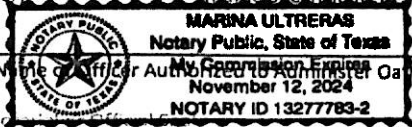


## APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL<sup>1</sup> Failure to provide required information may result in rejection of application.

<b>APPLICATION FOR A PLACE ON THE <u>Keller ISD Board of Trustees</u> GENERAL ELECTION BALLOT</b>					
TO: City Secretary/Secretary of Board (name of election)					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) Board of Trustees, Place 4				INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	
FULL NAME (First, Middle, Last) Haley Carolyn Taylor Schlitz			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* Haley Taylor Schlitz		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) 201 Town Center Lane, Apartment 1411			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)		
CITY Keller	STATE TX	ZIP 76248	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) haleyschoolboard@gmail.com		OCCUPATION (Do not leave blank) Teacher	DATE OF BIRTH [REDACTED]	VOTER REGISTRATION VUID NUMBER <sup>2</sup> (Optional) 2169755572	
TELEPHONE CONTACT INFORMATION (Optional) Home:      Office:      Cell:					
FELONY CONVICTION STATUS (You MUST check one)		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN			
<input checked="" type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. <sup>3</sup>		IN THE STATE OF TEXAS 13 year(s) 9 month(s)		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED 13 year(s) 9 month(s)	
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>Haley Carolyn Taylor Schlitz</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Haley Carolyn Taylor Schlitz</u> of <u>Tarrant</u> County, Texas, being a candidate for the office of <u>Keller ISD Board of Trustees Place 4</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."					
X <u>Haley J. Schlitz</u> SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the <u>17</u> day of <u>February</u> , 2023, by <u>Haley Carolyn Taylor Schlitz</u> (name of candidate)					
<u>Marina Ultreras</u> Signature of Officer Authorized to Administer Oath <sup>4</sup> <u>HR Specialist</u> Title of Officer Authorized to Administer Oath			Printed Name of Officer Authorized to Administer Oath  NOTARY ID 1327783-2		
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE					
This document and \$ _____ filing fee or a nominating petition of _____ pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified					
<u>2/17/2023</u> Date Received		<u>2/17/2023</u> Date Accepted		<u>[Signature]</u> Signature of Filing Officer or Designee	

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE  
NAME

MS / MRS / MR FIRST MI  
Ms Haley C

OFFICE USE ONLY

Filer ID #

NICKNAME LAST SUFFIX  
Taylor Schlitz

Date Received

3 CANDIDATE  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
201 Town Center Lane, Apt # 1411

Date Hand-delivered or Postmarked

4 CANDIDATE  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(469) - 968 - 7239

Receipt #

Amount \$

Date Processed

5 OFFICE  
HELD  
(if any)

Date Imaged

6 OFFICE  
SOUGHT  
(if known)

Keller ISD BOARD OF TRUSTEES, PLACE 4

7 CAMPAIGN  
TREASURER  
NAME

MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX  
MR. William A Schlitz

8 CAMPAIGN  
TREASURER  
STREET  
ADDRESS  
(residence or business)

STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE  
1039 BRADFORD CT. KELLER TX 76248

9 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(469) - 968 - 7239

10 CANDIDATE  
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

  
Signature of Candidate

02/17/2023  
Date Signed

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **50**

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST    MI Ms.    Haley    C <hr/> NICKNAME    LAST    SUFFIX Taylor Schlitz	<b>OFFICE USE ONLY</b>  Date Received    Date Hand-delivered or Date Postmarked  Receipt #                      Amount \$  Date Processed  Date Imaged
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 201 Town Center Lane, Apt #1411 Keller, TX 76248	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 469 )                      968-7239	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST    MI Mr.    William    A <hr/> NICKNAME    LAST    SUFFIX Schlitz	
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY,                      STATE,                      ZIP CODE 1039 Bradford Court, Keller, TX 76248	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION ( 469 )                      968-7239	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year 1                      1                      23                      THROUGH                      3                      27                      23	
<b>11 ELECTION</b>	ELECTION DATE    ELECTION TYPE Month                      Day                      Year                      Primary                      Runoff                      Other Description 5                      6                      23 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> Keller ISD Board of Trustees, Place 4
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>           Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE                      COMMITTEE NAME GENERAL                      COMMITTEE ADDRESS SPECIFIC                      COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Haley Taylor Schlitz		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,736.53
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,908.46
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,828.07
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

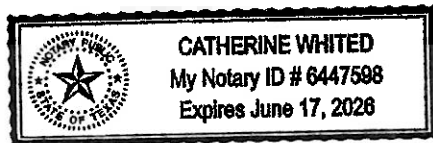
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Haley Schlitz*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Haley Schlitz this the 5th day of April, 2023, to certify which, witness my hand and seal of office.

Catherine Whited Catherine Whited notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

