texas. Complete Schedule T.
			Check if Austir	n, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OF		State Representative Distr	
_	Date	Payee name	·	<u> </u>
	Duic	(see previous)		
	Amount (\$)	, ,	te; Zip Code	
	Amount (ϕ)	r dyce dddress, Gily, Sid	ic, Zip Couc	
	Expenditure from corporate funds			
		(a) Catagony	(h) Description	
	OF	(a) Category (See Categories listed at the top of this s	′ I `	outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austir	n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	CAPERIORALE TO DETICITE C/OF	Tambert, Stan	State Representative Distr	rict 71 State Representative District 71

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 168/221 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/O	Candidate/Officeholder name Office sought Darby, Drew State Repres	Office held entative District 72 State Representative District 72
	Date	Payee name (see previous)	
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought I Isaac, Carrie State Repres	Office held entative District 73 State Representative District 73
	Date	Payee name (see previous)	
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Garza, Robert State Repres	Office held entative District 74 None

SCHEDULE F1

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

Fees Office Overhee
Food/Beverage Expense Polling Expens
Gift/Awards/Memorials Expense Printing Exper
Legal Services Salaries/Wage

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:			3 Filer ID (Ethics Commission Filers)
	Sch: 169/221 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			
_	·	(2)		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	Check if travel	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/OF	H McLaughlin, Don	State Representative Distr	trict 80 None
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; S	tate; Zip Code	
	Expenditure from corporate funds			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	Check if travel	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/O	^H Landgraf, Brooks	State Representative Distr	trict 81 State Representative District 81
	Date	Payee name (see previous)		
	Amount (\$)	Payee address; City; S	tate; Zip Code	
	Expenditure from corporate funds			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	Check if travel	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Craddick, Tom	Office sought State Representative Distr	Office held trict 82 State Representative District 82

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 170/221 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 trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Harrows, Dustin	Office sought State Representative Dist	Office held trict 83 State Representative District 83
Data		·	·
Date	Payee name		
	(see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City; Sta	ate; Zip Code	
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. in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Tepper, Carl	Office sought State Representative Dist	Office held trict 84 State Representative District 84
Date		·	· ·
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		
OF EXPENDITURE			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	H Kitzman, Stan	State Representative Dist	trict 85 State Representative District 85

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide exp	plains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 171/221 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			in, 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 Smithee, John	State Representative Dist	trict 86 State Representative District 86
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of	· I —	ul autoido of Tayan Completo Cobadulo T
EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H 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		<u> </u>	
PURPOSE OF	(a) Category (See Categories listed at the top of	· I	Nouteido of Toyon Complete Schodule T
EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Noble, Candy	State Representative Dist	trict 89 State Representative District 89

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

	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: 172/221 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/O	
	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	1 Cook, David State Representative District 96 State Representative District 96
	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	McQueeney, John State Representative District 97 None

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 173/221 Rpt:	Texas Alliance for Life	00051076
4 Date	5 Payee name	
	(see previous)	
6 Amount (\$)	7 Payee address; City; State; Zi	o 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		e sought Office held
expenditure to benefit C/OI	¹ Capriglione, Giovanni State	e Representative District 98 State Representative District 98
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zi	n 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	i .	e sought Office held e Representative District 99 State Representative District 99
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zi	o 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 <u>ONLY</u> if direct expenditure to benefit C/OI		e sought Office held e Representative District 106 State Representative District
	<u> </u>	The state of the s

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how	v to complete this form.	OTTLER (enter a category not instead above)
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics Commission Filers)
Sch: 174/221 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		•
	(see previous)		
6 Amount (\$)	7 Payee address; City; State; Z	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 Offic	ce sought	Office held
expenditure to benefit C/O			trict 108 State Representative District
Date		·	·
Date	Payee name (see previous)		
A (th)		ria Carla	
Amount (\$)	Payee address; City; State; Z	Lip Code	
Expenditure from corporate funds			
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	j.	ce sought	Office held trict 112 State Representative District
	Button, Angie Chen Staf	te Representative Dist	incl 112 State Representative District
Date	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 schedul	(b) Description	
OF EXPENDITURE		Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
Complete ONLY if direct		ce sought	Office held
expenditure to benefit C/OF	¹ Lujan, John Stat	te Representative Dist	trict 118 State Representative District

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1	Total pages Schedule F1: Sch: 175/221 Rpt:	FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
4	Date	5 Payee name (see previous)	-
6	Amount (\$)	7 Payee address; City; State; Zip 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
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	-
	· .	Lai 1000, Maic State No	epresentative District 121 None
	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)	(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 H Dorazio, Mark State Re	ught Office held epresentative District 122 State Representative District
	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)	(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 H Harless, Sam State Re	ught Office held epresentative District 126 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: 176/221 Rpt:	2 FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
4 Date	5 Payee name (see previous)	I
6 Amount (\$)	7 Payee address; City; State; Zip	Code
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	1.1	sought Office held Representative District 127 State Representative District
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O		sought Office held Representative District 128 State Representative District
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	1.1	sought Office held Representative District 129 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 com	plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 177/221 Rpt:	Texas Alliance for Life	00051076
4	Date	5 Payee name (see previous)	
_			
6	Amount (\$)	7 Payee address; City; State; Zip Cod	e
L	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 soug	ht Office held
	expenditure to benefit C/OI	Oliverson, Tom State Rep	resentative District 130 State Representative District
	Date	Payee name (see previous)	
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Cod	е
	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 expenditure to benefit C/O	Candidate/Officeholder name Office soug Schofield, Mike State Rep	ht Office held resentative District 132 State Representative District
	Date	Payee name (see previous)	
	Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Cod	е
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	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 soug DeAyala, Mano State Rep	ht Office held resentative District 133 State Representative District

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 h	ow to complete this form.
1 Total pages Schedule F1: Sch: 178/221 Rpt:	2 FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
4 Date	5 Payee name (see previous)	
6 Amount (\$)	7 Payee address; City; State;	Zip Code
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	(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	fice sought Office held ate Representative District 138 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 sched	(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		fice sought Office held ate Representative District 150 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 sched	(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		fice sought Office held ourt 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
Credit Card Payment

