

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00051076	2 Total pages filed: 53	
3 COMMITTEE NAME Texas Alliance for Life			<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 07/13/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8000 Centre Park Dr., Ste. 380  Austin, TX 78754-5136			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. James C. ----- NICKNAME LAST SUFFIX Shaw			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4505 Corazon Cv.  Round Rock, TX 78681			
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8000 Centre Park Dr., Ste. 380  Austin, TX 78754			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 789-0111			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2025 THROUGH 06/30/2025			
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,052.58
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 1,908.10
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 6,955.15
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

## 16 AFFIDAVIT

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

Mr. James C. Shaw

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 53

<b>17 COMMITTEE NAME</b> Texas Alliance for Life		<b>18 Filer ID</b> (Ethics Commission Filers) 00051076
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,052.58
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 4,645.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 2,000.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,890.63
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,278.05
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/38 Rpt: 4/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 01/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkins, Mary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkins, Mary <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkins, Mary <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkins, Mary <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkins, Mary <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/38 Rpt: 5/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 01/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belisle, Merritt <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78708	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belisle, Merritt Contributor address; City; State; Zip Code  Austin, TX 78708	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belisle, Merritt Contributor address; City; State; Zip Code  Austin, TX 78708	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belisle, Merritt Contributor address; City; State; Zip Code  Austin, TX 78708	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belisle, Merritt Contributor address; City; State; Zip Code  Austin, TX 78708	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/38 Rpt: 6/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 06/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belisle, Merritt <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78708	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Becky <hr/> Contributor address; City; State; Zip Code  Schulenberg, TX 78956	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Geologist		Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Becky <hr/> Contributor address; City; State; Zip Code  Schulenberg, TX 78956	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Geologist		Employer (See Instructions)
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CERNOSEK, ROSE MARY <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78256	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez, Kristy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$52.09
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/38 Rpt: 7/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 02/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez, Kristy <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78717	<b>7</b> Amount of Contribution (\$)  \$52.09
<b>8</b> Principal occupation / Job title (See Instructions) CPA		<b>9</b> Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez, Kristy Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$52.09
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez, Kristy Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$52.09
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez, Kristy Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$52.09
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez, Kristy Contributor address; City; State; Zip Code  Austin, TX 78717	Amount of Contribution (\$)  \$52.09
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/38 Rpt: 8/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 06/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crilly, John <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWine, Dennis Contributor address; City; State; Zip Code  San Antonio, TX 78248	Amount of Contribution (\$)  \$625.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeWine, Dennis Contributor address; City; State; Zip Code  San Antonio, TX 78248	Amount of Contribution (\$)  \$625.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, John Contributor address; City; State; Zip Code  Pflugerville, TX 78660	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Aine Contributor address; City; State; Zip Code  Waco, TX 76710	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Tutor/Self		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/38 Rpt: 9/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 02/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Aine <b>6</b> Contributor address; City; State; Zip Code  Waco, TX 76710	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Tutor/Self		<b>9</b> Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Aine Contributor address; City; State; Zip Code  Waco, TX 76710	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Tutor/Self		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Aine Contributor address; City; State; Zip Code  Waco, TX 76710	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Tutor/Self		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Aine Contributor address; City; State; Zip Code  Waco, TX 76710	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Tutor/Self		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Aine Contributor address; City; State; Zip Code  Waco, TX 76710	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Tutor/Self		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/38 Rpt: 10/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 01/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd, Kathleen <b>6</b> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd, Kathleen Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd, Kathleen Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd, Kathleen Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd, Kathleen Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/38 Rpt: 11/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 06/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd, Kathleen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Givens, Edward <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Givens, Edward <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Givens, Edward <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Givens, Edward <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/38 Rpt: 12/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 05/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Givens, Edward <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Analyst		<b>9</b> Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Givens, Edward <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hashman, Lisa <hr/> Contributor address; City; State; Zip Code  Driftwood, TX 78619	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pediatrician/Retired		Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hashman, Lisa <hr/> Contributor address; City; State; Zip Code  Driftwood, TX 78619	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pediatrician/Retired		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hashman, Lisa <hr/> Contributor address; City; State; Zip Code  Driftwood, TX 78619	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Pediatrician/Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/38 Rpt: 13/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 01/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Brent <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney / Galveston County District Attorney		<b>9</b> Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Brent <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney / Galveston County District Attorney		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Brent <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney / Galveston County District Attorney		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Brent <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney / Galveston County District Attorney		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Brent <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney / Galveston County District Attorney		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/38 Rpt: 14/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 06/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Brent <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77008	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney / Galveston County District Attorney		<b>9</b> Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayter, Russell <hr/> Contributor address; City; State; Zip Code  Mountain City, TX 78610	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayter, Russell <hr/> Contributor address; City; State; Zip Code  Mountain City, TX 78610	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Terry <hr/> Contributor address; City; State; Zip Code  Lockhart, TX 78644	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Terry <hr/> Contributor address; City; State; Zip Code  Lockhart, TX 78644	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/38 Rpt: 15/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 03/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Terry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lockhart, TX 78644	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Terry <hr/> Contributor address; City; State; Zip Code  Lockhart, TX 78644	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Terry <hr/> Contributor address; City; State; Zip Code  Lockhart, TX 78644	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Terry <hr/> Contributor address; City; State; Zip Code  Lockhart, TX 78644	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Todd <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Law		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/38 Rpt: 16/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 01/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Michael <b>6</b> Contributor address; City; State; Zip Code San Antonio, TX 78261	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Military Contractor		<b>9</b> Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Michael Contributor address; City; State; Zip Code San Antonio, TX 78261	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Military Contractor		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Michael Contributor address; City; State; Zip Code San Antonio, TX 78261	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Military Contractor		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Michael Contributor address; City; State; Zip Code San Antonio, TX 78261	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Military Contractor		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Michael Contributor address; City; State; Zip Code San Antonio, TX 78261	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Military Contractor		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/38 Rpt: 17/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 06/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Michael <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78261	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Military Contractor		<b>9</b> Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joiner, Diane Contributor address; City; State; Zip Code  Lakeway, TX 78738	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joiner, Diane Contributor address; City; State; Zip Code  Lakeway, TX 78738	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joiner, Diane Contributor address; City; State; Zip Code  Lakeway, TX 78738	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joiner, Diane Contributor address; City; State; Zip Code  Lakeway, TX 78738	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/38 Rpt: 18/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 04/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joiner, Diane <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lakeway, TX 78738	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joiner, Diane <hr/> Contributor address; City; State; Zip Code  Lakeway, TX 78738	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joiner, Diane <hr/> Contributor address; City; State; Zip Code  Lakeway, TX 78738	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juhlke, Debbie <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Human Resources Director		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juhlke, Debbie <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Human Resources Director		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/38 Rpt: 19/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 01/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karam, Elyse <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78212	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Bookkeeper		<b>9</b> Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karam, Elyse Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karam, Elyse Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karam, Elyse Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karam, Elyse Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/38 Rpt: 20/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 01/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruczek, Loraine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruczek, Loraine <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruczek, Loraine <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruczek, Loraine <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruczek, Loraine <hr/> Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/38 Rpt: 21/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 06/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruczek, Loraine <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78737	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Michelle Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$208.34
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Michelle Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$208.34
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Michelle Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$208.34
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Michelle Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$208.34