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

<b>19</b> FILER NAME <b>Haley Taylor Schlitz</b>	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,736.53
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,908.46
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>42</b>
2 FILER NAME <b>Haley Taylor Schlitz</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/19/23</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>William Schlitz</b>	7 Amount of contribution (\$) <b>10.00</b>
6 Contributor address; City; State; Zip Code <b>1039 BRADFORD CRT Keller TX 76248</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2/19/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Caroline Sherman</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>1034 Canterbury Lane Keller TX 76248</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/19/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Paula Edens</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>913 Summertree W. Southlake TX 76092</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/19/23</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Kathy Candelaria</b>	Amount of contribution (\$) <b>50.00/100</b>
Contributor address; City; State; Zip Code <b>3045 Creekview Drive Grapevine TX 76051</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/19/23</i>	5 Full name of contributor <i>Piper Ogan</i> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code <i>5359 Hibbs Dr Fort Worth TX 76137</i>	7 Amount of contribution (\$) <i>25.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/27/2023</i>	Full name of contributor <i>Celina Vasquez</i> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <i>2703 Allen Forest Dr. Bryan TX 77803</i>	Amount of contribution (\$) <i>150.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/28/2023</i>	Full name of contributor <i>William Schlitz</i> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <i>1039 Bradford Ct Keller TX 76248</i>	Amount of contribution (\$) <i>10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/24/2023</i>	Full name of contributor <i>William Schlitz</i> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <i>1039 Bradford Ct Keller TX 76248</i>	Amount of contribution (\$) <i>200.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/1/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Robert Hertzberg</i>	7 Amount of contribution (\$)  <i>1000.00</i>
	6 Contributor address; City; State; Zip Code <i>6625 Langdon Ave. Los Angeles CA 91406</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Caryn Reed-Hendon</i>	Amount of contribution (\$)  <i>20.00</i>
	Contributor address; City; State; Zip Code <i>26643 Franklin Pointe Dr Southfield MI 48034</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Nedra Robinson</i>	Amount of contribution (\$)  <i>50.00/hw</i>
	Contributor address; City; State; Zip Code <i>3025 Grentilly Lane FortWorth TX 76123</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Angelo Williams</i>	Amount of contribution (\$)  <i>10.00</i>
	Contributor address; City; State; Zip Code <i>2701 42nd Street Sacramento CA 95817</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Renee Gaudet 6 Contributor address; City; State; Zip Code 2835 S. Wagner Road #113 Ann Arbor MI 48103	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2023	Full name of contributor out-of-state PAC (ID#: _____) Joyce Franklin Contributor address; City; State; Zip Code 4609 Pangolin Dr. Fort Worth TX 76244	Amount of contribution (\$) 21.29
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/23	Full name of contributor out-of-state PAC (ID#: _____) Esther Sevier Contributor address; City; State; Zip Code 5113 Medicin Ln Fort Worth TX 76244	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/2/23	Full name of contributor out-of-state PAC (ID#: _____) Edgar Coble Contributor address; City; State; Zip Code 2212 Hawthorne Ave. Fort Worth TX 76110	Amount of contribution (\$) 36.87
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/2/2023</i>	5 Full name of contributor <i>Mitzi Cook</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>35.00</i>
	6 Contributor address; City; State; Zip Code <i>4025 Chestnut St. Fort Worth TX 76137</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>3/2/2023</i>	Full name of contributor <i>Robert Sheaks</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>10.90</i>
	Contributor address; City; State; Zip Code <i>1903 N. 5th St. #104 Irving TX 75050</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/2/2023</i>	Full name of contributor <i>David Atnip</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>260.22</i>
	Contributor address; City; State; Zip Code <i>565 Sealands Ln. Fort Worth TX 76116</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/2/2023</i>	Full name of contributor <i>Donna Hamilton</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>221 Skyline Dr. #203-170 East Stroudsburg PA 18301</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/2/2023</i>	5 Full name of contributor <i>Tracy Scott</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>52.45</i>
6 Contributor address; City; State; Zip Code <i>PO Box 122072 Arlington TX 76012</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor <i>Lunda Orrick</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>3204 Odessa Ave FortWorth TX 76109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor <i>Nancy Bean</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>35.00</i>
Contributor address; City; State; Zip Code <i>2706 Meadow Hill Lane Arlington TX 76006</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor <i>Angela Bullock</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>36.87</i>
Contributor address; City; State; Zip Code <i>8427 October Shadow Court Spring TX 77379</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/2/2023</i>	5 Full name of contributor <i>Mary Pat Hely</i> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code <i>1220 Westwood Dr Keller TX 76262</i>	7 Amount of contribution (\$)  <i>100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor <i>Aretha Thornton</i> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <i>10724 Lipan Trail Fort Worth TX 76109</i>	Amount of contribution (\$)  <i>36.87</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor <i>Jacqueline Barquet</i> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <i>10541 Traymore Dr. Fort Worth TX 76244</i>	Amount of contribution (\$)  <i>50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor <i>Andrew Kozma</i> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <i>1623 Oneil St. Houston TX 77019</i>	Amount of contribution (\$)  <i>10.90</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/2/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Duane Palmer</i>	7 Amount of contribution (\$) <i>36.87</i>
	6 Contributor address; City; State; Zip Code <i>4445 Phillips Dr. Wichita Falls TX 76308</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Regina Williams</i>	Amount of contribution (\$) <i>36.87</i>
	Contributor address; City; State; Zip Code <i>4351 Roberts Ln. Midlothian TX 76065</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Johnny Robison</i>	Amount of contribution (\$) <i>36.87</i>
	Contributor address; City; State; Zip Code <i>1209 S. Davis Drive Arlington TX 76013</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Alexis Kern</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>5744 Parkview Hills La. Fort Worth TX 76179</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schlick</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/2/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Nevin Moore</i>	7 Amount of contribution (\$)  <i>10.00</i>
	6 Contributor address; City; State; Zip Code <i>860 Cameron Village Dr. Winston Salem NC 27103</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/3/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Libba Murphey</i>	Amount of contribution (\$)  <i>26.48</i>
	Contributor address; City; State; Zip Code <i>7541 Lake Dr. North Richland Hills TX 76180</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Garry Bruton</i>	Amount of contribution (\$)  <i>25.00</i>
	Contributor address; City; State; Zip Code <i>6925 Spring Valley Way Fort Worth TX 76132</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Jane Jensen</i>	Amount of contribution (\$)  <i>15.00</i>
	Contributor address; City; State; Zip Code <i>16902 1st of Man Rd.flugerville TX 78160</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/2/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>DeRicki Johnson</i>	7 Amount of contribution (\$)  <i>10.00</i>
	6 Contributor address; City; State; Zip Code <i>7517 Madeira Fort Worth TX 76112</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/3/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Rebecca Fischer</i>	Amount of contribution (\$)  <i>100.00</i>
	Contributor address; City; State; Zip Code <i>977 Elkin Lane Keller TX 76262</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/3/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Kathleen Keller</i>	Amount of contribution (\$)  <i>16.09</i>
	Contributor address; City; State; Zip Code <i>2134 Oak Valley Kerrville TX 78028</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/3/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Peter Nelson</i>	Amount of contribution (\$)  <i>50.00</i>
	Contributor address; City; State; Zip Code <i>5116 Glen Springs Trail Fort Worth TX 76137</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2023	5 Full name of contributor Allen Tucker out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 35.00
6 Contributor address; City; State; Zip Code 1601 Briar Drive Bedford TX 76022		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/2023	Full name of contributor Tomas Torres out-of-state PAC (ID#: _____)	Amount of contribution (\$) 519.94
Contributor address; City; State; Zip Code 4714 Devon St Houston TX 77027		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/2023	Full name of contributor Walter Black out-of-state PAC (ID#: _____)	Amount of contribution (\$) 104.39
Contributor address; City; State; Zip Code 4712 Camargo Court College Station TX 77845		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/2023	Full name of contributor Vincent Langford out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code 5712 Remington Ln #2919 Fort Worth TX 76132		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Healey Taylor Schlick</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/3/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Anthony Portantino</i> 6 Contributor address; City; State; Zip Code <i>441 S. Griffith Park Dr Burbank CA 91506</i>	7 Amount of contribution (\$)  <i>100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/3/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Denise Kahn</i> Contributor address; City; State; Zip Code <i>4321 Cartagena Dr. FORT WORTH TX 76133</i>	Amount of contribution (\$)  <i>15.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/3/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Maryellen Hicks</i> Contributor address; City; State; Zip Code <i>PO Box 19165 FORT WORTH TX 76110</i>	Amount of contribution (\$)  <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/4/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Preston M. Hager</i> Contributor address; City; State; Zip Code <i>1302 Limestone Creek Dr., Keller TX 76248</i>	Amount of contribution (\$)  <i>25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schmitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/5/2023</i>	5 Full name of contributor <i>Cathy Evans</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>52.45</i>
	6 Contributor address; City; State; Zip Code <i>441 E. Vine St. Keller TX 76248</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/5/2023</i>	Full name of contributor <i>Michelle Cline</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>52.45</i>
	Contributor address; City; State; Zip Code <i>936 Keller Smithfield Rd. Keller TX 76249</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/5/2023</i>	Full name of contributor <i>Christy Jones</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>104.39</i>
	Contributor address; City; State; Zip Code <i>8404 Big Horn Way FORT WORTH TX 76137</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/5/2023</i>	Full name of contributor <i>Marisel Peterson</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>36.87</i>
	Contributor address; City; State; Zip Code <i>5208 Pool Road Colleyville TX 76034</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Seklitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/5/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Torsha Tomlinson</i>	7 Amount of contribution (\$) <i>300.00</i>
6 Contributor address; City; State; Zip Code <i>19 Wyck Hill Ln. Westlake TX 76262</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>3/5/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Mary Anne Weatherred</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>12308 Water Oak Dr. Fort Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/5/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Ashley Paz</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>1637 S. Adams St. Fort Worth TX 76104</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/5/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Ericka Ledford</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>1608 Bob Dr. Royse City TX 75109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/6/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Stephen Luce</i>	7 Amount of contribution (\$) <i>104.39</i>
	6 Contributor address; City; State; Zip Code <i>1850 Hunters Creek Dr. Southlake TX 76092</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/6/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Charlene Hill</i>	Amount of contribution (\$) <i>5.00</i>
	Contributor address; City; State; Zip Code <i>606 Cardwell Dr. Lancaster TX 75146</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/6/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Ann Potts</i>	Amount of contribution (\$) <i>1000.00</i>
	Contributor address; City; State; Zip Code <i>535 Big Bend Dr. Keller TX 76248</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/6/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Craig Lee</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>12 Bailey Cir. Bloomington IL 61704</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/6/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Cassie Janda</i>	7 Amount of contribution (\$)  <i>25.00</i>
	6 Contributor address; City; State; Zip Code <i>12308 Durango Root Dr. Keller TX 76244</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/6/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Gary Winok</i>	Amount of contribution (\$)  <i>100.00</i>
	Contributor address; City; State; Zip Code <i>9692 Ashstone Way Fort Worth CA 95624</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/6/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Jacqueline Reagan</i>	Amount of contribution (\$)  <i>25.00</i>
	Contributor address; City; State; Zip Code <i>9624 Bowman Dr. Fort Worth TX 76244</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/6/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Wallace Bridges</i>	Amount of contribution (\$)  <i>100.00</i>
	Contributor address; City; State; Zip Code <i>715 E. Cannon St. Fort Worth TX 76104</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Hayley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/2023	5 Full name of contributor Leah Backhus out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 19223 Harleigh Dr. Saratoga CA 95070		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/7/2023	Full name of contributor Glenn Lewis out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 5600 Rockhill Rd Fort Worth TX 76112		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/7/2023	Full name of contributor Lloyd Levine out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4800 D Street Sacramento CA 95819		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/7/2023	Full name of contributor Tiffany Burks out-of-state PAC (ID#: _____)	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 1425 Ravenwood Mansfield TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schmitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/7/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Deonza Thymes</i>	7 Amount of contribution (\$) <i>100.00</i>
	6 Contributor address; City; State; Zip Code <i>1921 8th Street NW Washington DC 20011</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/7/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Margaret Collins</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>525 Stratton Dr Keller Tx 76248</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/7/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Lakesha Humson</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>3250 W. Ave Jb #1 Lancaster OA 93536</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/7/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Janice Littlejohn</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>3034 Crestway Drive Los Angeles CA 90043</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schlich</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/8/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Stefanie Klein</i>	7 Amount of contribution (\$)  <i>65.00</i>
	6 Contributor address; City; State; Zip Code <i>5745 Chelmsford Trail Arlington TX 76018</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>3/7/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Glenniece Robinson</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>5043 Giverny Lane Fort Worth TX 76116</i>	<i>50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/1/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Simone Grant</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>1026 Florin Rd. Sacramento CA 95831</i>	<i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/8/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Barbara Washington</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>1237 Primrose Ln. DeSoto TX 75115</i>	<i>200.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/2023	5 Full name of contributor Kimmy Robinson out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 20.23
6 Contributor address; City; State; Zip Code 3215 County Square Ln. Carrollton TX 75006		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/8/2023	Full name of contributor Susanne Dickinson out-of-state PAC (ID#: _____)	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 1717 Arthur Rd. Colleyville TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/8/2023	Full name of contributor ARNOLD GROTHUES out-of-state PAC (ID#: _____)	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 6517 Hayden Dr. ARLINGTON TX 76001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/8/2023	Full name of contributor Sandra Christian out-of-state PAC (ID#: _____)	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code 4625 Prickly Pear Dr. Fort Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/2023	5 Full name of contributor Sandra Lee out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 624 Winterwood Dr Kennedale TX 76060		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/8/2023	Full name of contributor Sunny Crawford out-of-state PAC (ID#: _____)	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2801 Gipson Street Fort Worth TX 76111		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/2023	Full name of contributor Cong Nguyen out-of-state PAC (ID#: _____)	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2207 Barbell Lane Fort Worth TX 76111		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/8/2023	Full name of contributor Joanne Dellamura out-of-state PAC (ID#: _____)	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 3913 Overton Park Dr E. FORT WORTH TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/8/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Noreen Abramovitz</i>	7 Amount of contribution (\$) <i>50.00</i>
	6 Contributor address; City; State; Zip Code <i>19007 Blue Ridge Shores Dr. Cypress Tx 77433</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/8/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Sandra Cogley</i>	Amount of contribution (\$) <i>20.00</i>
	Contributor address; City; State; Zip Code <i>4309 Stonecrest Ct. Keller Tx 76244</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/8/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Stephen Maxwell</i>	Amount of contribution (\$) <i>250.00</i>
	Contributor address; City; State; Zip Code <i>3904 Driskell Blvd. Fort Worth Tx 76107</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/8/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Teresa McKellan</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>4664 Birchbend Lane Fort Worth Tx 76137</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Haley Taylor Schlib

3 Filer ID (Ethics Commission Filers)

4 Date

3/9/2023

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

LaShanda Sullivan

7 Amount of contribution (\$)

22.00

6 Contributor address; City; State; Zip Code

2650 S. McDonald St. 2312 McKinney TX 75069

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/9/2023

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Kent BRADSHAW

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

2009 6th Ave. FORT WORTH TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/2023

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Michelle Aldridge

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

2717 DRIFTWOOD St. Hayward CA 94545

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/9/2023

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Iris Garcia

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

4720 Grainger Trail FORT WORTH TX 76137

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/9/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Janet Klewein</i> 6 Contributor address; City; State; Zip Code <i>144 Navajo Dr Keller TX 76248</i>	7 Amount of contribution (\$) <i>25.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/10/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Meredith Rohr</i> Contributor address; City; State; Zip Code <i>1106 Carlton Ave Menlo Park CA 94025</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/10/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Mark Porter</i> Contributor address; City; State; Zip Code <i>9211 Vanfleet Ct. Laurel MD 20703</i>	Amount of contribution (\$) <i>10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/10/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Deondrea Way</i> Contributor address; City; State; Zip Code <i>751 Gray Wolf Dr. Prospee TX 75078</i>	Amount of contribution (\$) <i>22.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/2023	5 Full name of contributor Kimberly Ross out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 1925 Old York Dr. Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/2023	Full name of contributor Charlotte Settle out-of-state PAC (ID#: _____)	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 1201 Crimson Ct. Arlington TX 76018		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/2023	Full name of contributor Jared Ross out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 6024 Morningside Dr. North Richland Hills TX 76180		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/2023	Full name of contributor Christopher Stewart out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2905 Walden Way Saint Cloud MN 56301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Haley Taylor Street		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Erma Budreavy 6 Contributor address; City; State; Zip Code 205 Tanbark Circle Coppell TX 75019	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/12/2023	Full name of contributor out-of-state PAC (ID#: _____) Jaime Sather Contributor address; City; State; Zip Code 6500 Fairview Dr. Watauga TX 76149	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/12/2023	Full name of contributor out-of-state PAC (ID#: _____) Diane Solis Contributor address; City; State; Zip Code 6805 Davidson St. #101 Colony TX 75056	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/12/2023	Full name of contributor out-of-state PAC (ID#: _____) Lauren Dougherty Contributor address; City; State; Zip Code 16002 Sulmon Ln Spring TX 77379	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/13/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Samuel Williams</i>	7 Amount of contribution (\$) <i>250.00</i>
	6 Contributor address; City; State; Zip Code <i>300 Huffman Bluff Keller TX 76243</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/13/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Roy E. Brooks</i>	Amount of contribution (\$) <i>500.00</i>
	Contributor address; City; State; Zip Code <i>5032 Highland Meadow Dr Fort Worth TX 76132</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/13/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>E. Leon Carter</i>	Amount of contribution (\$) <i>2500.00</i>
	Contributor address; City; State; Zip Code <i>5603 Oak Falls Circle Dallas TX 75297</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/13/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Seth Patel</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>543 58TH Street Oakland CA 94609</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/13/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Armenia Morris</i>	7 Amount of contribution (\$) <i>25.00</i>
	6 Contributor address; City; State; Zip Code <i>1821 Calypso Dr. Vista CA 92081</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/13/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Gwenn Burud</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>9468 Smiths Park Lane FORT WORTH TX 76177</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/14/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Michael Toland</i>	Amount of contribution (\$) <i>125.00</i>
	Contributor address; City; State; Zip Code <i>432 E. Rich St. #4B Columbus OH 43215</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/15/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Julie Hagan</i>	Amount of contribution (\$) <i>30.00</i>
	Contributor address; City; State; Zip Code <i>5133 Comstock Circle FORT WORTH TX 76244</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Haley Taylor Schlitz

