

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

Additional Pages

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**

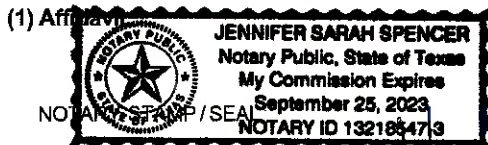
15 C/OH NAME <i>Haley Taylor Schlitz</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS,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

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affirmation Sworn to and subscribed before me by *Haley Taylor Schlitz* this the *28TH* 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

19 FILER NAME <i>Haley Taylor Schlitz</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8920. ⁰⁰ / ₁₀₀
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. ⁰⁷ / ₁₀₀
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: 36
2 FILER NAME Haley Taylor Schlitz		3 Filer ID (Ethics Commission Filers)
4 Date 3/31/2023 3/31/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tina Wasserman	7 Amount of contribution (\$) 25.00/100
6 Contributor address; City; State; Zip Code 7153 Lavendale Ave. Dallas TX 75230		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 3/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen "Buddy" Luce	Amount of contribution (\$) 50.00/100
Contributor address; City; State; Zip Code 1850 Hunters Creek Dr. Southlake TX 76092		

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

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

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 Fortworth 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. Fortworth 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>	7 Amount of contribution (\$) <i>25.00/100</i>
6 Contributor address; City; State; Zip Code <i>4113 Manzanita St. Fort Worth TX 76137</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>	Amount of contribution (\$) <i>100.00/100</i>
Contributor address; City; State; Zip Code <i>2744 South Jones St. Fort Worth TX 76104</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>	Amount of contribution (\$) <i>25.00/100</i>
Contributor address; City; State; Zip Code <i>1101 Bear Creek Pkwy Keller TX 76243</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>	Amount of contribution (\$) <i>50.00/100</i>
Contributor address; City; State; Zip Code <i>PO Box 162182 Fort Worth TX 76161</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>4/1/2023</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>234 Oak Alley Kerrville TX 78028</i>	7 Amount of contribution (\$) <i>10. ⁰⁰/₁₀₀</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. ⁰⁰/₁₀₀</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. ⁰⁰/₁₀₀</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. ⁰⁰/₁₀₀</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>4/3/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rosemary Haywood</i>	7 Amount of contribution (\$) <i>100.00/100</i>
6 Contributor address; City; State; Zip Code <i>2107 Winding Creek Drive Keller TX 76248</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 (\$) <i>50.00/100</i>
Contributor address; City; State; Zip Code <i>7900 Ember Oaks Dr. North Richland Hills TX 76182</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 (\$) <i>20.00/100</i>
Contributor address; City; State; Zip Code <i>9144 Farmer Dr. Fort Worth TX 76244</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 (\$) <i>25.00/100</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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2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bern Sullivan</i>	7 Amount of contribution (\$)
<i>4/3/2023</i>	6 Contributor address; City; State; Zip Code <i>7004 Concord Ct. Forest Hill TX 76140</i>	<i>10.00/100</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#: _____) <i>Mary Fahy</i>	Amount of contribution (\$)
<i>4/3/2023</i>	Contributor address; City; State; Zip Code <i>122 15th Ave. N Saint Petersburg FL 33704</i>	<i>25.00/100</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jocelyn Smith</i>	Amount of contribution (\$)
<i>4/4/2023</i>	Contributor address; City; State; Zip Code <i>4205 55th Ave. Bladensburg MD 20710</i>	<i>22.00/100</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>4/4/2023</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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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> 6 Contributor address; City; State; Zip Code <i>3406 English Oaks Dr. NW Kennesaw GA 30144</i>	7 Amount of contribution (\$) <i>25.00/100</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> Contributor address; City; State; Zip Code <i>2813 Shady Grove Dr. Bedford TX 76021</i>	Amount of contribution (\$) <i>20.00/100</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> Contributor address; City; State; Zip Code <i>4309 Stonecrest Ct. Keller TX 76244</i>	Amount of contribution (\$) <i>25.00/100</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> Contributor address; City; State; Zip Code <i>8355 Denali Drive FORT WORTH TX 76137</i>	Amount of contribution (\$) <i>100.00/100</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