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide exp	plains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 179/221 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name (see previous)		
Δ (m)	· · ·	Or the Time Code	
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
8 PURPOSE	(a) Category (See Categories listed at the top of t	· I —	
OF EXPENDITURE		<u>-</u>	el outside of Texas. Complete Schedule T.
		LI CHECK II Austi	in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Court Of Appeals, Justice	
5 :			. 1 1400 110110
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 t	this schedule) (b) Description	
OF EXPENDITURE	•	Check if trave	el outside of Texas. Complete Schedule T.
LA LIDITORE		Check if Austi	in, TX, officeholder living expense
2 Li ONII Vitalian et	2 "1: '0" 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:		0" 111
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
	McCray, Todd	Court Of Appeals, Justice	e Place None
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of t	this schedule) (b) Description	
OF	(See Calegories listed at the top of	· · · · · · · · · · · · · · · · · · ·	el outside of Texas. Complete Schedule T.
EXPENDITURE		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 Valenzuela, Lori	Court Of Appeals, Justice	e Place Court Of Appeals, Justice Place

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 180/221 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	Chambers, Kent Court Of Appeals, Justice Place None
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
7 πποσπε (Φ)	Tayoo addicoo, Oily, State, 21p 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.
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	Tijerina, Jaime Court of Appeals, Chief Justice Court Of Appeals, Justice Place
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
7 πποσπε (Φ)	Tayoo addicoo, Oily, State, 21p 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/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/OI	Cron, Jenny Court Of Appeals, Justice Place None

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how	to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 181/221 Rpt:	Texas Alliance for Life		00051076	
4	Date	5 Payee name		•	
		(see previous)			
6	Amount (\$)	7 Payee address; City; State; Zi	Code		
_	T Expenditure from				
┕	corporate funds				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)			
	EXPENDITURE			outside of Texas. Con n, TX, officeholder livin	
			Check ii Austii	i, 17, officeriolder livin	y expense
9	Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office h	eld
	expenditure to benefit C/O	^H Fonseca, Ysmael Cour	t Of Appeals, Justice	Place District	Judge District 476
_	Date	Payee name			
		(see previous)			
	Amount (\$)	Payee address; City; State; Zij	Code		
	(1)				
	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. Con	
			Check if Austir	n, TX, officeholder livin	g expense
_	Complete ONLY if direct	Candidate/Officeholder name Office	sought	Office h	ald
	expenditure to benefit C/O		t Of Appeals, Justice		eiu
_	Data	1			
	Date	Payee name (see previous)			
	A me συνπέ (Φ)	<u> </u>	- Cada		
	Amount (\$)	Payee address; City; State; Zi	o Code		
	Expenditure from				
L	corporate funds				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		outside of Texas. Con	anloto Schodulo T
	EXPENDITURE			n, TX, officeholder livin	
			"		
	Complete ONLY if direct		sought	Office h	eld
	expenditure to benefit C/OI	^H Herring, Jason Distr	ict Attorney (Multi-coι	unty) District	Attorney (Multi-county)

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

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

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: 182/221 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	Moody, Grant Bexar County Commissioner, Bexar County 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 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	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	·
Dale	Payee name (see previous)
A (A)	
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from	
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Check if Additi, 1A, unicertolate living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Serv The Inst i		Salarie explains how to		ete this form.		OTHER (ent	er a category not liste	d above)
1	Total pages Schedule F1:	2 FILER N	AME					3	Filer ID	(Ethics Comn	nission Filers)
	Sch: 183/221 Rpt:		Alliance for L	Life					0005107	6	•
4	Date	5 Payee na	ame								
		(see pre	evious)								
6	Amount (\$)	7 Payee a	ddress; C	City;	State; Zip	Code					
	Expenditure from corporate funds										
8	PURPOSE	(a) Category	/ (See Categorie	es listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE						=			complete Schedule T.	
							Check if Aus	tin, IX,	, officeholder I	ving expense	
9	Complete ONLY if direct	Candidate	e/Officeholder	name	Office s	<u> </u>			Office	held	
	expenditure to benefit C/O	H Whittmor	e, Sean				trict Attorney	,	Crim	nal District Att	orney
	Date	Payee n	ame								
		(see pre									
	Amount (\$)	Payee a		City;	State; Zip	Code					
		.,,		- 3,							
	Expenditure from corporate funds										
	PURPOSE OF	(a) Category	/ (See Categorie	es listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE						=		ide of Texas. (, officeholder l	omplete Schedule T.	
							L SHOOK II 7 KBS	,,	, 0000.00	ing expense	
	Complete ONLY if direct		e/Officeholder	name	Office s	ought			Office	held	
	expenditure to benefit C/OI	H King, Do	nna		District	Judg	e District 26		Distr	ct Judge Distri	ict 26
	Date	Payee n	ame								
		(see pre									
	Amount (\$)	Payee a	ddress; C	City;	State; Zip	Code					
		-									
	Expenditure from corporate funds										
	PURPOSE	(a) Category	/ (See Categorie	es listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	., ,	(Coo Calogoni		p or allo corrodalo)	'	Check if trav			complete Schedule T.	
	EXPENDITORE						Check if Aus	tin, TX	, officeholder I	ving expense	
	Complete ONLY if direct	Condidata	Officebolder	nomo	Office	ought.			Office	hold	
	Complete ONLY if direct expenditure to benefit C/OH		e/Officeholder Rvan	паше	Office s		e District 39	5	Office	neia ct Judge Distri	ict 395
		Lai 3011, F	ryan		טוטנווט	Juug	C DISTRICT 39		וואוט	or Judge Distil	101 000

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 con	plete this form.		
1	Total pages Schedule F1: Sch: 184/221 Rpt:	FILER NAME Texas Alliance for Life	3	Filer ID (E 00051076	thics Commission Filers)
4	Date	5 Payee name (see previous)	•		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	le		
	Expenditure from corporate funds				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	=	de of Texas. Complete officeholder living exp	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug Vaughn, Carolyn Corpus C	ht nristi City Council, A	Office held at None	
	Date	Payee name (see previous)			
	Amount (\$)	Payee address; City; State; Zip Coo	e		
	Expenditure from corporate funds				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	ш	de of Texas. Complete officeholder living exp	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug Sanders, Richard Caldwell (ht County Constable,	Office held None	
	Date 11/03/2024	Payee name Texas Alliance for Life, Inc			
	Amount (\$) \$594.68	Payee address; City; State; Zip Coo 8000 Centre Park Dr Ste 380	le		
	Expenditure from corporate funds	Austin, TX 78754			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		de of Texas. Complete officeholder living exp romote Pro Life	ense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough Craddick, Christi Railroad C	ht Commissioner	Office held Railroad C	ommissioner