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/38 Rpt: 22/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 05/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Michelle <b>6</b> Contributor address; City; State; Zip Code  Buda, TX 78610	<b>7</b> Amount of Contribution (\$)  \$208.34
<b>8</b> Principal occupation / Job title (See Instructions) Self employed		<b>9</b> Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Michelle Contributor address; City; State; Zip Code  Buda, TX 78610	Amount of Contribution (\$)  \$208.34
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Lillian Contributor address; City; State; Zip Code  San Marcos, TX 78666	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Religious Sister		Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Lillian Contributor address; City; State; Zip Code  San Marcos, TX 78666	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Religious Sister		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Lillian Contributor address; City; State; Zip Code  San Marcos, TX 78666	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Religious Sister		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/38 Rpt: 23/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 04/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Lillian <b>6</b> Contributor address; City; State; Zip Code  San Marcos, TX 78666	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Religious Sister		<b>9</b> Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Lillian Contributor address; City; State; Zip Code  San Marcos, TX 78666	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Religious Sister		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Lillian Contributor address; City; State; Zip Code  San Marcos, TX 78666	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Religious Sister		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masters, Glenn Contributor address; City; State; Zip Code  Abilene, TX 79604	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxey, Sherri Contributor address; City; State; Zip Code  Jarrell, TX 76537	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/38 Rpt: 24/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 02/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxey, Sherri <hr/> <b>6</b> Contributor address; City; State; Zip Code  Jarrell, TX 76537	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Office Manager		<b>9</b> Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClaskey, Richard <hr/> Contributor address; City; State; Zip Code  Driftwood, TX 78619	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClaskey, Richard <hr/> Contributor address; City; State; Zip Code  Driftwood, TX 78619	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medford, Brad <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medford, Brad <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/38 Rpt: 25/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 03/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medford, Brad <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78641	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medford, Brad <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medford, Brad <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medford, Brad <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Tina <hr/> Contributor address; City; State; Zip Code  Lakeway, TX 78734	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/38 Rpt: 26/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 06/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Tina <b>6</b> Contributor address; City; State; Zip Code  Lakeway, TX 78734	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreland, Ronda Contributor address; City; State; Zip Code  Dallas, TX 75218	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Radio Producer		Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreland, Ronda Contributor address; City; State; Zip Code  Dallas, TX 75218	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Radio Producer		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreland, Ronda Contributor address; City; State; Zip Code  Dallas, TX 75218	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Radio Producer		Employer (See Instructions)
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreland, Ronda Contributor address; City; State; Zip Code  Dallas, TX 75218	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Radio Producer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/38 Rpt: 27/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 05/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreland, Ronda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75218	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Radio Producer		<b>9</b> Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreland, Ronda <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75218	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Radio Producer		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pojman, Joe (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Alliance for Life, Inc.
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pojman, Joe (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Alliance for Life, Inc.
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pojman, Joe (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Alliance for Life, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/38 Rpt: 28/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 04/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pojman, Joe (Dr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78728	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Executive Director		<b>9</b> Employer (See Instructions) Texas Alliance for Life, Inc.
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pojman, Joe (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Alliance for Life, Inc.
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pojman, Joe (Dr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78728	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Texas Alliance for Life, Inc.
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ransdell, James <hr/> Contributor address; City; State; Zip Code  Seguin, TX 78155	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ransdell, James <hr/> Contributor address; City; State; Zip Code  Seguin, TX 78155	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/38 Rpt: 29/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 03/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ransdell, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seguin, TX 78155	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ransdell, James <hr/> Contributor address; City; State; Zip Code  Seguin, TX 78155	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ransdell, James <hr/> Contributor address; City; State; Zip Code  Seguin, TX 78155	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ransdell, James <hr/> Contributor address; City; State; Zip Code  Seguin, TX 78155	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roady, Jack <hr/> Contributor address; City; State; Zip Code  Sante Fe, TX 77510	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) District Attorney/Galveston County		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/38 Rpt: 30/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 02/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roady, Jack <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sante Fe, TX 77510	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) District Attorney/Galveston County		<b>9</b> Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roady, Jack <hr/> Contributor address; City; State; Zip Code  Sante Fe, TX 77510	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) District Attorney/Galveston County		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roady, Jack <hr/> Contributor address; City; State; Zip Code  Sante Fe, TX 77510	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) District Attorney/Galveston County		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roady, Jack <hr/> Contributor address; City; State; Zip Code  Sante Fe, TX 77510	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) District Attorney/Galveston County		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roady, Jack <hr/> Contributor address; City; State; Zip Code  Sante Fe, TX 77510	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) District Attorney/Galveston County		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/38 Rpt: 31/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 01/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Becky <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Becky Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Becky Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Becky Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Becky Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/38 Rpt: 32/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 06/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Becky <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78757	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Bebe Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Bebe Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Bebe Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Bebe Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/38 Rpt: 33/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 05/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Bebe <hr/> <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Executive Assistant		<b>9</b> Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Bebe <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, James <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, James <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, James <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/38 Rpt: 34/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 04/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77304	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Veterinarian		<b>9</b> Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, James <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schulze, James <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions)
Date 02/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirk, Lynn <hr/> Contributor address; City; State; Zip Code  Bastrop, TX 78602	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) RE Appraiser		Employer (See Instructions)
Date 05/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirk, Lynn <hr/> Contributor address; City; State; Zip Code  Bastrop, TX 78602	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) RE Appraiser		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/38 Rpt: 35/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 05/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirk, Lynn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bastrop, TX 78602	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) RE Appraiser		<b>9</b> Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirk, Lynn <hr/> Contributor address; City; State; Zip Code  Bastrop, TX 78602	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) RE Appraiser		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skowbo, James <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skowbo, James <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skowbo, James <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/38 Rpt: 36/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 04/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skowbo, James <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Self Employed		<b>9</b> Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skowbo, James Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skowbo, James Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Clark Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Clark Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/38 Rpt: 37/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 03/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Clark <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78750	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Clark Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Clark Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Clark Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Umstatttd, Thomas Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podcaster		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/38 Rpt: 38/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 02/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Umstattd, Thomas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Podcaster		<b>9</b> Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Umstattd, Thomas <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podcaster		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Umstattd, Thomas <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podcaster		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Umstattd, Thomas <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podcaster		Employer (See Instructions)
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Umstattd, Thomas <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Podcaster		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/38 Rpt: 39/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 01/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheatley, Elisabeth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78626	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Writer		<b>9</b> Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheatley, Elisabeth <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78626	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheatley, Elisabeth <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78626	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheatley, Elisabeth <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78626	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheatley, Elisabeth <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78626	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/38 Rpt: 40/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 01/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Roger <b>6</b> Contributor address; City; State; Zip Code  Jonestown, TX 78645	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired Pastor		<b>9</b> Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Roger Contributor address; City; State; Zip Code  Jonestown, TX 78645	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired Pastor		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Roger Contributor address; City; State; Zip Code  Jonestown, TX 78645	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired Pastor		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Roger Contributor address; City; State; Zip Code  Jonestown, TX 78645	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired Pastor		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Roger Contributor address; City; State; Zip Code  Jonestown, TX 78645	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired Pastor		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 38/38 Rpt: 41/53

