

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**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Haley C <hr/> NICKNAME LAST SUFFIX Taylor Schlitz	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 201 Town Center Lane, Apt #1411 Keller, TX 76248	Date Received
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 968-7239	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. William A <hr/> NICKNAME LAST SUFFIX Schlitz	Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE, ZIP CODE 1039 Bradford Court, Keller, TX 76248	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 968-7239	
9 REPORT TYPE	<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)	
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 23 THROUGH 3 / 27 / 23	
11 ELECTION	ELECTION DATE Month Day Year 5 / 6 / 23	ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Keller ISD Board of Trustees, Place 4
14 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 GENERAL SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Haley Taylor Schlitz		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)	\$ 16,736.53
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,908.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,828.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

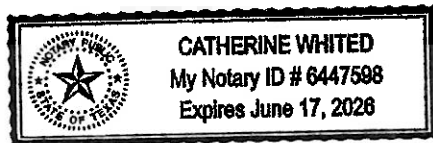
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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**

19 FILER NAME Haley Taylor Schlitz	20 Filer ID (Ethics Commission Filers)
21 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: 42
2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/23	5 Full name of contributor out-of-state PAC (ID#: _____) William Schlitz	7 Amount of contribution (\$) 10.00
6 Contributor address; City; State; Zip Code 1039 BRADFORD CRT Keller TX 76248		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/19/23	Full name of contributor out-of-state PAC (ID#: _____) Caroline Sherman	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1034 Canterbury Lane Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/19/23	Full name of contributor out-of-state PAC (ID#: _____) Paula Edens	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 913 Summertree W. Southlake TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/19/23	Full name of contributor out-of-state PAC (ID#: _____) Kathy Candelaria	Amount of contribution (\$) 50.00/100
Contributor address; City; State; Zip Code 3045 CreekView Drive Grapevine TX 76051		
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 Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/23	5 Full name of contributor Piper Ogan out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 5359 Hibbs Dr Fort Worth TX 76137		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/27/2023	Full name of contributor Celina Vasquez out-of-state PAC (ID#: _____)	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 2703 Allen Forest Dr. Bryan TX 77803		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/2023	Full name of contributor William Schlitz out-of-state PAC (ID#: _____)	Amount of contribution (\$) 10.00
Contributor address; City; State; Zip Code 1039 Bradford Ct Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/2023	Full name of contributor William Schlitz out-of-state PAC (ID#: _____)	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 1039 Bradford Ct Keller TX 76248		
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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 <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>Renee Gaudet</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>2835 S. Wagner Road #113 Ann Arbor MI 48103</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>Joyce Franklin</i>	Amount of contribution (\$) <i>21.29</i>
Contributor address; City; State; Zip Code <i>4609 Pangolin Dr. Fort Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Esther Sevier</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>5113 Medicin Ln Fort Worth TX 76244</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2/23</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Edgar Coble</i>	Amount of contribution (\$) <i>36.87</i>
Contributor address; City; State; Zip Code <i>2212 Hawthorne Ave. Fort Worth TX 76110</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>3/2/2023</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)
---	-----------------------------

--	--

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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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>16541 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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 <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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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 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>660 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. Pflugerville TX 78660</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 <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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 <i>Haley Taylor Schlitz</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>Allen Tucker</i>	7 Amount of contribution (\$) <i>35.00</i>
	6 Contributor address; City; State; Zip Code <i>1141 Briar Drive Bedford TX 76022</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>Tomas Torres</i>	Amount of contribution (\$) <i>519.94</i>
	Contributor address; City; State; Zip Code <i>4714 Devon St Houston TX 77027</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>Walter Black</i>	Amount of contribution (\$) <i>104.39</i>
	Contributor address; City; State; Zip Code <i>4712 Camargo Court College Station TX 77845</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>Vincent Langford</i>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <i>5712 Remington Ln #2919 Fort Worth TX 76132</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 <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)
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 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#: _____) 6 Contributor address; City; State; Zip Code <i>441 E. Vine St. Keller TX 76248</i>	7 Amount of contribution (\$) <i>52.45</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#: _____) Contributor address; City; State; Zip Code <i>936 Keller Smithfield Rd. Keller TX 76249</i>	Amount of contribution (\$) <i>52.45</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#: _____) Contributor address; City; State; Zip Code <i>8404 Big Horn Way FORT WORTH TX 76137</i>	Amount of contribution (\$) <i>104.39</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#: _____) Contributor address; City; State; Zip Code <i>5208 Pool Road Colleyville TX 76034</i>	Amount of contribution (\$) <i>36.87</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 Seklitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/5/2023</i>	5 Full name of contributor <i>Torsha Tomlinson</i> out-of-state PAC (ID#: _____)	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 <i>Mary Anne Weatherred</i> out-of-state PAC (ID#: _____)	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 <i>Ashley Paz</i> out-of-state PAC (ID#: _____)	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 <i>Ericka Ledford</i> out-of-state PAC (ID#: _____)	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)