SCHEDULE F1

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

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

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

Candidate/Officenoider/Politica Credit Card Payment		Salaries/Wages/Contract L explains how to complete this fo		R (enter a category not listed above)
1 Total pages Schedule F1:	2 FII FR NAME	-	3 Filer I	D (Ethics Commission Filers)
Sch: 185/221 Rpt:	Texas Alliance for Life		0005	
4 Date	5 Payee name		•	
	(see previous)			
6 Amount (\$)	7 Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
8 PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b) Descrip	tion	
OF EXPENDITURE				xas. Complete Schedule T.
		Checi	k if Austin, TX, officeho	lder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	C	Office held
expenditure to benefit C/OI		Supreme Court Just		Supreme Court Justice Place 2
Dete	<u>, </u>	<u> </u>		<u> </u>
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
Expenditure from corporate funds				
PURPOSE	(a) Category (See Categories listed at the top	of this schedule) (b) Descrip	ition	
OF	(car amagana mara mara mara	' I —	k if travel outside of Te	xas. Complete Schedule T.
EXPENDITURE		Check	k if Austin, TX, officeho	lder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	C	Office held
expenditure to benefit C/OI	^H Devine, John	Supreme Court Just	ice Place 4 S	Supreme Court Justice Place 4
		'		<u>'</u>
Date	Payee name			
	(see previous)			
Amount (\$)	Payee address; City;	State; Zip Code		
Expenditure from				
corporate funds		į		
PURPOSE OF	(a) Category (See Categories listed at the top			
EXPENDITURE				xas. Complete Schedule T.
		L Check	k if Austin, TX, officeho	ider living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office held
expenditure to benefit C/OI	⁻¹ Bland, Jane	Supreme Court Just	ice Place 6 S	Supreme Court Justice Place 6

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FII FR NAMF	3 Filer ID (Ethics Commission Filers)
Sch: 186/221 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 s	Lought Office held
expenditure to benefit C/OI		of Criminal Appeals, None
Date		
Daie	Payee name (see previous)	
. (4)		
Amount (\$)	Payee address; City; State; Zip	Code
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office s	sought Office held
expenditure to benefit C/OI		Board Of Education District State Board Of Education
	Mayhard, rom State L	Joan 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 schedule)	(b) Description
OF EXPENDITURE	, , ,	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORL		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	
experialities to benefit 5.5.	Little, Pam State E	Board Of Education District State Board Of Education

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 (Contract Labor

	Credit Card Payment	The Instruction Guide ex		omplete this form.	OTTLK (enter a t	Salegory flot listed above)
1	Total pages Schedule F1:	2 FILER NAME	•	•	3 Filer ID	(Ethics Commission Filers)
	Sch: 187/221 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 EXPENDITURE	(a) Category (See Categories listed at the top of	this schedule)	ı –	l outside of Texas. Comp n, TX, officeholder living	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	laht	Office he	ld.
9	expenditure to benefit C/O			-		oard Of Education
		<u> </u>				- Laddation
	Date	Payee name				
		(see previous)				
	Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Co	ode		
	PURPOSE	(a) Category (See Categories listed at the top of	this schedule)	(b) Description		
	OF EXPENDITURE		,	Check if trave	l outside of Texas. Comp n, TX, officeholder living	
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ught	Office he	ld
	expenditure to benefit C/OH	Hattencourt, Paul	State Se	enator District 7	State Se	enator District 7
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City;	State; Zip Co	ode		
	Expenditure from corporate funds					
	PURPOSE OF	(a) Category (See Categories listed at the top of	this schedule)	(b) Description	Laudaida at T	lete Cabadula T
	EXPENDITURE			1 😐	l outside of Texas. Comp	
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ught	Office he	ld
	expenditure to benefit C/OH	¹ Paxton, Angela	State Se	enator District 8	State Se	enator District 8

SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment		Salaries/Wages/C e explains how to complete		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 188/221 Rpt:	Texas Alliance for Life			00051076	
4	Date	5 Payee name		I		
		(see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip Code			
	T Expenditure from					
	corporate funds					
8	PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b)	Description		
	OF EXPENDITURE		[Check if travel outsid		
			-	Check if Austin, TX,	onicenoider living	expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	eld
	expenditure to benefit C/O	[┤] King, Phil	State Senator	District 10	State S	enator District 10
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b)	Description		
	OF EXPENDITURE		[Check if travel outsid		
			-	Check if Austin, TX,	onicenoider living	expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	eld
	expenditure to benefit C/OI	¹ Parker, Tan	State Senator	District 12	State S	enator District 12
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
	- Consorditure from					
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the to	op of this schedule) (b)	Description		
	OF EXPENDITURE		[Check if travel outsid		
			-	Check if Austin, TX,	omicenoider living	expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	eld
	expenditure to benefit C/O	[†] Huffman, Joan	State Senator	District 17	State S	enator District 17
_						

SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica Credit Card Payment		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: 189/221 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) Description	
OF EXPENDITURE	, , ,		el outside of Texas. Complete Schedule T.
LAFENDITORE		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 Campbell, Donna	State Senator District 25	State Senator District 25
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State: Zip Code	
γιιιοαπε (Φ)	r dyce dddress, Olly,	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.
LAFENDITORE		Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Hinojosa, Adam	State Senator District 27	None
Date	Payee name		
	(see previous)		
Amount (\$)	, ,	State; Zip Code	
Alliouni (Φ)	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		Check if trave	el outside of Texas. Complete Schedule T.
LAFLINDITUKE		Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Hagenbuch, Brent	State Senator District 30	None

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide	explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 190/221 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	, <u> </u>	
EXPENDITURE			vel outside of Texas. Complete Schedule T. stin, 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	[⊣] VanDeaver, Gary	State Representative Dis	strict 1 State Representative District 1
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds		La v	
PURPOSE OF	(a) Category (See Categories listed at the top	· I —	vel outside of Texas. Complete Schedule T.
EXPENDITURE			stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Hell Jr., Cecil	Office sought State Representative Dis	Office held Strict 3 State Representative District 3
·	Deli 31., Gecii	State Representative Dis	State Representative District 3
Date	Payee name		
A (ds)	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top	p of this schedule) (b) Description	
OF EXPENDITURE	(See categories listed at the top	, <u> </u>	vel outside of Texas. Complete Schedule T.
EAFEINDITURE		Check if Aus	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O		State Representative Dis	
<u></u>			

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide	explains how to complete this form.			
1	Total pages Schedule F1: Sch: 191/221 Rpt:	FILER NAME Texas Alliance for Life		3	Filer ID 00051076	(Ethics Commission Filers)
4	Date 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 tra		de of Texas. Com , officeholder living	
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Hefner, Cole	Office sought State Representative Di	strict !	Office he 5 State R	eld epresentative District 5
	Date	Payee name (see previous)				
	Amount (\$)	Payee address; City;	State; Zip Code			
	Expenditure from corporate funds					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	Check if tra		de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Dean, Jay	Office sought State Representative Di	strict	Office he	eld epresentative 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 top	Check if tra		de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Harris, Cody	Office sought State Representative Di	strict	Office he 8 State R	eld epresentative District 8

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 192/221 Rpt:	Texas Alliance for Life	00051076
4	Date	5 Payee name	•
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	1		
_	Expenditure from		
느	corporate funds		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	l <u> </u>	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
	!		John, TA, Underload: Wing expense
	!		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH	H Ashby, Trent State Representative Di	istrict 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 EXPENDITURE	Check if tra	avel outside of Texas. Complete Schedule T.
		Check if Au	ustin, TX, officeholder living expense
	!		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	Date	(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	Amount (4)	rayee address, Oity, State, Zip Code	
	!		
	Expenditure from corporate funds		
	PURPOSE	(h) Description	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if tra	avel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Ar	ustin, TX, officeholder living expense
	!		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experialities to benefit 3/3/	Orr, Angelia State Representative Di	istrict 13 State Representative District 13

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 Guid	de explains how to co	omplete this form.		
1	Total pages Schedule F1:	FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 193/221 Rpt:	Texas Alliance for Life			00051076	
4	Date	Payee name		•		
		(see previous)				
6	Amount (\$)	Payee address; City;	State; Zip Co	ode		
	- Evpanditura from					
	Expenditure from corporate funds					
8	PURPOSE	A) Category (See Categories listed at the	top of this schedule)	(b) Description		
	OF EXPENDITURE	- · · · · · · -		ı =	tside of Texas. Com	
	E/II EIIEII			Check if Austin, T	X, officeholder living	g expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou		Office he	ചിർ
٥	expenditure to benefit C/O	Dyson, Paul		epresentative District		Biu
H	Data					
	Date	Payee name (see previous)				
_	· (4)		20-t 7in 0			
	Amount (\$)	Payee address; City;	State; Zip C	ode		
_	Expenditure from					
L	corporate funds			_		
	PURPOSE OF	A) Category (See Categories listed at the	top of this schedule)	(b) Description		
	EXPENDITURE			ı =	tside of Texas. Com X, officeholder living	
				J 5.135	Λ, οποσποία ,	<i>σ</i> εκροίτου
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ught	Office he	eld
	expenditure to benefit C/OF	Metcalf, Will	State Re	epresentative District	t 16 State R	Representative District 16
_	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Co	ode:		
	,σαια (ψ)	. ayoo aaa.ooo,	State, E.p. S.			
Г	Expenditure from corporate funds					
	PURPOSE) Cotogon		(b) Description		
	OF	(See Categories listed at the	top of this schedule)	(b) Description Check if travel out	tside of Texas. Com	nplete Schedule T.
	EXPENDITURE			1 😐	X, officeholder living	
				_		
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ught	Office h	eld
	expenditure to benefit C/OH	Gerdes, Stan	State Re	epresentative District	t 17 State R	Representative District 17

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains	s how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 194/221 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	(a) Category (See Categories listed at the top of this so	hedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		-
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought Office held
·	Hozelali, Elleti	State Representative District 19 State Representative District 19
Date	Payee name	
A / /h\	(see previous)	The Coult
Amount (\$)	Payee address; City; State	e; Zip Code
Expenditure from corporate funds		
PURPOSE	(a) Cotogoni	(h) Description
OF	(a) Category (See Categories listed at the top of this so	hedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Condidate/Officeholder name	Office sought Office held
expenditure to benefit C/O	İ.	State Representative District 20 State Representative District 20
Date		
Dale	Payee name (see previous)	
Amount (\$)		e; Zip Code
,σα (Ψ)	,	, — _F -500
Expenditure from corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this so	hedule) (b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
LA LIBITORE		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought Office held
expenditure to benefit C/O	į.	State Representative District 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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 195/221 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	Leo Wilson, Terri State Representative District 23 State Representative District 23
Date	Payee name
Duic	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Expenditure from corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	Sale Representative Blother 21
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief C/OI	Vasut, Cody State Representative District 25 State 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 Guid	le explains how to c	complete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3 Fil	er ID	(Ethics Commission File	ers)
	Sch: 196/221 Rpt:		Texas Alliance for Life			00	051076		
4	Date	5	Payee name						
			(see previous)						
6	Amount (\$)	7	Payee address; City;	State; Zip C	Code				
_	T Expenditure from								
L	corporate funds								
8	PURPOSE OF	(a)	Category (See Categories listed at the	top of this schedule)	(b) Description				
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_	Data	_							
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	Amount (ft)	+-		State: 7in (Codo				
	Amount (\$)		Payee address; City;	State; Zip C	Jode				
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L	corporate funds	 			Ta.				
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	EXPENDITURE				Check if Austin				
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	Complete ONLY if direct		Candidate/Officeholder name	Office so	ought		Office he	eld	
	expenditure to benefit C/OI)H (Guillen, Ryan	State R	Representative Dist	rict 31	State R	epresentative Distric	ct 31