3 Filer ID (Ethics Commission Filers)

4 Date

3/15/2023

5 Full name of contributor

Jody Johnson

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

25.00

6 Contributor address;

16134 Red Cedar Trl. Dallas TX 75243

City;

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/15/2023

Full name of contributor

JL Gilpin

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

25.00

Contributor address;

108 Mill Wood Dr. Colleyville TX 76034

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/2023

Full name of contributor

Sherritta Evers

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

22.00

Contributor address;

5506 N. 76th St. #20 Milwaukee WI 53218

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/2023

Full name of contributor

Triana Arnold James

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

22.00

Contributor address;

257 Lawrence St. # 4034 Marietta GA 30061

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Haley Taylor Schlitz

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/2023

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

Zaincorie Taylor Smith

7 Amount of contribution (\$)

22.00

6 Contributor address; City; State; Zip Code

2918S. Edgefield Ave. Dallas TX 75224

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/16/2023

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Tonya Pugh

Amount of contribution (\$)

22.00

Contributor address; City; State; Zip Code

170 Blue Horn Dr. Jonesboro GA ~~30238~~

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/2023

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Deena Thornton

Amount of contribution (\$)

22.00

Contributor address; City; State; Zip Code

6621 N. Lawrence St. Philadelphia PA 19126

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/2023

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

Ashley Williams

Amount of contribution (\$)

22.00

Contributor address; City; State; Zip Code

168 Outwater Ridge Dr. Garner NC 27529

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/16/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Helaine Smith</i>	7 Amount of contribution (\$)  <i>22.00</i>
	6 Contributor address; City; State; Zip Code <i>716 Sugar field Dr. Albany TX 75056</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/16/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Eva Marlene King</i>	Amount of contribution (\$)  <i>22.00</i>
	Contributor address; City; State; Zip Code <i>4116 Flat Trail Union City CA 30291</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/16/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Sharonda Lewis</i>	Amount of contribution (\$)  <i>22.00</i>
	Contributor address; City; State; Zip Code <i>2204 PACINO DR. FORT WORTH TX 76134</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/16/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Kwabuaa Dow</i>	Amount of contribution (\$)  <i>200.00</i>
	Contributor address; City; State; Zip Code <i>505 Upper Falls Lane Mansfield TX 76063</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/17/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Adrian Gray</i>	7 Amount of contribution (\$)  <i>35.00</i>
	6 Contributor address; City; State; Zip Code <i>2332 Merlin Dr. Grand Prairie TX 75052</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/17/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Dawn Lydick</i>	Amount of contribution (\$)  <i>50.00</i>
	Contributor address; City; State; Zip Code <i>9005 Sierra St. Fort Worth TX 76137</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/17/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Shawnette Fluit</i>	Amount of contribution (\$)  <i>22.00</i>
	Contributor address; City; State; Zip Code <i>40 Howard Ave. B1 Norwalk CT 06855</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/17/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Tonia Dew</i>	Amount of contribution (\$)  <i>22.00</i>
	Contributor address; City; State; Zip Code <i>3710 21st St. #104 Matteson IL 60443</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/17/2023</i>	5 Full name of contributor <i>Natasha Franklin</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>22.00</i>
6 Contributor address; City; State; Zip Code <i>6500 Hidden Ct. Bakersfield CA 93307</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/17/2023</i>	Full name of contributor <i>Jennifer Coke</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>9301 Regal Dr. Woodway TX 76712</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/17/2023</i>	Full name of contributor <i>Steve Marmel</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>13801 Ventura Blvd. Sherman Oaks CA 91423</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/17/2023</i>	Full name of contributor <i>Emily Drabinski</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>280 Ocean Parkway #37 Brooklyn NY 11218</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/17/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Lilian Wimberly</i> 6 Contributor address; City; State; Zip Code <i>6624 Whitneyglen Dr. Dallas TX 75241</i>	7 Amount of contribution (\$)  <i>22.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/17/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Sonja Gordon</i> Contributor address; City; State; Zip Code <i>1405 Stella Dr. Lewisville TX 75067</i>	Amount of contribution (\$)  <i>25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/18/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Mia Lissa Tompkins</i> Contributor address; City; State; Zip Code <i>5604 Stevens Forest Rd #123 Columbia MD 21045</i>	Amount of contribution (\$)  <i>22.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/18/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Deborah Peoples</i> Contributor address; City; State; Zip Code <i>613 Green River Trail Fort Worth TX 76103</i>	Amount of contribution (\$)  <i>50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/18/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Amanda Szakats</i>	7 Amount of contribution (\$) <i>10.00</i>
	6 Contributor address; City; State; Zip Code <i>2025 Elinora Dr Pleasant Hill CA 94523</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/19/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>BRANDON MURDEN</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>3625 DOW Lane Mesquite TX 75181</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/19/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Lori Gilaspie</i>	Amount of contribution (\$) <i>4.00</i>
	Contributor address; City; State; Zip Code <i>5926 Brook Falls Winderest TX 79239</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/19/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Nikki Marchmon-Boykin</i>	Amount of contribution (\$) <i>22.00</i>
	Contributor address; City; State; Zip Code <i>4910 Independence Cir, Unit C Stow OH 44224</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/19/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>A'isha Malone</i>	7 Amount of contribution (\$)  <i>200.00</i>
	6 Contributor address; City; State; Zip Code <i>9353 Wood Duck Dr. Fort Worth TX 76118</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/19/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Lisha Collier</i>	Amount of contribution (\$)  <i>22.00</i>
	Contributor address; City; State; Zip Code <i>3569 Williamson Rd. Stow OH 44224</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/19/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Nicole Kowalski</i>	Amount of contribution (\$)  <i>15.00</i>
	Contributor address; City; State; Zip Code <i>423 Montecillo Rd San Rafael CA 94903</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/19/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Patrick Bozbee</i>	Amount of contribution (\$)  <i>250.00</i>
	Contributor address; City; State; Zip Code <i>1622 Tamaron Ct. Keller TX 76248</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/2023	5 Full name of contributor Elizabeth Braun out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 11629 Winding Brook Dr. Fort Worth TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/20/2023	Full name of contributor Robbie Green-Starks out-of-state PAC (ID#: _____)	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 1620 Birch Grove Trail Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/20/2023	Full name of contributor Nancy Novak out-of-state PAC (ID#: _____)	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 5109 Merced Drive Fort Worth TX 76137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/21/2023	Full name of contributor James Lappin out-of-state PAC (ID#: _____)	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 4064 Volk Ct. Fort Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Hailey Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/21/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>LaNette Boone</i>	7 Amount of contribution (\$)  <i>22.00</i>
	6 Contributor address; City; State; Zip Code <i>3118 Danube Way Indianapolis IN 46239</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/21/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Lynette Word Patterson</i>	Amount of contribution (\$)  <i>100.00</i>
	Contributor address; City; State; Zip Code <i>1515 Brentwood Trail Keller TX 76248</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/21/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Robert Hassell</i>	Amount of contribution (\$)  <i>100.00</i>
	Contributor address; City; State; Zip Code <i>602 Lasalle Dr. Keller TX 76248</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/21/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Justin Knoop</i>	Amount of contribution (\$)  <i>50.00</i>
	Contributor address; City; State; Zip Code <i>2910 Shady Knoll N. Bedford TX 76021</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Jochitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/21/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Barrg Kirij</i>	7 Amount of contribution (\$)  <i>100.00</i>
	6 Contributor address; City; State; Zip Code <i>2617 Museum Way Fort Worth TX 76107</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/21/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Tanya Sanders</i>	Amount of contribution (\$)  <i>100.00</i>
	Contributor address; City; State; Zip Code <i>1404 Lands End Cir. <del>Southlake</del> TX 76092</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/21/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Adam Pritchard</i>	Amount of contribution (\$)  <i>250.00</i>
	Contributor address; City; State; Zip Code <i>11940 Gold Creek Dr. East Fort Worth TX 76244</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/22/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Willie Pelte</i>	Amount of contribution (\$)  <i>1000.00</i>
	Contributor address; City; State; Zip Code <i>2536 Villa Terrace Ln. Sacramento CA 95825</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/23/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Tamala Bullard</i>	7 Amount of contribution (\$)  <i>22.00</i>
	6 Contributor address; City; State; Zip Code <i>9519 Chastain Walk Charlotte NC 29214</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/24/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Caroline Sherman</i>	Amount of contribution (\$)  <i>50.00</i>
	Contributor address; City; State; Zip Code <i>1034 CANTERBURY LAE KAUAI TX 76248</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/24/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Julie Fredenck</i>	Amount of contribution (\$)  <i>100.00</i>
	Contributor address; City; State; Zip Code <i>1125 Wales Dr. Keller TX 76248</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/25/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Tal Campbell</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>2409 Wynncrest Circle ARLINGTON TX 76006</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/25/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Tom Hallford</i>	7 Amount of contribution (\$) <i>25.00</i>
	6 Contributor address; City; State; Zip Code <i>4209 Doe Creek Trail Keller TX 76244</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/25/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Kathryn Lybarger</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>1548 Woolsey St. Berkeley CA 94703</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/26/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Patrice Cole-Morrow</i>	Amount of contribution (\$) <i>44.00</i>
	Contributor address; City; State; Zip Code <i>11021 Nesbitt Dr. Rancho Cucamonga CA 91730</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/27/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Steve Giraff</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>2832 Cotswold Ct. Keller TX 76248</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/27/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jalix Robinson</i>	7 Amount of contribution (\$)  <i>22.00</i>
6 Contributor address; City; State; Zip Code <i>9412 Elm Court #935 Manassas Park VA 20111</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>5</b>	<b>2</b> FILER NAME <b>Haley Taylor Schlitz</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/13/2023</b>	<b>5</b> Payee name <b>Bison Strategies LLC</b>	
<b>6</b> Amount (\$) <b>1640.00</b>	<b>7</b> Payee address; <b>P.O. Box 2002</b>	City; State; Zip Code <b>Oaklahoma City OK 73101</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	<b>(b)</b> Description
	<b>(c)</b> <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>Date</b> <b>3/15/2023</b>	<b>Payee name</b> <b>Harland Clarke Check Orders</b>	
<b>Amount (\$)</b> <b>244.45</b>	<b>Payee address;</b>	<b>City; State; Zip Code</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>ACCOUNTING/BANKING</b>	<b>Description</b> <b>Checks</b>
	<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>Date</b> <b>3/17/2023</b>	<b>Payee name</b> <b>Edwards &amp; Patterson Signs</b>	
<b>Amount (\$)</b> <b>626.79</b>	<b>Payee address;</b> <b>203 S. Belt Line RD</b>	<b>City; State; Zip Code</b> <b>Irving TX 75060</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Production Expense</b>	<b>Description</b> <b>Signs</b>
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Hailey Taylor Schlitz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/18/2023	<b>5</b> Payee name WIX.COM	
<b>6</b> Amount (\$) 56.25	<b>7</b> Payee address; 2601 Mission St.	City: SAN FRANCISCO State: CA Zip Code 94110
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website / Advertising Expense	<b>(b)</b> Description Website
	<b>(c)</b> <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
Date 03/02/2023	Payee name Wix.com	
Amount (\$) 32.47	Payee address; 2601 Mission Street	City: SAN FRANCISCO State: CA Zip Code 94110
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Email
	<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
Date 03/13/2023	Payee name Wix.com	
Amount (\$) 31.39	Payee address; 2601 Mission Street	City: SAN FRANCISCO State: CA Zip Code 94110
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Haley Taylor Schlitz	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 2/19/2023	<b>5</b> Payee name Mailchimp
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<b>6</b> Amount (\$) 13.86	<b>7</b> Payee address; 675 Ponce de Leon Ave NE Suite 5000	City; Atlanta	State; GA	Zip Code 30308
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <del>Advertising Solicitation</del>	<b>(b)</b> Description FUNDRAISING
	<b>(c)</b> <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
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Date 3/19/2023	Payee name Mailchimp
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Amount (\$) 34.65	Payee address; 675 Ponce de Leon Ave NE Suite 5000	City; Atlanta	State; GA	Zip Code 30308
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <del>Advertising Solicitation</del>	Description FUNDRAISING
	<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
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Date 3/15/2023	Payee name Texas Democratic Party
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Amount (\$) 830.00	Payee address; PO BOX 15707	City; Austin	State; TX	Zip Code 78761
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description VAN voter database
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Haley Taylor Schlitz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/21/2023	<b>5</b> Payee name Edwards & Patterson Signs	
<b>6</b> Amount (\$) 1041.37	<b>7</b> Payee address; City; State; Zip Code 203 S. Bell Line Road Irving TX 75060	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printer Expense	<b>(b)</b> Description Signs
	<b>(c)</b> <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>Date</b> 3/23/2023	<b>Payee name</b> Bison Strategies LLC	
<b>Amount (\$)</b> 1020.34	<b>Payee address; City; State; Zip Code</b> PO Box 2662 Oklahoma City OK 73101	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense	<b>Description</b> Campaign literature
	<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>Date</b> 3/27/2023	<b>Payee name</b> LA Burger	
<b>Amount (\$)</b> 39.53	<b>Payee address; City; State; Zip Code</b> 1540 Keller Parkway Keller TX 76248	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food & Beverages	<b>Description</b> FOOD
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME Haley Taylor Schlitz	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3/27/2023	<b>5</b> Payee name Act Blue
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<b>6</b> Amount (\$) 122.26	<b>7</b> Payee address; 366 Summer Street Somerville, MA 02144	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description Fees
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/27/2023	Payee name DOWORBOY
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Amount (\$) 180.10	Payee address; 601 King Street Suite 200	City; Alexandria	State; VA	Zip Code 22314
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