--	--	--

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>3/6/2023</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)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 <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)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 <i>Haley Taylor Schlitz</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>Leah Backhus</i>	7 Amount of contribution (\$) <i>100.00</i>
	6 Contributor address; City; State; Zip Code <i>19223 Harleigh Dr. Saratoga CA 95070</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>Glenn Lewis</i>	Amount of contribution (\$) <i>250.00</i>
	Contributor address; City; State; Zip Code <i>5600 Rockhill Rd Fort Worth TX 76112</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>Lloyd Levine</i>	Amount of contribution (\$) <i>500.00</i>
	Contributor address; City; State; Zip Code <i>4800 D Street Sacramento CA 95819</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>Tiffany Burks</i>	Amount of contribution (\$) <i>200.00</i>
	Contributor address; City; State; Zip Code <i>1425 Ravenwood Mansfield TX 76063</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 <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)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 <i>Haley Taylor Schlich</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/8/2023</i>	5 Full name of contributor <i>Stefanie Klein</i> out-of-state PAC (ID#: _____)	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 <i>Glenniece Robinson</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>5043 Giverny Lane Fort Worth TX 76116</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

Date <i>3/8/2023</i>	Full name of contributor <i>Barbara Washington</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>1237 Primrose Ln. DeSoto TX 75115</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>3/8/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Kimmy Robinson</i>	7 Amount of contribution (\$) <i>20.23</i>
	6 Contributor address; City; State; Zip Code <i>3215 County Square Ln. Carrollton TX 75006</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>Susanne Dickinson</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>1717 Arthur Rd. Colleyville TX 76034</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>ARNOLD GROTHUES</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>6517 Hyden Dr. ARLINGTON TX 76001</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>Sandra Christian</i>	Amount of contribution (\$) <i>20.00</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)

--	--	--

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>3/8/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Sandra Lee</i> <hr/> 6 Contributor address; City; State; Zip Code <i>624 Winterwood Dr Kennedale TX 76060</i>	7 Amount of contribution (\$) <i>100.00</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>Sunny Crawford</i> <hr/> Contributor address; City; State; Zip Code <i>2801 Gipson Street Fort Worth TX 76111</i>	Amount of contribution (\$) <i>25.00</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>Cong Nguyen</i> <hr/> Contributor address; City; State; Zip Code <i>2207 Barbell Lane Fort Worth TX 76111</i>	Amount of contribution (\$) <i>25.00</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>Joanne Dellamura</i> <hr/> Contributor address; City; State; Zip Code <i>3913 Overton Park Dr E. FORT WORTH TX 76109</i>	Amount of contribution (\$) <i>25.00</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>3/8/2023</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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

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>3/9/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Janet Klewein</i>	7 Amount of contribution (\$) <i>25.00</i>
	6 Contributor address; City; State; Zip Code <i>144 Navajo Dr Keller TX 76248</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>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>1106 Carlton Ave Menlo Park CA 94025</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>	Amount of contribution (\$) <i>10.00</i>
	Contributor address; City; State; Zip Code <i>9211 Vanfleet Ct. Laurel MD 20703</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/10/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Deondrea Way</i>	Amount of contribution (\$) <i>22.00</i>
	Contributor address; City; State; Zip Code <i>751 Gray Wolf Dr. Prospee TX 75078</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/10/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Kimberly Ross</i> 6 Contributor address; City; State; Zip Code <i>1925 Old York 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>Charlotte Settle</i> Contributor address; City; State; Zip Code <i>1201 Crimson Ct. Arlington TX 76018</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>Jared Ross</i> Contributor address; City; State; Zip Code <i>6024 Morningside Dr. NORTH Richland Hills TX 76120</i>	Amount of contribution (\$) <i>50.00</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>Christopher Stewart</i> Contributor address; City; State; Zip Code <i>2905 Walden Way Saint Cloud MN 56301</i>	Amount of contribution (\$) <i>100.00</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 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 1002 Sulmon Ln Spring TX 77379	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 <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)

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>3/13/2023</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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

3/15/2023

5 Full name of contributor

Jody Johnson

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

25.00

6 Contributor address;

City;

State;

Zip Code

16134 Red Cedar Trl. Dallas TX 75243

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;

City;

State;

Zip Code

108 Mill Wood Dr. Colleyville TX 76034

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;

City;

State;

Zip Code

5506 N. 76th St. #20 Milwaukee WI 53213

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;

City;

State;