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide ex	cplains how to complete this	form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Fil	er ID	(Ethics Commission Filers)
Sch: 197/221 Rpt:	Texas Alliance for Life		00	0051076	
4 Date	5 Payee name (see previous)		•		
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Expenditure from corporate funds					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Che	iption eck if travel outside o eck if Austin, TX, offic		
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought		Office he	
expenditure to benefit C/OI	H Hunter, Todd	State Representati	ve District 32	State R	epresentative District 32
Date	Payee name (see previous)				
Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Code			
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide ex	plains how to complete this form.	
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Sch: 198/221 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name (see previous)		
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	Check if tr	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
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Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
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expenditure to benefit C/OI	H Lozano, J.M.	State Representative D	istrict 43 State Representative District 43
Date	Payee name (see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from corporate funds			
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Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
experientale to beliefit C/O	Harris Davila, Caroline	State Representative D	istrict 52 State Representative District 52

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
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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

Sch: 199/221 Rpt: Texas Alliance for Life	Sch: 199/221 Rpt: Texas Alliance for Life	Credit Card Payment	The Instruction Guide explains h	ow to complete this form.
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PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate/Officeholder name Office sought Complete Supply (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate/Officeholder name Office sought Complete ONLY if direct Candidate/Officeholder name Office sought	Amount (\$)	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 Candidate/Officeholder name	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate/Officeholder name Office sought Complete Supply (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate/Officeholder name Office sought Complete ONLY if direct Candidate/Officeholder name Office sought			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate/Officeholder name Office sought Complete Supply (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate/Officeholder name Office sought Complete ONLY if direct Candidate/Officeholder name Office sought	Expenditure from		
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	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			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held		(a) Category (See Categories listed at the top of this sche	/ ·
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Complete ONLY if direct			
	- T:			
	- T:			
expenditure to penelit C/OH Hayes, Richard State Representative District 57 State Representative District 57	expenditure to benefit C/OH Hayes, Richard State Representative District 57 State Representative District 57			3
		expenditure to benefit C/OI	¹ Hayes, Richard S	tate Representative District 57 State Representative District 57

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how	-		TIER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3 Fil	er ID	(Ethics Commission Filers)
	Sch: 200/221 Rpt:	Texas Alliance for Life		00	051076	
4	Date	5 Payee name		•		
		(see previous)				
6	Amount (\$)	7 Payee address; City; State; Zig	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 Check if Austin, TX, office		
9	Complete ONLY if direct	Candidate/Officeholder name Office	sought		Office he	eld
	expenditure to benefit C/Oh		-	entative District 59		Representative District 59
	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 o		
	Complete ONLY if direct	Candidate/Officeholder name Office	sought		Office he	eld
	expenditure to benefit C/Oh	i .	•	entative District 63		Representative District 63
	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) I	Description		
	OF EXPENDITURE] [[Check if travel outside of Check if Austin, TX, office		
	Complete ONLY if direct		sought		Office he	eld
	expenditure to benefit C/OH	¹ Shaheen, Matt State	Represe	entative District 66	State R	Representative District 66

SCHEDULE F1

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

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

Credit Card Payment	•	ns how to complete this form.	OTTLEN (enter a category not listed above)
1 Total pages Schedule F1:	· ·	·	3 Filer ID (Ethics Commission Filers)
Sch: 201/221 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		State Representative Distr	rict 67 State Representative District 67
Date	Payee name		
Dute	(see previous)		
A a	• • •	to. Zin Code	
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.
		Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	¹ Spiller, David	State Representative Distr	rict 68 State Representative District 68
Date	Payee name		
	(see previous)		
Amount (\$)		ate; Zip Code	
Amount (ψ)	rayee 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		Check if travel	outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austir	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 benefit C/Of	¹ Frank, James	State Representative Distr	rict 69 State Representative District 69

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Gui	de explains how to c	complete this form.				
1	Total pages Schedule F1:	2	FILER NAME			3 File	er ID	(Ethics Commission Filers	,
	Sch: 202/221 Rpt:		Texas Alliance for Life			00	051076		
4	Date	5	Payee name			•			
			(see previous)						
6	Amount (\$)	7	Payee address; City;	State; Zip C	Code				
	T Expenditure from								
L	corporate funds								
8	PURPOSE	(a)	Category (See Categories listed at the	top of this schedule)	(b) Description				
	OF EXPENDITURE				Check if travel			plete Schedule T.	
					Cricck ii Austii	i, iz, oiiic	seriolaer living	Гехрепас	
9	Complete ONLY if direct	(Candidate/Officeholder name	Office so	 ought		Office he	eld	
	expenditure to benefit C/OF)H L	_ambert, Stan	State R	epresentative Dist	rict 71	State R	epresentative District	71
_	Date	Т	Payee name						_
			(see previous)						
	Amount (\$)	+	Payee address; City;	State; Zip C	Code				
	(1)		, , , , , , , , , , , , , , , , , , , ,	, ,					
	Expenditure from 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.	
					One or in August	i, 17x, 0111c	seriolder living	CAPCHISC	
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ought		Office he	eld	
	expenditure to benefit C/OF	Ή [Darby, Drew	State R	epresentative Dist	rict 72	State R	epresentative District	72
	Date	\top	Payee name						_
			(see previous)						
	Amount (\$)	+	Payee address; City;	State; Zip C	Code				
				•					
	Expenditure from corporate funds								
	PURPOSE	(a)	Category (See Categories listed at the	ton of this schodulo)	(b) Description				
	OF	"	(See Categories listed at the	top of this scriedule)		outside o	f Texas. Com	plete Schedule T.	
	EXPENDITURE				Check if Austin	n, TX, offic	ceholder living	expense	
		丄							
	Complete ONLY if direct expenditure to benefit C/OH	NLI	Candidate/Officeholder name	Office so		iot 72	Office he		72
			saac, Carrie	State R	epresentative Dist	ICL 73	State R	epresentative District	73

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The	Instruction Guide exp	plains how to co	omplete this form.		
1	Total pages Schedule F1:	FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 203/221 Rpt:	Texas Alliance f	or Life			000510	76
4	Date	Payee name					
		(see previous)					
6	Amount (\$)	Payee address;	City;	State; Zip Co	ode		
	- Evpanditura from						
L	Expenditure from corporate funds						
8	PURPOSE	a) Category (See Cate	egories listed at the top of	this schedule)	(b) Description		
	OF EXPENDITURE	C C C C C C C C C C		,	ı =		. Complete Schedule T.
	LAI LINDITORE				Check if Austin	, TX, officeholder	r living expense
Ļ	Operation ONLY if allowed	01:-1	1-1	0#:		041	11-1
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officehol Garza, Robert	ider name	Office sou	ugnt epresentative Distri		ce held
	·			State Ne		ICL 74 NOI	
	Date	Payee name					
		(see previous)					
	Amount (\$)	Payee address;	City;	State; Zip Co	ode		
	!						
_	T Expenditure from						
L	corporate funds						
	PURPOSE	a) Category (See Cate	egories listed at the top of	this schedule)	(b) Description		
	OF EXPENDITURE				ı =		. Complete Schedule T.
	LA LIBITORE				Check if Austin	, TX, officeholder	r living expense
	!						
_	Occasilate ONLY if direct	Candidate/Officebo	1-1	Office cou		Offic	ce held
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officehol McLaughlin, Don		Office sou	ugnt epresentative Distri		
				Jiaic No	presentative Distr	ICI OU INOI	<u> </u>
	Date	Payee name					
		(see previous)					
	Amount (\$)	Payee address;	City;	State; Zip Co	ode		
	!						
_	T Expenditure from						
L	corporate funds						
	PURPOSE	a) Category (See Cate	egories listed at the top of	this schedule)	(b) Description		
	OF EXPENDITURE			•	Check if travel		. Complete Schedule T.
	EXPLINDITORL				Check if Austin	, TX, officeholder	r living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officehol		Office sou			ce held
		Landgraf, Brooks		State Re	epresentative Distr	ict 81 Stai	te Representative District 81

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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

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

Credit Card Payment	The Instruction Guide exp	plains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 204/221 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		•
	(see previous)		
6 Amount (\$)	7 Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
8 PURPOSE OF	(a) Category (See Categories listed at the top of	′ I <u> </u>	
EXPENDITURE			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			5
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Craddick, Tom	State Representative Dist	trict 82 State Representative District 82
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
		L Greek ii Austi	,,
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Burrows, Dustin	State Representative Dist	trict 83 State Representative District 83
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of		
OF EXPENDITURE			el outside of Texas. Complete Schedule T.
		LI Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	^H Tepper, Carl	State Representative Dist	trict 84 State Representative District 84

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Food/Beverage Expense Gift/Awards/Memorials Expense 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: 205/221 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	¹ Kitzman, Stan State Representative District 85 State Representative District 85
Date	Payee name
	(see previous)
Amount (\$)	Payee address; City; State; Zip Code
Amount (φ)	rayee address, Gity, State, Zip Code
Expenditure from	
corporate funds	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Smithee, John State Representative District 86 State Representative District 86
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.
LAI LINDITORE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H King, Ken State Representative District 88 State Representative District 88

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide	explains how to co	emplete this form.				
1	Total pages Schedule F1: Sch: 206/221 Rpt:	FILER NAME Texas Alliance for Life				er ID 051076	(Ethics Commission	n Filers)
_						031070		
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	utcido of	Toyor Com	nloto Sabadulo T	
	EXPENDITURE			Check if Austin,			plete Schedule T. expense	
_	0 1: 01!! \(\frac{1}{2} \)	0 111 105	O.(;	<u> </u>		000		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Noble, Candy	Office sou State Re	ıgnt presentative Distri	ct 89	Office he	eia epresentative D	istrict 89
	Date			p. 600				
	Date	Payee name (see previous)						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	\(\frac{1}{2}\)	, , , , , , , , , , , , , , , , , , , ,	, ,					
	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. Lexpense	
					,		, ,	
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	-		Office he		
	expenditure to benefit C/OI	Schatzline, Nate	State Re	presentative Distri	ct 93	State R	epresentative D	istrict 93
	Date	Payee name						
		(see previous)						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	Expenditure from corporate funds							
	PURPOSE OF	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	EXPENDITURE			Check if travel of Check if Austin,			plete Schedule T. expense	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou			Office he		
	experientare to benefit C/Of	Cook, David	State Re	presentative Distri	ct 96	State R	epresentative D	estrict 96

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explain	is how to complete this form.	OTTLA (enter a category not instear above)
1 Total pages Schedule F1:	· ·	·	3 Filer ID (Ethics Commission Filers)
Sch: 207/221 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		
	(see previous)		
6 Amount (\$)	7 Payee address; City; Stat	te; Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Representative Distr	
Date		·	
Dale	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	te; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this s		
OF EXPENDITURE		· · · · ·	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	¬ Capriglione, Giovanni	State Representative Distr	rict 98 State Representative District 98
Date	Payee name		
	(see previous)		
Amount (\$)		te; Zip Code	
Fanount (4)	Tuyee address, Say,	ic, Zip code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this s	(b) Description	
OF	(See Categories listed at the top of this s		outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H Geren, Charlie	State Representative Distr	rict 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

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: 208/221 Rpt:	2 FILER NAME Texas Alliance for Life	3 Filer ID (Ethics Commission Filers) 00051076
4 Date	5 Payee name (see previous)	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office : H Patterson, Jared State	sought Office held Representative District 106 State Representative District
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office : H Meyer, Morgan State	sought Office held Representative District 108 State Representative District
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip	Code
corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel 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 : Button, Angie Chen State	sought Office held Representative District 112 State Representative District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
	Sch: 209/221 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) Description	
	EXPENDITURE		I <u>—</u>	side of Texas. Complete Schedule T. (, officeholder living expense
			onesk ii / tastiii, 17/	t, officerolaci living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office held
	expenditure to benefit C/OI	H Lujan, John State R	epresentative District	118 State Representative District
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; State; Zip (Code	
	Expenditure from corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	OF EXPENDITURE	, contract of	Check if travel outs	side of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX	K, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office s	aught .	Office held
	expenditure to benefit C/O	1	Representative District	
_	Data			
	Date	Payee name (see previous)		
	Α (Φ)	, , ,	2-4-	
	Amount (\$)	Payee address; City; State; Zip (Code	
	Expenditure from			
	corporate funds		T	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outs	side of Texas. Complete Schedule T.
	EXPENDITURE			C, officeholder living expense
			-	
	Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office held
	expenditure to benefit C/OI	H Dorazio, Mark State R	Representative District	122 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 Gitt/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 210/221 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/OF	Candidate/Officeholder name Office so Harless, Sam State F	ought Office held Representative District 126 State Representative District
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip (Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office solution Cunningham, Charles State F	ought Office held Representative District 127 State Representative District
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip 0	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so State F	ought Office held Representative District 128 State Representative District

