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 C	Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR. NICKNAME	Jeffrey Jeffrey Taylof		SUFFIX	Date Received	EUSE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Bex	60 3	CITY; STATE;	ZIP CODE	FEI	T 000L
Change of Address		Ellho	rt, TX. 7	5839	Ву	deputy
5 CANDIDATE/ OFFICEHOLDER PHONE	(903)	PHONE NUMBER 780 8633	EXTENSI	ON		ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MR.	Jeffrey		m	Receipt # Date Processed	Amount \$
	NICKNAME	TayleR		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / S Her. / 84	SUITE #; CITY;		STATE;	ZIP CODE
(Residence or Business)			Parlesy	4100,	CX.	75801
8 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 280-8633	EXTENSI	ON		=
9 REPORT TYPE	January 15 July 15	30th day before e	ection Exce	eeded Modified	treasurer (Officehol	after campaign appointment der Only) ort (Attach C/OH - FR)
40 050100			Rep	orting Limit		
10 PERIOD COVERED	O/ Month	Day Year / 17 / 2024	THROUGH	Month OZ	Day Ye	20.2
11 ELECTION	Month Day	Year Primary	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)	IA	13 OFFICES	SOW CO	. Sher.	70
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUI	ACCEPTED OR POLITICAL S MAY HAVE BEEN MADE V	EXPENDITURES M	ADE BY POLITICAL CO	OMMITTEES TO SUPPORT OLDER'S KNOWLEDGE OR
,	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
1		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Jeffrey Taylor	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 2,935.
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ &
	4. TOTAL POLITICAL EXPENDITURES	\$ 275.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ △
L .	swear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
re	quired to be reported by me under Title 15, Election Code.	
	Signature of Can	didate or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEA	L.	
Sworn to and subscribed	before me by this the	day of
20, to certify	which, witness my hand and seal of office.	
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	on	
My name is	and my date of birth is	07/21/62
My address is	TO & U.S. Hoy 84 Polochove To	7. X801. U.S.
21		ate) (zip code) (country)
Executed in Flacki	County, State of Tyka , on the 5th day of February (month)	20 <u>24</u> .
	the first in	- The
	Signature/of Candida	te/Office/folder (Declarant)

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SUBTOTALS - C/OH	FOR COVER SHE	M C/OH ET PG 3
19 FILER NAME JERFUEY Tuyling	20 Filer ID (Ethics Commiss	ion Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTION	ls \$	200.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL	CONTRIBUTIONS \$	200.00 2,735.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	Q
4. SCHEDULE E: LOANS	\$	Ø
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FI	OM POLITICAL CONTRIBUTIONS \$	Q
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	80
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE	FROM POLITICAL CONTRIBUTIONS \$	Q
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT C	ARD \$	275.66
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FR	DM PERSONAL FUNDS \$	Ø
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CO	NTRIBUTIONS TO A BUSINESS OF C/OH \$	Ø
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE I	ROM POLITICAL CONTRIBUTIONS \$	Q
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUND TO FILER	S, AND CONTRIBUTIONS RETURNED \$	Q

www.ethics.state.tx.us

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

if the requested information is not applicable, be not include this page in the report.				
The	Instruction Guide explains how to complete this f	1 Total pages Schedule A1:		
2 FILER NAME	Jeffvey Tenylon		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor ut-of-state PAC (7 Amount of contribution (\$)	
2/3/24	Object + Daphine MC 6 Contributor address; City; P.O. Box 10 weckes i	State: Zip Code 7X. 75779	100.00	
		9 Employer (See Instructi	ions)	
Date	Full name of contributor		Amount of contribution (\$)	
2/3/24	Joe Baxter Contributor address; City; Unknown - Palestore	State; Zip Code	100.00	
	unknown - Palestant	TX. 75801		
	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor	;ID#:	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

<u> </u>			·		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME	Jeffrey Taylor		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	0	
5 Date		Zip Code	8 Amount of Contribution \$	9 In-kind contribution description 1 Holver to sement	
	611 FM 3372 Polastone, TX	75803	Check if travel outs	lide of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	ise (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of Contribution \$	in-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outs	l │ ∤ ide of Texas. Complete Schedule T.	
Principal occ	rupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)	
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	JLE AS NEEDED		

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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

	EXPENDITURE CATEG	K)RIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Printing Expense Satarles/Wages/Contract Labor Scientification/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	s how to complete this form.
1 Total pages Schedule F4:	2 FILERNAME Jeffrey tyle	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	i i i i i i i i i i i i i i i i i i i
5 Date 1/29/24	Payee name Palestine Copy t	Print (Drugcheck)
7 Amount (\$)	8 Payee address;	City; State; Zip Code
30.66	2507 W. Oak	Palestone, TX. 75801
9 TYPE OF EXPENDITURE	Political	Non-Political
10	(a) Category (See Categories listed at the top of this	
PURPOSE OF EXPENDITURE	Printing Expens	se Political Brochuses
	(C) Check if travel outside of Texas. Complete 5	Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1/30/24	Payee name NiCol Publike	hing Compoury (Messenger)
Amount (\$)	Payee address;	City; State; Zip Code
245.00	D. o. Box 99	Corupaland TX 75844
TYPE OF EXPENDITURE	Political	Non-Political
	Category (See Categories listed at the top of this	A
PURPOSE OF EXPENDITURE	Advertising Expens	ce Political add
	Check if travel outside of Texas. Complete	S thedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES C	: THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received Filed For Record CANDIDATE / FFR 2 5 2024 **OFFICEHOLDER** MAILING Casey Brown Elections Administrator **ADDRESS** Change of Address EXTENSION PHONE NUMBER AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (903) 280-8633 PHONE Receipt # Amount \$ CAMPAIGN TREASURER Date Processed NAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT E #; ZIP CODE 7 CAMPAIGN 11570 E. Huy 84 Pakestini, TX. 75801 TREASURER **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** (903) 280-8633 PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED 02/26/24 106/24 THROUGH **ELECTION TYPE** 11 ELECTION Runoff Other Description Month General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE NONE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRE!) TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER

FORM C/OH COVER SHEET PG 2

CAMPAIGN	I FINANCE REPORT		
5 C/OH NAME			16 Filer ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS MADE ELECTRONIC	OF LOANS, OR	\$ 🖔
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR	IS GUARANTEES OF LOANS)	\$ 41,189.84
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPE	NDITURE.	\$ &
	4. TOTAL POLITICAL EXPENDITURE	•	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS NO OF REPORTING PERIOD	IAINTAINED AS OF THE LAS	T DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL C LAST DAY OF THE REPORTING PERI	UTSTANDING LOANS AS OF DD	THE \$
le	quired to be reported by me under Title 15, Election		0.5.14
		Signature of Ca	ndidate or Officeholder
	Please complete	either option belov	v:
(1) Affidavit			
NOTARY STAMP/SE	AL		
	d before me by	this the	day of,
	y which, witness my hand and seal of office.		
Signature of officer adminis	tering oath Printed name of officer ad	ministering oath	Title of officer administering oath
	OR		
(2) Unsworn Declara	tion		, ,
My name is	Svey M. Taylor	, and my date of birth i	s 07/21/62
My address is 115 7	,	, prostine ,	(state) (zip code) (country)
Executed in Proles	(street) San County, State of 74 Ka S., o	the 26 11 day of fe	humin 20,24.
		Signature of Cane	M
		Signature dy Carlo	Parisad 11/15/2

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

ommission Filers)
SUBTOTAL AMOUNT
\$ &
\$4,189.84
\$ &
\$ &
\$ &
\$ 10
\$ &
\$ 0
\$ &
1 \$ &
\$ 60
\$ &

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:			
2 FILER NAME JEffrey Taylor	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBU	TIONS \$			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 1 12 Contributor's principal occupation (FOR JUDICIAL) 1	8 Amount of 9 In-kind contribution Contribution \$ description Code GOO. Servent Expense Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's job title (FOR JUDICIAL) (See Instructions) Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution \$\frac{\text{In-kind contribution description}}{\text{description}}\$ The Code For I be User The Code For I be U			
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				