47

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Ms.

Haley

C

NICKNAME

LAST

SUFFIX

Taylor Schlitz

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

201 Town Center Lane, #1411  
Keller TX 76248

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469) 968-7239

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mr.

William

A

NICKNAME

LAST

SUFFIX

Schlitz

7 CAMPAIGN TREASURER ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE),

APT / SUITE #,

CITY,

STATE,

ZIP CODE

1039 BRADFORD CRT.  
KELLER, TX 76248

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469) 968-7239

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

03 / 29 / 2023

THROUGH

04 / 26 / 2023

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 6 / 23

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Keller ISD Board of Trustee, PLACE 4

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

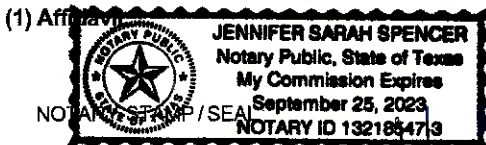
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> <i>Haley Taylor Schlitz</i>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>8980.00/100</i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>13835.07/100</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>5472.05/100</i>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 SIGNATURE** 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.

*Haley Taylor Schlitz*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**



Sworn to and subscribed before me by *Haley Taylor Schlitz* this the *28<sup>TH</sup>* day of *April*, 20*23* to certify which, witness my hand and seal of office.

Signature of officer administering oath: *Jennifer Spencer*  
Printed name of officer administering oath: Jennifer Spencer  
Title of officer administering oath: *HR Records Spclst*

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> <i>Haley Taylor Schlitz</i>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8920. <sup>00</sup> / <sub>100</sub>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13235. <sup>07</sup> / <sub>100</sub>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>36</b>
2 FILER NAME <b>Haley Taylor Schlitz</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/31/2023</b> <del>3/31/2023</del>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tina Wasserman</b>	7 Amount of contribution (\$)  <b>25.00/100</b>
6 Contributor address; City; State; Zip Code <b>7153 Lavendale Ave. Dallas TX 75230</b>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date <b>3/31/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stephen "Buddy" Luce</b>	Amount of contribution (\$)  <b>50.00/100</b>
Contributor address; City; State; Zip Code <b>1850 Hunters Creek Dr. Southlake TX 76092</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>3/31/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Iris Garcia</b>	Amount of contribution (\$)  <b>10.00/100</b>
Contributor address; City; State; Zip Code <b>4720 Grainger Trail Fort Worth TX 76137</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>3/31/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Martha Williams</b>	Amount of contribution (\$)  <b>100.00/100</b>
Contributor address; City; State; Zip Code <b>8105 Mount Shasta Circle Fort Worth TX 76137</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/31/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Angela Bullock</i>	7 Amount of contribution (\$) <i>25.00</i>
	6 Contributor address; City; State; Zip Code <i>8427 October Shadow Ct. Spring TX 77379</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susanne Dickinson</i>	Amount of contribution (\$) <i>10.00</i>
	Contributor address; City; State; Zip Code <i>1717 Arthur Dr. Colleyville TX 76034</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Pfaffengut</i>	Amount of contribution (\$) <i>25.00/100</i>
	Contributor address; City; State; Zip Code <i>12225 Macaroon Lane Fort Worth TX 76244</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sallie Wicksham Ward</i>	Amount of contribution (\$) <i>50.00/100</i>
	Contributor address; City; State; Zip Code <i>4601 Moss Rose Dr. Fort Worth TX 76137</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/31/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sue Magic</i>	7 Amount of contribution (\$) <i>25.00/100</i>
	6 Contributor address; City; State; Zip Code <i>11648 Netleaf Lane Keller TX 76244</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Kinter</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>1704 Montclair Drive Fort Worth TX 76103</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Shekas</i>	Amount of contribution (\$) <i>10.00</i>
	Contributor address; City; State; Zip Code <i>1903 W. 5th Street #101 Irving TX 76103</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Christian</i>	Amount of contribution (\$) <i>10.00</i>
	Contributor address; City; State; Zip Code <i>4625 Prickly Pear Dr. Fort Worth TX 76244</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schwitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/31/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lakesha Harrison</i>	7 Amount of contribution (\$) <i>50.00</i>
	6 Contributor address; City; State; Zip Code <i>3250 W. Ave. J6 #1 Lancaster CA 93536</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sunny CRAWFORD</i>	Amount of contribution (\$) <i>5.00</i>
	Contributor address; City; State; Zip Code <i>2801 Gipson Street Fort Worth TX 76111</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Greg Sells</i>	Amount of contribution (\$) <i>5.00</i>
	Contributor address; City; State; Zip Code <i>3300 Parker Lane #253 Austin TX 78741</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Roderick Miles</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>5617 Seawood Dr. Fort Worth TX 76123</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/31/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Suzanna Testerman</i> 6 Contributor address; City; State; Zip Code <i>4113 Manzinita St. Fort Worth TX 76137</i>	7 Amount of contribution (\$) <i>25.00/100</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruth Baker</i> Contributor address; City; State; Zip Code <i>2744 South Jones St. Fort Worth TX 76104</i>	Amount of contribution (\$) <i>100.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alynnne Hanford</i> Contributor address; City; State; Zip Code <i>1101 Bear Creek Pkwy Keller TX 76243</i>	Amount of contribution (\$) <i>25.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/1/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Reginald Andrews</i> Contributor address; City; State; Zip Code <i>PO Box 162182 Fort Worth TX 76161</i>	Amount of contribution (\$) <i>50.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/1/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathleen Keller</i> 6 Contributor address; City; State; Zip Code <i>2134 Oak Alley Kerrville TX 78028</i>	7 Amount of contribution (\$) <i>10. <sup>00</sup>/<sub>100</sub></i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/1/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jean Wallace</i> Contributor address; City; State; Zip Code <i>1699 MacIntyre Road Caledonia NY 14423</i>	Amount of contribution (\$) <i>10. <sup>00</sup>/<sub>100</sub></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/2/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DeRicki Johnson</i> Contributor address; City; State; Zip Code <i>7517 Madeira Dr. FortWorth TX 76112</i>	Amount of contribution (\$) <i>10. <sup>00</sup>/<sub>100</sub></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/2/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathryn Lybarger</i> Contributor address; City; State; Zip Code <i>1549 Woolsey St. Berkeley CA 94703</i>	Amount of contribution (\$) <i>50. <sup>00</sup>/<sub>100</sub></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Hailey Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/3/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rosemary Haywood</i>	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code <i>2107 Winding Creek Drive Keller TX 76248</i>	<i>100.<sup>00</sup>/<sub>100</sub></i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/3/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Henderson Palmer</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>7900 Ember Oaks Dr. North Richland Hills TX 76182</i>	<i>50.<sup>00</sup>/<sub>100</sub></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/3/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dixie Davis</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>9144 Farmer Dr. Fort Worth TX 76244</i>	<i>20.<sup>00</sup>/<sub>100</sub></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/3/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Hallford</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>4209 Doe Creek Trail Keller TX 76244</i>	<i>25.<sup>00</sup>/<sub>100</sub></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bern Sullivan	7 Amount of contribution (\$)
4/3/2023	6 Contributor address; City; State; Zip Code 7004 Concord Ct. Forest Hill TX 76140	10.00/100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Fahy	Amount of contribution (\$)
4/3/2023	Contributor address; City; State; Zip Code 122 15th Ave. N Saint Petersburg FL 33704	25.00/100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill Medone	Amount of contribution (\$)
4/4/2023	Contributor address; City; State; Zip Code 12100 Angel Food Ln. Fort Worth TX 76244	20.00/100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jocelyn Smith	Amount of contribution (\$)
4/4/2023	Contributor address; City; State; Zip Code 4205 55th Ave. Bladensburg MD 20710	22.00/100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/4/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert Chec</i>	7 Amount of contribution (\$) <i>40.00/100</i>
	6 Contributor address; City; State; Zip Code <i>1708 Buckingham Dr. Keller TX 76262</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/5/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eboney Forte</i>	Amount of contribution (\$) <i>20.00/100</i>
	Contributor address; City; State; Zip Code <i>3138 GRAND Bay Dr. Garland TX 75040</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/5/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Toni Marshall</i>	Amount of contribution (\$) <i>40.00/100</i>
	Contributor address; City; State; Zip Code <i>5205 Yampa Trl FortWorth TX 76137</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/6/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donna Hamilton</i>	Amount of contribution (\$) <i>40.00/100</i>
	Contributor address; City; State; Zip Code <i>221 Skejlin Dr. #200-170 Stroudsburg PA 18301</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Hailey Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/6/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ursula Turner</i>	7 Amount of contribution (\$) <i>25.00/100</i>
	6 Contributor address; City; State; Zip Code <i>3406 English Oaks Dr. NW Kennesaw GA 30144</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/6/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Megan Gibson</i>	Amount of contribution (\$) <i>20.00/100</i>
	Contributor address; City; State; Zip Code <i>2813 Shady Grove Dr. Bedford TX 76021</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/6/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Cooley</i>	Amount of contribution (\$) <i>25.00/100</i>
	Contributor address; City; State; Zip Code <i>4309 Stonecrest Ct. Keller TX 76244</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/7/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Patricia Chisholm</i>	Amount of contribution (\$) <i>100.00/100</i>
	Contributor address; City; State; Zip Code <i>8355 Denali Drive FORT WORTH TX 76137</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/7/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vicki Hogan</i>	7 Amount of contribution (\$)  <i>25.00/100</i>
	6 Contributor address; City; State; Zip Code <i>116 Partridge Berry Dr. Raleigh NC 27606</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/8/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sunny Crawford</i>	Amount of contribution (\$)  <i>5.00/100</i>
	Contributor address; City; State; Zip Code <i>2801 Gipsow Street Fort Worth TX 76111</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/8/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeff Richards</i>	Amount of contribution (\$)  <i>25.00/100</i>
	Contributor address; City; State; Zip Code <i>6132 Habitat Dr. #3 Boulder Co 80301</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/9/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sarah Apfel</i>	Amount of contribution (\$)  <i>20.00/100</i>
	Contributor address; City; State; Zip Code <i>201 E. 17th St. #23-J New York NY 10003</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/9/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sharon Lakes</i>	7 Amount of contribution (\$)  <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>2037 Fox Glen Drive Allen TX 75013</i>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <i>4/9/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tane Tachyon</i>	Amount of contribution (\$)  <i>10.00/100</i>
Contributor address; City; State; Zip Code <i>139 Heath St. Santa Cruz CA 95060</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>4/9/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cheryl Kimmel</i>	Amount of contribution (\$)  <i>15.00/100</i>
Contributor address; City; State; Zip Code <i>3248 Drexel Rd. Fort Worth TX 76244</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>4/9/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Klewein</i>	Amount of contribution (\$)  <i>100.00/100</i>
Contributor address; City; State; Zip Code <i>144 Navajo Dr. Keller TX 76248</i>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