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains ho	w to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 211/221 Rpt:	Texas Alliance for Life		00051076
4	Date	5 Payee name		
		(see previous)		
6	Amount (\$)	7 Payee address; City; State;	Zip Code	
_	T Expenditure from			
┕	corporate funds			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	' I — '	
	EXPENDITURE			outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			Check ii 7 lustiii	i, 17, omeended living expense
9	Complete ONLY if direct		ice sought	Office held
	expenditure to benefit C/OF	¹ Paul, Dennis Sta	ate Representative Dist	rict 129 State Representative District
Т	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 schedu	(b) Description	
	OF EXPENDITURE	, (and and and and and and and and and and	Check if travel	outside of Texas. Complete Schedule T.
	LAFLINDITORL		Check if Austin	n, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Offi	ice sought	Office held
	expenditure to benefit C/O			rict 130 State Representative District
	Deta		Toprocontative Biot	The 190 State Representative Bistrict
	Date	Payee name (see previous)		
	Α(Φ)	· · ·	7:- 0-1-	
	Amount (\$)	Payee address; City; State; 2	Zip Code	
	Expenditure from			
	Corporate funds		1	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	· I	outside of Texas. Complete Schedule T.
	EXPENDITURE			n, TX, officeholder living expense
				- '
	Complete ONLY if direct		ice sought	Office held
	expenditure to benefit C/OH Schofield, Mike State Representative District 132 State Representative District			

SCHEDULE F1

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
	Sch: 212/221 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 Adstit, 17, diffice floring expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	DeAyala, Mano State Representative District 133 State Representative Distri	ct
	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/OI	Hull, Lacey State Representative District 138 State Representative Distri	ct
	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		ct

SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains h	how to complete this form.	OTTLA (enter a category not listed above)
1 Total pages Schedule F1:	· ·	<u> </u>	3 Filer ID (Ethics Commission Filers)
Sch: 213/221 Rpt:	Texas Alliance for Life		00051076
4 Date	5 Payee name		•
	(see previous)		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
Expenditure from corporate funds			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/OI	¹ Bassel, Dabney C	Court Of Appeals, Justice	Place Court Of Appeals, Justice Place
Date	Payee name		
	(see previous)		
Amount (\$)		Zip Code	
Amount (ϕ)	r ayee address, City, State,	Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this scho	(b) Description	
OF EXPENDITURE		· · ·	l outside of Texas. Complete Schedule T.
		Check if Austi	n, TX, officeholder living expense
Commission ONII V if dispost		Netice county	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	i .	Office sought Court Of Appeals, Justice	
,	¹ Messinger, John C	Duit Of Appeals, Justice	Place None
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State;	Zip Code	
- "			
Expenditure from corporate funds			
PURPOSE	(a) Category (See Categories listed at the top of this sche	(b) Description	
OF	(See Categories listed at the top of this sche		outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/OI	H McCray, Todd C	Court Of Appeals, Justice	Place None

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	ŭ	plains how to complete this form.	OTTEN (enter a category not isseed above)
1 Total pages Schedule F1:		· · ·	3 Filer ID (Ethics Commission Filers)
Sch: 214/221 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 o	Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^{-l} Valenzuela, Lori	Court Of Appeals, Justice	e Place Court Of Appeals, 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 top o	Check if trav	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Chambers, Kent	Office sought Court Of Appeals, Justice	Office held e Place None
Date		•••	
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			el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	¹ Tijerina, Jaime	Court of Appeals, Chief Ju	ustice Court Of Appeals, Justice Place

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries The Instruction Guide explains how to o	:/Wages/Contract Labor 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: 215/221 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	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE			de of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so Cron, Jenny Court C	ought of Appeals, Justice Pla	Office held ce None
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; Zip C	Code	
Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	ı <u>–</u>	de of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office so Fonseca, Ysmael Court C	ought of Appeals, Justice Pla	Office held ce District Judge District 476
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; State; Zip C	Code	
Expenditure from corporate funds	, , , , , , , , , , , , , , , , , , ,		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE			de of Texas. Complete Schedule T. officeholder living expense
		1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so West, Jon Court C	ought of Appeals, Justice Plac	Office held ce None

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 216/221 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	
	Date	Payee name
	24.0	(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	Expenditure from corporate funds	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	Moody, Grant Bexar County Commissioner, Bexar County Commissioner,
	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 Charlet is travel outside of Tayas, Camplete Schedule T
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Bergsma, Michael Corpus Christi ISD Trustee, At None

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Credit Card Payment	The Instruction Guid	e explains how to complete this form	1.
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 217/221 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 t	·	
OF EXPENDITURE			travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		LI GREGATI	Additi, 17, dilicellolidel living expense
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Liechty, Lorne	Rockwall County Com	missioner, None
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the t	·	
EXPENDITURE			travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
			3. p
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H Whittmore, Sean	Criminal District Attorn	ney Criminal District Attorney
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City;	State; Zip Code	
Expenditure from			
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the t	· · · · · · · · · · · · · · · · · · ·	
EXPENDITURE		<u> </u>	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/O	H King, Donna	District Judge District 2	26 District Judge District 26

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense 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	l Committee Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
		ns how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 218/221 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	·	
EXPENDITURE			outside of Texas. Complete Schedule T.
		LI CHECK II Austin	, TX, officeholder living expense
O Complete ONLY if direct	Candidata/Officeholder name	Office courset	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought District Judge District 395	Office held District Judge District 395
<u> </u>	¹ Larson, Ryan	District Judge District 395	District Judge District 595
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
Expenditure from			
corporate funds	<u> </u>	Ta.	
PURPOSE OF	(a) Category (See Categories listed at the top of this	·	autoide of Taylor Consulate Cohedule T
EXPENDITURE			outside of Texas. Complete Schedule T. , TX, officeholder living expense
			, 174, officeriolaer living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		Corpus Christi City Counci	
	vaagiiii, Caroiyii	——————————————————————————————————————	ii, 7tt None
Date	Payee name		
	(see previous)		
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
Expenditure from corporate funds			
PURPOSE	(a) Cataman	(b) Description	
OF	(a) Category (See Categories listed at the top of this	·	outside of Texas. Complete Schedule T.
EXPENDITURE			, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		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 Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers))
Sch: 219/221 Rpt:	Texas Alliance for Life 00051076	
4 Date	5 Payee name	
12/12/2024	Texas Capitol Parking Garage	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.25	1201 San Jacinto	
Expenditure from corporate funds	Austin, TX 78701	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Parking Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Parking	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	Н	
Date	Payee name	
12/04/2024	Texas Capitol Parking Garage	
Amount (\$)	Payee address; City; State; Zip Code	
\$4.25	1201 San Jacinto	
Expenditure from	Austin, TX 78701	
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Parking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Parking	
	T and the state of	
Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
12/03/2024	Trent Ashby Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$100.00	PO Box 412	
Expenditure from corporate funds	Lufkin, TX 75902	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
	Janipaigh Schulbatton	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
Complete <u>ONLY</u> if direct expenditure to benefit C/O		
,		

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	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: 220/221 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
12/20/2024	Wells Fargo Business Card
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5.25	PO Box 51174
Evpanditura from	
Expenditure from corporate funds	Los Angeles, CA 90051-5474
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank Services charge
	Daille Colorect Change
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
11/20/2024	Wells Fargo Business Card
Amount (\$)	Payee address; City; State; Zip Code
\$920.00	PO Box 51174
Expenditure from corporate funds	Los Angeles, CA 90051-5474
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Card Payment
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/19/2024	Wells Fargo Business Card
Amount (\$)	Payee address; City; State; Zip Code
\$8.48	PO Box 51174
401.10	
Expenditure from corporate funds	Los Angeles, CA 90051-5474
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense Bank Service Charge
	Built Service Sharge
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services 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
Travel Out of District
Travel Out of District

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: 221/221 Rpt:	Texas Alliance for Life 00051076
4 Date	5 Payee name
12/20/2024	Wells Fargo Business Card
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$301.80	PO Box 51174
Expenditure from corporate funds	Los Angeles, CA 90051-5474
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	Credit Card Payment
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/13/2024	Wells Fargo Business Card
Amount (\$)	Payee address; City; State; Zip Code
\$5.25	PO Box 51174
Ψ0.20	1 O BOX OIL14
Expenditure from corporate funds	Los Angeles, CA 90051-5474
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Finance Charge
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:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)					
	Sch: 1/2 Rpt: 277/278	Texas Alliance for L	00051076								
4	CREDIT CARD ISSUER	Name of final Wells	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$						
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer		Paid					
	Expenditure from corporate funds	\$3.25	12/02/2024								
7	PAYEE	(a) Payee name City of Austin		(b) Payee address; City, State, Zip Code 301 W 2nd St 3rd Flr							
Ļ					Austin, TX 78701						
8	PURPOSE OF EXPENDITURE X Political	(See Categories listed at the top of this schedule) Parking		(b) Descrip Parking	otion						
	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				officeholder living exp	ense				
9	Complete ONLY if direct	Candidate/Officeholder	ce sought Office held								
е	xpenditure to benefit C/OH	()	I (1) = 1 ()	1/12/1/1	- " ! -						
	Expenditure from corporate funds	(a) Amount Charged \$2.75	(b) Date of Charge 12/02/2024	(c) Date(s)	Credit Card Issuei	Paid					
PAYEE (a		(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code			
		XPENDITURE (See Categories listed at the top of this schedule) Parking		301 W 2nd St 3rd Flr							
				Austin, TX 78701							
	PURPOSE OF EXPENDITURE X Political			(b) Descrip Parking	otion						
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX.	officeholder living exp	ense				
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	e sought		Office held						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	⁻ Paid					
	Expenditure from corporate funds	\$3,025.00	12/02/2024								
	PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code			
		City of Austin		301 W 2nd St 3rd Flr							
L			Austin, TX 78701								
EXPENDITURE (S		(a) Category (See Categories listed at the top of this schedule) Parking		(b) Descrip Parking	otion						
1	X Political										
L	Non-Political	(c) Check if travel outside	(C) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense					
е	Complete ONLY if direct xpenditure to benefit C/OH										
Г											

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 Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
	Sch: 2/2 Rpt: 278/278	Texas Alliance for L			00051076	00051076				
4	CREDIT CARD ISSUER	Name of final see pi	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid				
	Expenditure from corporate funds	\$4.25	12/04/2024							
7	PAYEE	E (a) Payee name City of Austin		(b) Payee ad	ddress;	City,	State,	Zip Code		
				301 W 2nd St 3rd Flr						
L					Austin, TX 78701					
8	PURPOSE OF	1 1 2 2			(b) Description					
	EXPENDITURE	(See Categories listed at the top Parking	of this schedule)	Parking						
	X Political	Tanking								
	Non-Political	olitical (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense					
9	Complete ONLY if direct	Candidate/Officeholder	e sought Office held							
E	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid				
	Expenditure from corporate funds	\$1.25	12/12/2024							
Г	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code		
	City of Austin			301 W 2nd	St 3rd Flr					
					78701					
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the			of this schedule)	(b) Descripti Parking	on					
	X Political	Parking								
	Non-Political	(c) Check if travel outside		Check if Austin, TX,	officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholder	e sought Office held							
€	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid				
	Expenditure from corporate funds	\$2.75	12/02/2024							
	PAYEE (a) Payee name City of Austin			(b) Payee ad	ddress;	City,	State,	Zip Code		
			301 W 2nd St 3rd Flr							
				Austin, TX 78701						
	PURPOSE OF	(a) Category		(b) Descripti	on					
EXPENDITURE		(See Categories listed at the top of this schedule) Parking		Parking						
	X Political	. samily								
L	Non-Political	(c) Check if travel outside		Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held										
€	expenditure to benefit C/OH									