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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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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)

Date <i>4/9/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tare 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)

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)

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>Afton 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>25.⁰⁰/100</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>100.⁰⁰/100</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>10.⁰⁰/100</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>10.⁰⁰/100</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 (\$)
	Contributor address; City; State; Zip Code <i>5421 Chimney Rock Ln. Fort Worth TX 76112</i>	<i>25.00</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 (\$)
	Contributor address; City; State; Zip Code <i>1000 E. Pleasant Run Rd. Cedar Hill TX 75104</i>	<i>20.00</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 (\$)
	Contributor address; City; State; Zip Code <i>9211 VanFleet Ct. Laurel MD 20703</i>	<i>20.00</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#: _____) Marta Biter <i>Jill Freer</i>	7 Amount of contribution (\$) <i>10.00</i>
	6 Contributor address; City; State; Zip Code 2916 <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 76249</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>	7 Amount of contribution (\$) <i>50.00</i>
6 Contributor address; City; State; Zip Code <i>8738 Mangham St. North Richland Hills TX 76180</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>	Amount of contribution (\$) <i>50.00</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>4/14/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>E. Mike Grelin</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>5901 Abbey Road Tamarac FL 33321</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>	Amount of contribution (\$) <i>10.00</i>
Contributor address; City; State; Zip Code <i>2904 Panaroma Dr. Carrollton TX 75007</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 Schitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/15/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Garrett Arusa</i> 6 Contributor address; City; State; Zip Code <i>3011 Laurel Ave. Cherevy MO 20785</i>	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

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

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

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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)

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 Hailey Taylor Schmitz		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen Keller	7 Amount of contribution (\$) 5.00
	6 Contributor address; City; State; Zip Code 2134 Oak Alley Kerrville TX 78028	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

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

Date 4/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Weitzman	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code 1100 O Street #200 Sacramento CA 95814	
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>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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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 Road Rock 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>Danickle 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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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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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 Les 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 <i>Haley Taylor Schlitz</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/26/2023</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christopher Borkis</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>6808 First Hill Dr Fort Worth TX 76137</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>William Schlitz</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1039 Braosford Crt Keller TX 76248</i>		
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)

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

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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 Schlitz	3 Filer ID (Ethics Commission Filers)
4 Date 03-31-2023	5 Payee name Prosperity Bank	
6 Amount (\$) 10.00/100	7 Payee address: 217 N. Main St.	City: Keller State: TX Zip Code: 76248
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) fees	(b) Description Bank Fees
	(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
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
PURPOSE OF EXPENDITURE	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
PURPOSE OF EXPENDITURE	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.

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

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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 <i>Haley Taylor Schlib</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>04/07/2023</i>	5 Payee name <i>Switchboard Public Benefit Corp.</i>	
6 Amount (\$) <i>49.36/100</i>	7 Payee address: <i>Po Box 33485</i>	City; State; Zip Code <i>Washington DC 20033</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Solicitation/Fundraising</i>	
	(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 <i>04/10/2023</i>	Payee name <i>Freddy's</i>	
Amount (\$) <i>16.22/100</i>	Payee address: <i>1471 Keller Pkwy</i>	City; State; Zip Code <i>Keller TX 76248</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FOOD</i>	
	Description <i>FOOD</i>	
	<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 <i>4/12/2023</i>	Payee name <i>Bison Strategies LLC</i>	
Amount (\$) <i>275.30/100</i>	Payee address: <i>Po Box 2662</i>	City; State; Zip Code <i>Oklahoma City OK 73101</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	
	Description <i>Campaign Lit.</i>	
	<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	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 Schlick	3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2023	5 Payee name Target	
6 Amount (\$) 21.19/100	7 Payee address; City; State; Zip Code North Richland Hills TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Supplies
	(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
Date 04/17/2023	Payee name Subway	
Amount (\$) 12.65/100	Payee address; City; State; Zip Code Los Angeles CA	
PURPOSE OF EXPENDITURE	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	
PURPOSE OF EXPENDITURE	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 PURPOSE OF EXPENDITURE	(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
	<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
	<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.

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

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

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

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