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4 Date <i>4/9/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hineckson Kristina</i>	7 Amount of contribution (\$)  <i>22.00/100</i>
6 Contributor address; City; State; Zip Code <i>828 Bloomfield Ave, 3A Montclair NJ 07042</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/10/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Affon Koonce</i>	Amount of contribution (\$)  <i>\$25.00/100</i>
Contributor address; City; State; Zip Code <i>1729 Grand Meadows Dr. Keller TX 76248</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/10/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sharon Garfield</i>	Amount of contribution (\$)  <i>25.00/100</i>
Contributor address; City; State; Zip Code <i>2803 Stanbridge St. B208 Norristown PA 19401</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/10/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jacqueline McGraw</i>	Amount of contribution (\$)  <i>10.00/100</i>
Contributor address; City; State; Zip Code <i>1046 Houston Circle Folsom CA 95630</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>4/10/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kimberly Ross</i>	7 Amount of contribution (\$) <i>25.00/100</i>
	6 Contributor address; City; State; Zip Code <i>1125 Old York Dr. Keller TX 76248</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/10/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ashish Nagarsekar</i>	Amount of contribution (\$) <i>25.00/100</i>
	Contributor address; City; State; Zip Code <i>15 N. Patterson Park Ave Baltimore MD 21231</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/11/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Denise Gonzalez</i>	Amount of contribution (\$) <i>25.00/100</i>
	Contributor address; City; State; Zip Code <i>213 South Ynez Ave. #10 Monterey Park CA 91754</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/11/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kristin Olsson</i>	Amount of contribution (\$) <i>10.00/100</i>
	Contributor address; City; State; Zip Code <i>11127 Midway Rd. Dallas TX 75229</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>4/11/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mawreen Hagan</i>	7 Amount of contribution (\$) <i>25.00/100</i>
	6 Contributor address; City; State; Zip Code <i>1005 Oakwood Dr. Keller TX 76248</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/11/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Jean Matthews</i>	Amount of contribution (\$) <i>25.00/100</i>
	Contributor address; City; State; Zip Code <i>3900 Spur Rd. Springfield VA 22153</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/11/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diane Mancino</i>	Amount of contribution (\$) <i>15.00/100</i>
	Contributor address; City; State; Zip Code <i>6 Harvest Hill Road Berlin CT 06037</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/11/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ann Tracy</i>	Amount of contribution (\$) <i>25.00/100</i>
	Contributor address; City; State; Zip Code <i>3 Pine Brae Lane Rockport ME 04856</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>4/12/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Terry Callaway</i>	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code <i>2304 Ridgewood Bedford TX 76021</i>	<i>25.<sup>00</sup>/100</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gabrielle Gordon</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>76 Corral De N FortWorth TX 76244</i>	<i>100.<sup>00</sup>/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sue Magle</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>11648 Netleaf Lane Keller TX 76244</i>	<i>10.<sup>00</sup>/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maryellen Hicks</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>Po Box 19185 FORT WORTH TX 76119</i>	<i>10.<sup>00</sup>/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>4/12/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Monica Bailey Jackson</i>	7 Amount of contribution (\$) <i>100.00/100</i>
	6 Contributor address; City; State; Zip Code <i>2605 Winding Hollow Lane Arlington TX 76006</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathryn Lybarger</i>	Amount of contribution (\$) <i>10.00/100</i>
	Contributor address; City; State; Zip Code <i>1548 Nodsey St. Berkeley CA 94703</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lisa Stokdyk</i>	Amount of contribution (\$) <i>20.00/100</i>
	Contributor address; City; State; Zip Code <i>720 N. Peytonville Ave Southlake TX 76092</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sallie Wickstrom Ward</i>	Amount of contribution (\$) <i>50.00/100</i>
	Contributor address; City; State; Zip Code <i>4601 Moss Rose Dr. Fort Worth TX 76137</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>4/12/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Susan Arneault</i>	7 Amount of contribution (\$)  <i>10.00/</i>
	6 Contributor address; City; State; Zip Code <i>3705 Astoria Drive Arlington TX 76013</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anita Robeson</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>2933 Veranda Lane Southlake TX 76092</i>	<i>100.00/</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karmen Johnson</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>6001 Bridge St. Fort Worth TX 76112</i>	<i>10.00/</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jacklyn Gilpin</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>103 Millwood Dr. Colleyville TX 76034</i>	<i>10.00/</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>4/12/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bjorn Bennett</i>	7 Amount of contribution (\$) <i>\$100.00</i>
	6 Contributor address; City; State; Zip Code <i>724 Longford Dr. Southlake TX 76092</i>	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Green</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>5421 Chimney Rock Ln. Fort Worth TX 76112</i>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>4/13/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marcel Howard</i>	Amount of contribution (\$) <i>20.00</i>
	Contributor address; City; State; Zip Code <i>1000 E. Pleasant Run Rd. Cedar Hill TX 75104</i>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>4/13/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Porter</i>	Amount of contribution (\$) <i>20.00</i>
	Contributor address; City; State; Zip Code <i>9211 VanFleet Ct. Laurel MD 20703</i>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

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4 Date <i>4/13/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <del>Marta Biter</del> <i>Jill Freer</i>	7 Amount of contribution (\$)  <i>10.00</i>
	6 Contributor address; City; State; Zip Code <del>2916</del> <i>2916 Merrimac St. FortWorth TX 76107</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/13/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carolyn Alston</i>	Amount of contribution (\$)  <i>25.00</i>
	Contributor address; City; State; Zip Code <i>8736 San Joaquin Trail FortWorth TX 76119</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/13/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kitzia Lopez</i>	Amount of contribution (\$)  <i>25.00</i>
	Contributor address; City; State; Zip Code <i>9841 Stripling Dr. FortWorth TX 76244</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/13/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Josie Daniels</i>	Amount of contribution (\$)  <i>22.00</i>
	Contributor address; City; State; Zip Code <i>623 Caribbean Ct. Kannapolis NC 28081</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date <i>4/13/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hazel Gee</i>	7 Amount of contribution (\$) <i>10.00</i>
	6 Contributor address; City; State; Zip Code <i>5109 Cordova Avenue Fortworth TX 76132</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/13/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Johnny Robison</i>	Amount of contribution (\$) <i>10.00</i>
	Contributor address; City; State; Zip Code <i>1209 S. Davis Dr. Arlington TX 76013</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/13/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diane Soliz</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>6885 Davidson St. #101 The Colony TX 75056</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/13/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J. Justin Knoop</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>2910 Shady Knoll Ln. Bedford TX 76021</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>4/13/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Geraldine Hall</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>132 Tamarron Dr Fort Worth TX 76135</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/13/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniela Bird</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>5424 Wyndrock St Fort Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/13/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Esther Sevier</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>5113 Meridian Ln Fort Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/13/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Graff</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>2932 Cotswold Ct Keller TX 76240</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>4/13/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marcia Huck</i>	7 Amount of contribution (\$) <i>20.00</i>
6 Contributor address; City; State; Zip Code <i>15519 Park Estates Ln Houston TX 77062</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/14/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Hallford</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>4209 Doe Creek Trail Keller TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/14/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lynn Patterson</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1515 BREASTWOOD TRAIL Keller TX 76248</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/14/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kristin Olsson</i>	Amount of contribution (\$) <i>10.00</i>
Contributor address; City; State; Zip Code <i>1127 Midway Rd. Dallas TX 75229</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date <i>4/14/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Margaret Sprengle</i> 6 Contributor address; City; State; Zip Code <i>8738 Mangham St. North Richland Hills TX 76180</i>	7 Amount of contribution (\$) <i>50.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/14/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rebecca Fischer</i> Contributor address; City; State; Zip Code <i>977 Elkin Lane Keller TX 76262</i>	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/14/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>E. Mike Grelin</i> Contributor address; City; State; Zip Code <i>5901 Abbey Road Tamarac FL 33321</i>	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/14/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jaw McDowell</i> Contributor address; City; State; Zip Code <i>2904 Panarama Dr. Carrollton TX 75007</i>	Amount of contribution (\$) <i>10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Haley Taylor Schitz		3 Filer ID (Ethics Commission Filers)
4 Date 4/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett Arusa 6 Contributor address; City; State; Zip Code 3011 Laurel Ave. Cherevy MO 20785	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daphne Hawkins Contributor address; City; State; Zip Code 149 East Arbeth St. Pico CA 92377	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZainCorie Taylor-Smith Contributor address; City; State; Zip Code 2918 S. Edgefield Ave. Dallas TX 75224	Amount of contribution (\$) 22.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather Oken Contributor address; City; State; Zip Code 4137 Duncan Way Fort Worth TX 76244	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlib</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/17/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lillian Wimbley</i>	7 Amount of contribution (\$) <i>22.00</i>
	6 Contributor address; City; State; Zip Code <i>6624 Whitnaglen Dr. Dallas TX 75241</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/17/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Leppin</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>4004 Volk Ct. Fort Worth TX 76244</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/18/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kenneth Sanders</i>	Amount of contribution (\$) <i>500.00</i>
	Contributor address; City; State; Zip Code <i>426 Kingfisher Ln. Arlington TX 76002</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/18/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Christian</i>	Amount of contribution (\$) <i>10.00</i>
	Contributor address; City; State; Zip Code <i>4425 Prickly Pear Dr. Fort Worth TX 76244</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/18/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Proctor</i>	7 Amount of contribution (\$) <i>1000.00</i>
6 Contributor address; City; State; Zip Code <i>1524 Oak Meadows Dr Dallas TX 75232</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rick Tucker</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>2517 Ryan Ave Fort Worth TX 76110</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Bell</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>PO Box 51240 Fort Worth TX 76105</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/20/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alicia Buescher</i>	Amount of contribution (\$) <i>10.00</i>
Contributor address; City; State; Zip Code <i>2621 Torrey Pines Dr Fort Worth TX 76109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Halley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/19/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joni Michael</i>	7 Amount of contribution (\$) <i>10.00</i>
	6 Contributor address; City; State; Zip Code <i>6220 Mindy's Ridge Fort Worth TX 76126</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karen Ceravilla</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>1516 Blue Bonnet Dr. Fort Worth TX 76111</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sarita Kennedy</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>1422 Rio Bend Ct. Grapevine TX 76051</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carl Roberts</i>	Amount of contribution (\$) <i>5.00</i>
	Contributor address; City; State; Zip Code <i>510 Myrtle Drive Arlington TX 76013</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Hailey Taylor Schmitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/19/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathleen Keller</i>	7 Amount of contribution (\$) <i>5.00</i>
6 Contributor address; City; State; Zip Code <i>2134 Oak Alley Kerrville TX 78028</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ethas Klos</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>4105 Bilglade Rd. Fort Worth TX 76109</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dione Sims</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>2119 Harmon Ave. Fort Worth TX 76110</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>David Weitzman</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>1100 O Street #200 Sacramento CA 95814</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: .
2 FILER NAME <i>Haley Taylor Schwitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/19/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stuart Waldman</i>	7 Amount of contribution (\$) <i>\$50.00/</i>
6 Contributor address; City; State; Zip Code <i>6666 Langdon Ave. Van Nuys CA 91406</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Nichols</i>	Amount of contribution (\$) <i>100.00/</i>
Contributor address; City; State; Zip Code <i>3303 Sunset Lane Arlington TX 76016</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/19/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Crystal Gayden</i>	Amount of contribution (\$) <i>250.00/</i>
Contributor address; City; State; Zip Code <i>3815 Redwood Creek Ln FORT WORTH TX 76137</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/20/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Floyd Marshall</i>	Amount of contribution (\$) <i>25.00/</i>
Contributor address; City; State; Zip Code <i>2207 Woodland Oaks Dr. ARLINGTON TX 76013</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Hailey Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/20/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Gipsor</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>12506 Imperial Hwy Norwalk CA 90650</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/20/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tim Wright + Kristin Wright</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1716 Gray Owl Rd Keller TX 76249</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/21/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kendyll Locke</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>2712 Ridge Rd N. Fort Worth TX 76133</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/21/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Walker Horton</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>4904 Tamra Ct. North Richland Hills TX 76189</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/24/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jasmine Crockett</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>PO Box 227235 Dallas TX 75222</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/21/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julie Johnson</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>2105 Town Centre Dr #13 Rock Road TX 79664</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/12/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Madeline Chimento</i>	Amount of contribution (\$) <i>10.00</i>
Contributor address; City; State; Zip Code <i>333 Julia St #305 New Orleans FL 70130</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/23/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Denis Cranford</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1541 Hurdall Farm Rd. Keller TX 76248</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/23/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Eddie Burns</i>	7 Amount of contribution (\$) <i>100.00</i>
	6 Contributor address; City; State; Zip Code <i>1120 S. Mitchell Mansfield TX 76063</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/29/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Danickie Duncan</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>3612 Horace Ave Fort Worth TX 76244</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/24/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mattie Compton</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>3401 Kelvin Ave Fort Worth TX 76133</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/24/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Buddy Luce</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>1850 Hunters Creek Dr. Southlake TX 76092</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/24/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Hallford</i>	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code <i>4209 Doe Creek Trail Keller TX 76244</i>	<i>25.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/24/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Johnny C. Robinson</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>1209 South Davis Dr. Arlington TX 76013</i>	<i>15.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/24/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kirk Randle</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>2009 Tremont Ave. Fort Worth TX 76107</i>	<i>10.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/25/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathryn Lybarger</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>1548 Wodsey St. Berkeley CA 94703</i>	<i>25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlicht</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/25/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elisha Kurka</i>	7 Amount of contribution (\$) <i>50.00</i>
	6 Contributor address; City; State; Zip Code <i>803 Dominion Dr Southlake TX 76092</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>4/26/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bird Gwess</i>	Amount of contribution (\$) <i>250.00</i>
	Contributor address; City; State; Zip Code <i>391 Las Colinas Irving TX 75039</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/26/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Farukh Aslam</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>515 Houston St. #621 Fort Worth TX 76102</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>4/26/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sue Magie</i>	Amount of contribution (\$) <i>10.00</i>
	Contributor address; City; State; Zip Code <i>11648 Nettleleaf Lane Keller TX 76244</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 4/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Borkis	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 6808 First Hill Dr Fort Worth TX 76137		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Schlitz	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1039 Braosford Crt Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 8	<b>2</b> FILER NAME Haley Taylor Schlitz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03-31-2023	<b>5</b> Payee name Prosperity Bank	
<b>6</b> Amount (\$) 10.00/100	<b>7</b> Payee address: 217 N. Main St.	City: Keller State: TX Zip Code: 76248
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) fees	<b>(b)</b> Description Bank Fees
	<b>(c)</b> <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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/03/2023	Payee name Bisop Strategies LLC	
Amount (\$) 1270.00/100	Payee address: PO Box 2662	City: Oklahoma City State: OK Zip Code: 73101
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description
	<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
Date 04/04/2023	Payee name Donorbox	
Amount (\$) 95.00/100	Payee address: 601 King Street #200	City: Alexandria State: VA Zip Code: 22314
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) fees	Description
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 8	<b>2</b> FILER NAME Haley Taylor Schlieb	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/03/2023	<b>5</b> Payee name Mail Chimp	
<b>6</b> Amount (\$)	<b>7</b> Payee address; 675 Ponce DeLeon Ave NE Suite 500	City; State; Zip Code Atlanta GA 30308
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Exp.	<b>(b)</b> Description FUNDRAISING
	<b>(c)</b> <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

Date 04/04/2023	Payee name Goodman Campaigns LLC	
Amount (\$) 987.94/100	Payee address; 211 E. 7th St. # 620 Austin TX 78701	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Exp.	Description FUNDRAISING
	<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

Date 04/05/2023	Payee name Stuart Clegg	
Amount (\$) 300.00 L	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Street sign Placement
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1 8	<b>2</b> FILER NAME Haley Taylor Schlib	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/07/2023	<b>5</b> Payee name Switchboard Public Benefit Corp.	
<b>6</b> Amount (\$) 49.36/100	<b>7</b> Payee address: City; State; Zip Code PO Box 33485 Washington DC 20033	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising	
	<b>(b)</b> Description	
	<b>(c)</b> <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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> 04/10/2023	<b>Payee name</b> Freddy's	
<b>Amount (\$)</b> 16.22/100	<b>Payee address; City; State; Zip Code</b> 1471 Keller Pkwy Keller TX 76248	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) FOOD	
	<b>Description</b> FOOD	
	<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
<b>Date</b> 4/12/2023	<b>Payee name</b> Bison Strategies LLC	
<b>Amount (\$)</b> 275.30/100	<b>Payee address; City; State; Zip Code</b> PO Box 2662 Oklahoma City OK 73101	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense	
	<b>Description</b> Campaign Lit.	
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 8	<b>2</b> FILER NAME Haley Taylor Schlick	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/17/2023	<b>5</b> Payee name Target	
<b>6</b> Amount (\$) 21.19/100	<b>7</b> Payee address; City; State; Zip Code North Richland Hills TX	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description Supplies
	<b>(c)</b> <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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/17/2023	Payee name Subway	
Amount (\$) 12.65/100	Payee address; City; State; Zip Code Los Angeles CA	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FOOD	Description FOOD
	<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
Date 04/18/2023	Payee name Bison Strategies LLC	
Amount (\$) 3833.01/100	Payee address; City; State; Zip Code PO Box 2662 Oklahoma City OK 73101	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Mailer
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Haley Taylor Schmitz	3 Filer ID (Ethics Commission Filers)
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4 Date 04/18/2023	5 Payee name Edwards & Patterson Sjusz
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6 Amount (\$) 729.61/100	7 Payee address; 203 Belt Line Rd	City; Irving	State; TX	Zip Code 75060
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Sign
	(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
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Date 04/18/2023	Payee name Mail Chimp
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Amount (\$) 28.25/100	Payee address; 675 Ponce de Leon Ave #5000	City; Atlanta	State; GA	Zip Code 30308
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising	Description Fundraising
	(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
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Date 04/18/2023	Payee name Wix
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Amount (\$)	Payee address; 2601 Mission St.	City; San Francisco	State; CA	Zip Code 94110
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website Hosting
	(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
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>8</u>	<b>2</b> FILER NAME <u>Haley Taylor Schitz</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>20. 22/100</u> <u>09/19/23</u>	<b>5</b> Payee name <u>Whetaburger</u>	
<b>6</b> Amount (\$) <u>20. 22/100</u>	<b>7</b> Payee address; <u>Keller</u>	City; State; Zip Code <u>TX 76448</u>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>FOOD</u>	<b>(b)</b> Description <u>FOOD</u>
	<b>(c)</b> <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
Date <u>04/20/23</u>	Payee name <u>Starbucks</u>	
Amount (\$) <u>31. 7/100</u>	Payee address; <u>Keller</u>	City; State; Zip Code <u>TX 76248</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>FOOD</u>	Description <u>FOOD</u>
	<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
Date <u>04/20/2023</u>	Payee name <u>Kahwas</u>	
Amount (\$) <u>27. 37/100</u>	Payee address; <u>9509 Davis Blvd #180</u>	City; State; Zip Code <u>North Richland Hills TX 76182</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>FOOD</u>	Description <u>FOOD</u>
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8</b>	2 FILER NAME <b>Haley Taylor Schitz</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>04/21/2023</b>	5 Payee name <b>Bison Strategies LLC</b>
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6 Amount (\$) <b>3845.88/100</b>	7 Payee address: <b>PO Box 2662</b>	City: <b>Oklahoma City</b>	State: <b>OK</b>	Zip Code <b>73101</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Campaign Mailer</b>
	(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
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Date <b>04/24/2023</b>	Payee name <b>Target</b>
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Amount (\$) <b>149.00/100</b>	Payee address: <b>8352 Davis Blvd.</b>	City: <b>North Richland Hills</b>	State: <b>TX</b>	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>VOLUNTEER Supplies - Walkers</b>
	<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
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Date <b>04/24/2023</b>	Payee name <b>Whataburger</b>
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Amount (\$) <b>22.92/100</b>	Payee address:	City: <b>Keller</b>	State: <b>TX</b>	Zip Code <b>76248</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD</b>	Description <b>VOLUNTEER FOOD FOR WALKERS</b>
	<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
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>B</b>	<b>2</b> FILER NAME <b>Haley Taylor Schlitz</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/25/2023</b>	<b>5</b> Payee name <b>American Technology Consulting</b>	
<b>6</b> Amount (\$) <b>1575.00/100</b>	<b>7</b> Payee address; City; State; Zip Code <b>7113 Stony Creek Ct. Fairfax Station VA 22039</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Texting</b>
	<b>(c)</b> <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

Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	<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

Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	<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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>21</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>Ms</b> FIRST: <b>Haley</b> MI: <b>C</b> NICKNAME: _____      LAST: <b>Taylor Schlitz</b> SUFFIX: _____	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <b>201 Town Center Lane #1411</b> <b>Keller TX 76248</b>	Date Received	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>(469) 968-7239</b>	Date Hand-delivered or Date Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>Mr.</b> FIRST: <b>William</b> MI: <b>A</b> NICKNAME: _____      LAST: <b>Schlitz</b> SUFFIX: _____	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE),      APT / SUITE #,      CITY,      STATE,      ZIP CODE <b>1039 Bradford Ctr</b> <b>Keller TX 76248</b>	Date Processed	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>(469) 968-7239</b>	Date Imaged	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      Month      Day      Year <b>04 / 27 / 2023</b> THROUGH <b>06 / 30 / 2023</b>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <b>5 / 6 / 2023</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>Keller ISD Board or Trustee, Place #4</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
			COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

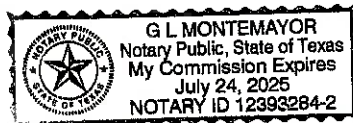
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2999.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5129.86/100
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3665.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.

*Waley Taylor Schlitz*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Waley Taylor Schlitz this the 11 day of July, 2023, to certify which, witness my hand and seal of office.

G L Montemayor Gaye Lynne Montemayor Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Haley Taylor Schlitz</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2999.02</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>∅</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>∅</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>∅</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>5129.80/100</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>∅</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>∅</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>∅</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>∅</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>∅</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>∅</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>∅</i>

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>12</u>
2 FILER NAME <u>Haley Taylor Schlip</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/27/2023</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Anita Horky</u>	7 Amount of contribution (\$) <u>100.00</u>
	6 Contributor address; City; State; Zip Code <u>Po Box 17787 Fort Worth TX 76102</u>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/23/2023</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Greg Hughes</u>	Amount of contribution (\$) <u>100.00</u>
	Contributor address; City; State; Zip Code <u>3408 View St. Fort Worth TX 76103</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/29/2023</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Melanie Rommel</u>	Amount of contribution (\$) <u>50.00</u>
	Contributor address; City; State; Zip Code <u>10708 Grayhawk Lane Fort Worth TX 76244</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/29/2023</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>R. Beth Showman</u>	Amount of contribution (\$) <u>25.00</u>
	Contributor address; City; State; Zip Code <u>336 Semmel Drive Marietta GA 30060</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Heley Taylor Schitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/30/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sue Magie</i>	7 Amount of contribution (\$)  <i>25.<sup>00</sup>/</i>
6 Contributor address; City; State; Zip Code <i>11648 Netleaf Lane Keller TX 76244</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sunny Crawford</i>	Amount of contribution (\$)  <i>5.<sup>00</sup>/</i>
Contributor address; City; State; Zip Code <i>2001 Gipson St. Fort Worth TX 76111</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karen Sterling</i>	Amount of contribution (\$)  <i>5.<sup>00</sup>/</i>
Contributor address; City; State; Zip Code <i>127 McLeod Place Cedar Creek TX 78612</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Cassidy</i>	Amount of contribution (\$)  <i>10.<sup>00</sup>/</i>
Contributor address; City; State; Zip Code <i>3000 Alcorn Lane Corinth TX 76210</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 4/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina Gagnier	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 495 Chino Hills Parkway Chino Hills CA 91709		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Tucker	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 2517 Ryan Ave. Fort Worth TX 76110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Annis Moore	Amount of contribution (\$) 5.00
Contributor address; City; State; Zip Code 518 Thelma Dr. San Antonio TX 78212		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanne O'Brien	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2207 Marvin Gardens St. Arlington TX 76011		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/30/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nancy Sandacz</i>	7 Amount of contribution (\$) <i>10.00</i>
6 Contributor address; City; State; Zip Code <i>1311 Holly Oak St. Arlington TX 76012</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Teresa McClellan</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>4664 Birchberel Lane Fort Worth TX 76137</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maryann Dorin</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>9920 Edlemann Court Fort Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Christian</i>	Amount of contribution (\$) <i>10.00</i>
Contributor address; City; State; Zip Code <i>4425 Prickly Pear Dr Fort Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Aaley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/30/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nancy Sandacz</i>	7 Amount of contribution (\$) <i>10.00</i>
6 Contributor address; City; State; Zip Code <i>1311 Holly Oak Street. Arlington TX 76012</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/30/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Johnny Robison</i>	Amount of contribution (\$) <i>10.00</i>
Contributor address; City; State; Zip Code <i>1209 S Davis Dr. Arlington TX 76013</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/30/2023</i> <del><i>5/1/2023</i></del>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nelda Harris</i>	Amount of contribution (\$) <i>5.00</i>
Contributor address; City; State; Zip Code <i>2000 E Leamar Blvd. #600 Arlington TX 76006</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/1/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sue Testerman</i>	Amount of contribution (\$) <i>10.00</i>
Contributor address; City; State; Zip Code <i>4113 Manzinita St. Fort Worth TX 76137</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/1/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Quentin James</i>	7 Amount of contribution (\$) <i>\$250.00</i>
	6 Contributor address; City; State; Zip Code <i>30M Street SE, Washington DC 20003</i> <i>Suite 102</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/1/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Landa Orrick</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>3204 Odessa Ave Fort Worth TX 76109</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/2/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lisa Waschka</i>	Amount of contribution (\$) <i>5.00</i>
	Contributor address; City; State; Zip Code <i>1409 Medford Dr. Bedford TX 76021</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/2/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Bloom</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>539 W. 16th St. Houston TX 77008</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Hailey Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/2/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maryellen Hicks</i>	7 Amount of contribution (\$) <i>25.00</i>
	6 Contributor address; City; State; Zip Code <i>Po Box 19185 Fort Worth TX 76119</i>	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <i>5/2/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel Funtong</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>2014 Spring Mist Dr. #1420 Arlington TX 76011</i>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>5/3/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lucea Soraw Kedron</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>25 Highland Park Village #102 Dallas TX 75205</i>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <i>5/3/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Hallford</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>4209 Doe Creek Trail Keller TX 76244</i>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schmitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/3/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Ivey</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>3202 Carisbrooke Crt. Colleyville TX 76034</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>5/4/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandra Christian</i>	Amount of contribution (\$) <i>10.00</i>
Contributor address; City; State; Zip Code <i>4425 Prickly Pear Dr. Fort Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>5/4/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rebecca Glasser</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>414 Starlight Drive Keller TX 76243</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>5/4/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sunny Crawford</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>2801 Gipsod St. Fort Worth TX 76111</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/4/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Annis Moore</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>503 Thelma Drive San Antonio TX 78212</i>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <i>5/4/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Ceraso</i>	Amount of contribution (\$) <i>1000.00</i>
Contributor address; City; State; Zip Code <i>426 N. Conlon Ave. West Covina CA 91790</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>5/4/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Warren Horgan</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>9316 Mountain Lake Crt. Fort Worth TX 76179</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>5/5/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jordan Zaslou</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>1 Park Row Providence RI 02903</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/5/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christopher Bell</i> 6 Contributor address; City; State; Zip Code <i>13751 Beeckwith Dr. Houston TX 77014</i>	7 Amount of contribution (\$)  <i>25.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/6/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tom Hallford</i> Contributor address; City; State; Zip Code <i>4209 Doe Creek Trail Keller TX 76244</i>	Amount of contribution (\$)  <i>25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/6/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ruth Baker</i> Contributor address; City; State; Zip Code <i>2744 South Jones St. Fort Worth TX 76104</i>	Amount of contribution (\$)  <i>25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/9/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sunny Crawford</i> Contributor address; City; State; Zip Code <i>2201 Gipson St. Fort Worth TX 76111</i>	Amount of contribution (\$)  <i>5.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/11/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Linda Jean Matthews</i>	7 Amount of contribution (\$) <i>22.00</i> <del><i>22.00</i></del>
6 Contributor address; City; State; Zip Code <i>9900 Spur Rd. Springfield VA 22153</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>5/16/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Zoiscorie Taylor-Smith</i>	Amount of contribution (\$) <i>28.00</i>
Contributor address; City; State; Zip Code <i>2910 S. Edgefield Ave. Dallas TX 75224</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>5/17/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lillian Wimberly</i>	Amount of contribution (\$) <i>22.00</i>
Contributor address; City; State; Zip Code <i>6624 Whitneyglan Dr. Dallas TX 75241</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>5/21/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julie Johnson</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>2105 Town Center Dr. #13 Round Rock TX 78664</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Haley Taylor Schmitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/25/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathryn Lybarger</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>1548 Woolsey St. Berkeley CA 94703</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/31/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sue Magie</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>11648 Netleaf Lane Keller TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/9/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sunny Crawford</i>	Amount of contribution (\$) <i>5.00</i>
Contributor address; City; State; Zip Code <i>2201 Gipsan St. Fort Worth TX 76111</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/26/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joan D. Vinsip</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>4401 Foxfire Way Fort Worth TX 76133</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6</b>	2 FILER NAME <b>Haley Taylor Schlitz</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>6/7/2023</b>	5 Payee name <b>Act Blue</b>
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6 Amount (\$) <b>42.12/100</b>	7 Payee address; <b>PO Box 441146</b>	City; <b>Somerville</b>	State; <b>MA</b>	Zip Code <b>02144-0031</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>6/3/2023</b>	Payee name <b>Donor Box</b>
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Amount (\$) <b>3.30/100</b>	Payee address; <b>601 King Street</b>	City; <b>Alexandria</b>	State; <b>VA</b>	Zip Code <b>22314</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description
	<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
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Date <b>5/1/2023</b>	Payee name <b>Whole Foods</b>
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Amount (\$) <b>41.97</b>	Payee address; <b>4801 Colleyville Blvd.</b>	City; <b>Colleyville</b>	State; <b>Tx</b>	Zip Code <b>76034</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food</b>	Description
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>6</i>	<b>2</b> FILER NAME <i>Haley Taylor Schlitz</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>5/4/2023</i>	<b>5</b> Payee name <i>GOODMAN CAMPAIGNS</i>	
<b>6</b> Amount (\$) <i>944.50/L</i>	<b>7</b> Payee address; City; State; Zip Code <i>211 E. 7th St. #620 Austin TX 78701</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>FUNDRAISING Expense</i>	<b>(b)</b> Description <i>FUNDRAISING</i>
	<b>(c)</b> <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>Date</b> <i>5/8/2023</i>	<b>Payee name</b> <i>Starbucks</i>	
<b>Amount (\$)</b> <i>32.39/100</i>	<b>Payee address; City; State; Zip Code</b> <i>962 Keller Parkway      Keller TX 76249</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>FOOD</i>	<b>Description</b>
	<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>Date</b> <i>5/9/2023</i>	<b>Payee name</b> <i>Kroger</i>	
<b>Amount (\$)</b> <i>113.23/L</i>	<b>Payee address; City; State; Zip Code</b> <i>2061 Rufe Snow Dr.      Keller TX 76249</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>FOOD</i>	<b>Description</b>
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4	<b>2</b> FILER NAME Helen Taylor Schlitz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 5/9/2023	<b>5</b> Payee name Whataburger	
<b>6</b> Amount (\$) 29.44/50	<b>7</b> Payee address; 1520 Keller Pkwy Keller TX 76248	City: State: Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) FOOD	<b>(b)</b> Description
	<b>(c)</b> <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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/9/2023	Payee name Donna Leung	
Amount (\$) 1100.00	Payee address; 1097 School House Dr. #911 Hurst TX 76052	City: State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FOOD	Description Election Night Party Catering
	<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
Date 5/9/2023	Payee name Switchboard	
Amount (\$) 41.86	Payee address; PO BOX 33485 Washington DC 20033	City: State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FUN DRAISING	Description
	<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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>6</b>	2 FILER NAME <b>Haley Taylor Schmitz</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>5/10/2023</b>	5 Payee name <b>GOODMAN Campaigns LLC</b>
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6 Amount (\$) <b>264.54</b>	7 Payee address; <b>211 E. 7th St. #620 Austin TX 78701</b>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FUNDRAISING</b>	(b) Description
	(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
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Date <b>5/24/2023</b>	Payee name <b>Switchboard</b>
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Amount (\$) <b>113.94</b>	Payee address; <b>PO Box 33485</b>	City; <b>Washington</b>	State; <b>DC</b>	Zip Code <b>20033</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FUNDRAISING</b>	Description
	<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
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Date <b>5/24/2023</b>	Payee name <b>Jeanette Martinez Campaign</b>
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Amount (\$) <b>250.00</b>	Payee address; <b>PO Box 34952</b>	City; <b>Fort Worth</b>	State; <b>TX</b>	Zip Code <b>76196</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Political Donation</b>	Description <b>Campaign Donation</b>
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>6</u>	<b>2</b> FILER NAME <u>Haley Taylor Schlitz</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>6/2/2023</u>	<b>5</b> Payee name <u>Texas Blue Action</u>	
<b>6</b> Amount (\$) <u>180.00</u>	<b>7</b> Payee address; City; State; Zip Code <u>Texas Blue Action</u> <u>Austin</u> <u>TX</u> <u>78704</u> <u>P.O. Box 41424</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>CONSULTING EXPENSE</u>	
	<b>(b)</b> Description	
	<b>(c)</b> <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
Date <u>6/7/2023</u>	Payee name <u>Staples</u>	
Amount (\$) <u>310.00/100</u>	Payee address; City; State; Zip Code <u>200 W. Kimbell Ave. #221</u> <u>Southlake</u> <u>TX</u> <u>76092</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Printing</u>	
	Description <u>Letterhead + Envelopes</u>	
	<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
Date <u>6/9/2023</u>	Payee name <u>Blue Base Group</u>	
Amount (\$) <u>1026.00</u>	Payee address; City; State; Zip Code <u>7800 Landmark Ridge St.</u> <u>Ft Worth</u> <u>TX</u> <u>76133</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Consulting</u>	
	Description <u>Field Organizing</u>	
	<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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Haley Taylor Schlitz	3 Filer ID (Ethics Commission Filers)
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4 Date 6/14/2023	5 Payee name Casey Thomas Campaign
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6 Amount (\$) 250.00	7 Payee address; PO Box 763203	City; Dallas	State; TX	Zip Code 75376
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) CONTRIBUTION	(b) Description Farewell Luncheon Dallas City Council
	(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
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Date 6/15/2023	Payee name Emerge America
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Amount (\$) 250.00	Payee address; 351 California St. #930	City; San Francisco	State; CA	Zip Code 94104
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Donation	Description Young Leaders Cabinet Support
	<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
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Date 6/23/2023	Payee name Gloria's Latin Cuisine
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Amount (\$) 100.00	Payee address; 320 W. Las Colinas Blvd.	City; Irving	State; TX	Zip Code 75039
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FOOD	Description Team Thank You Lunch
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:			
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST	SUFFIX			
Ms. Haley		C				
Taylor Schlitz						
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
	1039 Bradford Court, Keller, TX 76248					
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	( 469 )	968-7239				
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
	NICKNAME	LAST	SUFFIX			
Mr. William		A				
Schlitz						
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
	1039 Bradford Court, Keller, TX 76248					
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	( 510 )	701-0810				
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
<b>10</b> PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7	1	23	THROUGH	12	31
<b>11</b> ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	Primary	Runoff	Other Description
5 / 6 / 23			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
<b>12</b> OFFICE	OFFICE HELD (if any)			<b>13</b> OFFICE SOUGHT (if known)		
				Keller ISD Board of Trustee, Place 4		
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)    Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>0.00</b>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <b>2,447.50</b>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>1,218.43</b>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 SIGNATURE** 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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,447.50
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Haley Taylor Schlitz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name See Attached Information	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. 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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



<b>Date</b>	<b>Amount</b>	<b>Payee</b>	<b>Address</b>	<b>Category</b>
7/13/2023	\$798.00	Beyond The Slogan Consulting		Consulting
7/31/2023	\$10.00	Prosperity Bank		Banking Fee
8/4/2023	\$600.00	Tarrant County Democratic Party		Event Sponsorship
8/31/2023	\$10.00	Prosperity Bank		Banking Fee
9/18/2023	\$30.00	Tarrant County Black Democrats		Contributions/Donations by Candidate
9/25/2023	\$37.96	Tom Thumb	Keller, TX	Food/Beverage Expense Event
9/27/2023	\$131.74	Texas Coalition of Black Democrats		Event Tickets
9/30/2023	\$10.00	Prosperity Bank		Banking Fee
10/13/2023	\$200.00	Paletas Mexicanas	2121 RW Bivens Lane, Fort Worth, TX 75105	Food/Beverage Expense Event - Ice Cream Truck
10/23/2023	\$250.00	Aicha Davis For Texas		Event Tickets
10/24/2023	\$63.28	Target	North Richland Hills, TX	Food/Beverage Expense Event - Halloween
10/30/2023	\$26.52	Target	North Richland Hills, TX	Food/Beverage Expense Event - Halloween
10/31/2023	\$10.00	Prosperity Bank		Banking Fee
11/14/2023	\$250.00	Tarrant County Democratic Party	Fort Worth, TX	Contributions/Donations by Candidate
11/30/2023	\$10.00	Prosperity Bank		Banking Fee
12/31/2023	\$10.00	Prosperity Bank		Banking Fee
<b>Total</b>	<b>\$2,447.50</b>			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST	SUFFIX		
Ms. Haley Taylor Schlitz					
1039 Bradford Court, Keller, TX 76248					
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
Change of Address					
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
(469 ) 968-7239					
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX		
Mr. William Schlitz					
1039 Bradford Court, Keller, TX 76248					
<b>7</b> CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
(Residence or Business)					
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
(510 ) 701-0810					
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
<b>10</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
7 / 1 / 23 THROUGH 12 / 31 / 23					
<b>11</b> ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	Primary	Runoff
5 / 6 / 23			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known)		
			Keller ISD Board of Trustee, Place 4		
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
<b>GO TO PAGE 2</b>					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>0.00</b>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <b>2,447.50</b>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>1,218.43</b>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**18 SIGNATURE** 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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,447.50
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Haley Taylor Schlitz	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name See Attached Information	
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City; State; Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. 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
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

<b>Date</b>	<b>Amount</b>	<b>Payee</b>	<b>Address</b>	<b>Category</b>
7/13/2023	\$798.00	Beyond The Slogan Consulting		Consulting
7/31/2023	\$10.00	Prosperity Bank		Banking Fee
8/4/2023	\$600.00	Tarrant County Democratic Party		Event Sponsorship
8/31/2023	\$10.00	Prosperity Bank		Banking Fee
9/18/2023	\$30.00	Tarrant County Black Democrats		Contributions/Donations by Candidate
9/25/2023	\$37.96	Tom Thumb	Keller, TX	Food/Beverage Expense Event
9/27/2023	\$131.74	Texas Coalition of Black Democrats		Event Tickets
9/30/2023	\$10.00	Prosperity Bank		Banking Fee
10/13/2023	\$200.00	Paletas Mexicanas	2121 RW Bivens Lane, Fort Worth, TX 75105	Food/Beverage Expense Event - Ice Cream Truck
10/23/2023	\$250.00	Aicha Davis For Texas		Event Tickets
10/24/2023	\$63.28	Target	North Richland Hills, TX	Food/Beverage Expense Event - Halloween
10/30/2023	\$26.52	Target	North Richland Hills, TX	Food/Beverage Expense Event - Halloween
10/31/2023	\$10.00	Prosperity Bank		Banking Fee
11/14/2023	\$250.00	Tarrant County Democratic Party	Fort Worth, TX	Contributions/Donations by Candidate
11/30/2023	\$10.00	Prosperity Bank		Banking Fee
12/31/2023	\$10.00	Prosperity Bank		Banking Fee
<b>Total</b>	<b>\$2,447.50</b>			