2 FILER NAME  
Texas Alliance for Life

3 Filer ID (Ethics Commission Filers)  
00051076

4 Date  
06/23/2025

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Wilson, Roger

7 Amount of Contribution (\$)  
\$50.00

6 Contributor address; City; State; Zip Code

Jonestown, TX 78645

8 Principal occupation / Job title (See Instructions)  
Retired Pastor

9 Employer (See Instructions)

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule B: Sch: 1/2 Rpt: 42/53	
<b>2</b> FILER NAME Texas Alliance for Life				<b>3</b> Filer ID (Ethics Commission Filers) 00051076	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES				<b>\$</b> 0.00	

  

<b>5</b> Date  01/10/2025	<table style="width: 100%;"> <tr> <td style="width: 60%; padding: 5px;"> <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)            Cortez, Able         </td> <td style="width: 40%; padding: 5px;"> <b>8</b> Amount of pledge (\$)             \$625.00         </td> </tr> <tr> <td style="padding: 5px;"> <b>7</b> Pledgor Address; City; State; Zip Code             Austin, TX 78717         </td> <td style="padding: 5px;"> <b>9</b> In-kind description (If applicable)   <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         </td> </tr> </table>	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez, Able	<b>8</b> Amount of pledge (\$)  \$625.00	<b>7</b> Pledgor Address; City; State; Zip Code  Austin, TX 78717	<b>9</b> In-kind description (If applicable)  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez, Able	<b>8</b> Amount of pledge (\$)  \$625.00				
<b>7</b> Pledgor Address; City; State; Zip Code  Austin, TX 78717	<b>9</b> In-kind description (If applicable)  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.				
<b>10</b> Principal occupation / Job title (See Instructions) Program Director		<b>11</b> Employer (See Instructions) Abel Care Concept			

  

<b>5</b> Date  03/01/2025	<table style="width: 100%;"> <tr> <td style="width: 60%; padding: 5px;"> <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)            Juhlke, Debbie         </td> <td style="width: 40%; padding: 5px;"> <b>8</b> Amount of pledge (\$)             \$500.00         </td> </tr> <tr> <td style="padding: 5px;"> <b>7</b> Pledgor Address; City; State; Zip Code             Round Rock, TX 78681         </td> <td style="padding: 5px;"> <b>9</b> In-kind description (If applicable)   <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         </td> </tr> </table>	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juhlke, Debbie	<b>8</b> Amount of pledge (\$)  \$500.00	<b>7</b> Pledgor Address; City; State; Zip Code  Round Rock, TX 78681	<b>9</b> In-kind description (If applicable)  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juhlke, Debbie	<b>8</b> Amount of pledge (\$)  \$500.00				
<b>7</b> Pledgor Address; City; State; Zip Code  Round Rock, TX 78681	<b>9</b> In-kind description (If applicable)  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.				
<b>10</b> Principal occupation / Job title (See Instructions) Human Resources Director		<b>11</b> Employer (See Instructions)			

  

<b>5</b> Date  04/23/2025	<table style="width: 100%;"> <tr> <td style="width: 60%; padding: 5px;"> <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)            McClaskey, Richard         </td> <td style="width: 40%; padding: 5px;"> <b>8</b> Amount of pledge (\$)             \$300.00         </td> </tr> <tr> <td style="padding: 5px;"> <b>7</b> Pledgor Address; City; State; Zip Code             Driftwood, TX 78619         </td> <td style="padding: 5px;"> <b>9</b> In-kind description (If applicable)   <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         </td> </tr> </table>	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClaskey, Richard	<b>8</b> Amount of pledge (\$)  \$300.00	<b>7</b> Pledgor Address; City; State; Zip Code  Driftwood, TX 78619	<b>9</b> In-kind description (If applicable)  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClaskey, Richard	<b>8</b> Amount of pledge (\$)  \$300.00				
<b>7</b> Pledgor Address; City; State; Zip Code  Driftwood, TX 78619	<b>9</b> In-kind description (If applicable)  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.				
<b>10</b> Principal occupation / Job title (See Instructions) Consulting		<b>11</b> Employer (See Instructions)			

  

<b>5</b> Date  06/23/2025	<table style="width: 100%;"> <tr> <td style="width: 60%; padding: 5px;"> <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)            Miller, Tina         </td> <td style="width: 40%; padding: 5px;"> <b>8</b> Amount of pledge (\$)             \$120.00         </td> </tr> <tr> <td style="padding: 5px;"> <b>7</b> Pledgor Address; City; State; Zip Code             Lakeway, TX 78734         </td> <td style="padding: 5px;"> <b>9</b> In-kind description (If applicable)   <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.         </td> </tr> </table>	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Tina	<b>8</b> Amount of pledge (\$)  \$120.00	<b>7</b> Pledgor Address; City; State; Zip Code  Lakeway, TX 78734	<b>9</b> In-kind description (If applicable)  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Tina	<b>8</b> Amount of pledge (\$)  \$120.00				
<b>7</b> Pledgor Address; City; State; Zip Code  Lakeway, TX 78734	<b>9</b> In-kind description (If applicable)  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.				
<b>10</b> Principal occupation / Job title (See Instructions) retired		<b>11</b> Employer (See Instructions)			

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule B:  
Sch: 2/2 Rpt: 43/53

**2** FILER NAME  
Texas Alliance for Life

**3** Filer ID (Ethics Commission Filers)  
00051076

**4** TOTAL OF UNITEMIZED PLEDGES

**\$** 0.00

**5** Date  
  
04/23/2025

**6** Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Patridge, John

**7** Pledgor Address; City; State; Zip Code

Spicewood, TX 78669

**8** Amount of  
pledge (\$)  
  
\$2,500.00

**9** In-kind description  
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

**10** Principal occupation / Job title (See Instructions)  
business owner

**11** Employer (See Instructions)

**5** Date  
  
05/01/2025

**6** Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Shirk, Lynn

**7** Pledgor Address; City; State; Zip Code

Bastropo, TX 78602

**8** Amount of  
pledge (\$)  
  
\$600.00

**9** In-kind description  
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

**10** Principal occupation / Job title (See Instructions)  
RE Appraiser

**11** Employer (See Instructions)

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C4: Sch: 1/1 Rpt: 44/53
<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 01/30/2025	<b>5</b> Corporation / Labor Organization name Texas Alliance for Life, Inc.	<b>6</b> Amount (\$) 400.00
Date 02/28/2025	Corporation / Labor Organization name Texas Alliance for Life, Inc.	Amount (\$) 400.00
Date 03/31/2025	Corporation / Labor Organization name Texas Alliance for Life, Inc.	Amount (\$) 400.00
Date 04/30/2025	Corporation / Labor Organization name Texas Alliance for Life, Inc.	Amount (\$) 400.00
Date 05/31/2025	Corporation / Labor Organization name Texas Alliance for Life, Inc.	Amount (\$) 400.00

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/5 Rpt: 45/53	<b>2</b> FILER NAME Texas Alliance for Life	<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 01/02/2025	<b>5</b> Payee name Elavon Compliance Services	
<b>6</b> Amount (\$) \$95.28  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 7300 Chapman Hwy  Knoxville, TN 37920	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Elavon Compliance Services		
Amount (\$) \$70.06  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7300 Chapman Hwy  Knoxville, TN 37920	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Elavon Compliance Services		
Amount (\$) \$78.98  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7300 Chapman Hwy  Knoxville, TN 37920	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/5 Rpt: 46/53	<b>2</b> FILER NAME Texas Alliance for Life	<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 04/02/2025	<b>5</b> Payee name Elavon Compliance Services	
<b>6</b> Amount (\$) \$77.78  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 7300 Chapman Hwy  Knoxville, TN 37920	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Elavon Compliance Services		
Amount (\$) \$72.17  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7300 Chapman Hwy  Knoxville, TN 37920	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Elavon Compliance Services		
Amount (\$) \$83.18  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7300 Chapman Hwy  Knoxville, TN 37920	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/5 Rpt: 47/53	<b>2</b> FILER NAME Texas Alliance for Life	<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 01/13/2025	<b>5</b> Payee name Intellipay	
<b>6</b> Amount (\$) \$23.70  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12884 Frontrunner Blvd, Suite 220  Draper, UT 84020	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name Intellipay		
Amount (\$) \$22.95  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12884 Frontrunner Blvd, Suite 220  Draper, UT 84020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/11/2025	Candidate/Officeholder name Office sought Office held	
Payee name Intellipay		
Amount (\$) \$23.35  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12884 Frontrunner Blvd, Suite 220  Draper, UT 84020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## 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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/5 Rpt: 48/53	<b>2</b> FILER NAME Texas Alliance for Life	<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 04/14/2025	<b>5</b> Payee name Intellipay	
<b>6</b> Amount (\$) \$22.95  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12884 Frontrunner Blvd, Suite 220  Draper, UT 84020	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name Intellipay		
Amount (\$) \$22.95  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12884 Frontrunner Blvd, Suite 220  Draper, UT 84020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name Intellipay		
Amount (\$) \$20.40  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12884 Frontrunner Blvd, Suite 220  Draper, UT 84020	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/5 Rpt: 49/53	<b>2</b> FILER NAME Texas Alliance for Life	<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> Date 01/27/2025	<b>5</b> Payee name Wells Fargo Business Card	
<b>6</b> Amount (\$) \$801.86  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 51174  Los Angeles, CA 90051-5474	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC payment
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/27/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wells Fargo Business Card		
Amount (\$) \$472.78  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 51174  Los Angeles, CA 90051-5474	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wells Fargo Business Card		
Amount (\$) \$2.24  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 51174  Los Angeles, CA 90051-5474	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/4 Rpt: 50/53		<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076	
<b>4 CREDIT CARD ISSUER</b>		Name of financial institution Wells Fargo Business Card		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
<b>6 PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$8.35	(b) Date of Charge 02/17/2025	(c) Date(s) Credit Card Issuer Paid	
<b>7 PAYEE</b>		(a) Payee name Wells Fargo Business Card		(b) Payee address; City, State, Zip Code PO Box 51174 Los Angeles, CA 90051-5474	
<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description finance charge	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$6.88	(b) Date of Charge 01/20/2025	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name Wells Fargo Business Card		(b) Payee address; City, State, Zip Code PO Box 51174 Los Angeles, CA 90051-5474	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description finance charge	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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	
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$252.53	(b) Date of Charge 01/14/2025	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name Twitter, Inc.		(b) Payee address; City, State, Zip Code 1355 Market Street, Suite 900 San Francisco, CA 94103	
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description non-political issue ads	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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	

# 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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/4 Rpt: 51/53		2 FILER NAME Texas Alliance for Life		3 Filer ID (Ethics Commission Filers) 00051076	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$155.20	(b) Date of Charge 01/06/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Twitter, Inc.		(b) Payee address; City, State, Zip Code 1355 Market Street, Suite 900 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description non-political issue ads	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$159.85	(b) Date of Charge 01/01/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Twitter, Inc.		(b) Payee address; City, State, Zip Code 1355 Market Street, Suite 900 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description non-political issue ads	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$227.40	(b) Date of Charge 01/21/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Twitter, Inc.		(b) Payee address; City, State, Zip Code 1355 Market Street, Suite 900 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description non-political issue ads	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# 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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/4 Rpt: 52/53		2 FILER NAME Texas Alliance for Life		3 Filer ID (Ethics Commission Filers) 00051076	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$2.24	(b) Date of Charge 03/20/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name Wells Fargo Business Card		(b) Payee address; City, State, Zip Code PO Box 51174 Los Angeles, CA 90051-5474	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description finance charge	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$211.97	(b) Date of Charge 01/30/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Twitter, Inc.		(b) Payee address; City, State, Zip Code 1355 Market Street, Suite 900 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Non-politital ads	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds		(a) Amount Charged \$252.43	(b) Date of Charge 01/22/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name Twitter, Inc.		(b) Payee address; City, State, Zip Code 1355 Market Street, Suite 900 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Non-political issue ads	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

## 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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 4/4 Rpt: 53/53	<b>2</b> FILER NAME Texas Alliance for Life		<b>3</b> Filer ID (Ethics Commission Filers) 00051076
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$1.20	(b) Date of Charge 01/03/2025	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Collin County District Court		(b) Payee address; City, State, Zip Code 2100 Bloomdale Rd. McKinney, TX 75071
<b>8</b> PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description fee for court documents
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name      Office sought      Office held		