Zip Code

257 Lawrence St. # 4034 Marietta GA 30061

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

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

6 Contributor address; City; State; Zip Code

2918 S. Edgefield Ave. Dallas TX 75224

7 Amount of contribution (\$)

22.00

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

Contributor address; City; State; Zip Code

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

Amount of contribution (\$)

22.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/2023

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

Deena Thornton

Contributor address; City; State; Zip Code

6621 N. Lawrence St. Philadelphia PA 19126

Amount of contribution (\$)

22.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/2023

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

Ashley Williams

Contributor address; City; State; Zip Code

168 Outwater Ridge Dr. Garner NC 27529

Amount of contribution (\$)

22.00

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>3/16/2023</i>	5 Full name of contributor <i>Helaine Smith</i> out-of-state PAC (ID#: _____)	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 <i>Eva Marlene King</i> out-of-state PAC (ID#: _____)	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 <i>Sharonda Lewis</i> out-of-state PAC (ID#: _____)	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 <i>Kwabuaa Dow</i> out-of-state PAC (ID#: _____)	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)

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>3/17/2023</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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 <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>Natasha Franklin</i>	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 out-of-state PAC (ID#: _____) <i>Jennifer Coke</i>	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 out-of-state PAC (ID#: _____) <i>Steve Marmel</i>	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 out-of-state PAC (ID#: _____) <i>Emily Drabinski</i>	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)
---	-----------------------------

--	--

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 Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/2023	5 Full name of contributor Lilian Wimberly out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 22.00
6 Contributor address; City; State; Zip Code 6624 Whitneyglen Dr. Dallas TX 75241		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/17/2023	Full name of contributor Sonja Gordon out-of-state PAC (ID#: _____)	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 1405 Stella Dr. Lewisville TX 75067		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/18/2023	Full name of contributor Mia Lissa Tompkins out-of-state PAC (ID#: _____)	Amount of contribution (\$) 22.00
Contributor address; City; State; Zip Code 5604 Stevens Forest Rd #123 Columbia MD 21045		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/18/2023	Full name of contributor Deborah Peoples out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 613 Green River Trail Fort Worth TX 76103		
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>3/18/2023</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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 <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)

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>3/19/2023</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Elizabeth Braun</i>	7 Amount of contribution (\$) <i>50.00</i>
	6 Contributor address; City; State; Zip Code <i>11629 Winding Brook Dr. Fort Worth TX 76244</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/20/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Robbie Green-Starks</i>	Amount of contribution (\$) <i>10.00</i>
	Contributor address; City; State; Zip Code <i>1620 Birch Grove Trail Keller TX 76248</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/20/2023</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Nancy Novak</i>	Amount of contribution (\$) <i>10.00</i>
	Contributor address; City; State; Zip Code <i>5109 Merced Drive Fort Worth TX 76137</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>James Lappin</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>4064 Volk Ct. 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>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. Southlake 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)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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 <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 28214</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 LANE 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 <i>Tom Hallford</i> out-of-state PAC (ID#: _____)	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 <i>Kathryn Lybarger</i> out-of-state PAC (ID#: _____)	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 <i>Patrice Cole-Morrow</i> out-of-state PAC (ID#: _____)	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 <i>Steve Giraff</i> out-of-state PAC (ID#: _____)	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.

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

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

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.

1 Total pages Schedule F1: 5	2 FILER NAME Haley Taylor Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date 2/19/2023	5 Payee name Mailchimp	
6 Amount (\$) 13.86	7 Payee address; 675 Ponce de Leon Ave NE Suite 5000	City; State; Zip Code Atlanta GA 30309
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Solicitation	(b) 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/19/2023	Payee name Mailchimp	
Amount (\$) 34.65	Payee address; 675 Ponce de Leon Ave NE Suite 5000	City; State; Zip Code Atlanta GA 30309
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Solicitation	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 3/15/2023	Payee name Texas Democratic Party	
Amount (\$) 830.00	Payee address; PO BOX 15707	City; State; Zip Code Austin TX 78761
PURPOSE OF EXPENDITURE	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

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.

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

1 Total pages Schedule F1: 5	2 FILER NAME Haley Taylor Schlitz	3 Filer ID (Ethics Commission Filers)
--	---	--

4 Date 3/27/2023	5 Payee name Act Blue
----------------------------	---------------------------------

6 Amount (\$) 122.26	7 Payee address; 366 Summer Street Somerville, MA 02144	City;	State;	Zip Code
--------------------------------	--	-------	--------	----------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Fees
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 3/27/2023	Payee name DOWORBOY
-------------------	------------------------

Amount (\$) 180.10	Payee address; 601 King Street Suite 200	City; Alexandria	State; VA	Zip Code 22314
-----------------------	--	---------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	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
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
-------------	----------------	-------	--------	----------

PURPOSE OF EXPENDITURE	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
--	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED