## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Eth	ics Commission Filers)	2 Total pages fill	ed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR MR	Teffrey		mı M	OFFICE	USEONLY
NAME	NICKNAME		• • • • • • • • • • • • • • • • • • • •		Date Received	
	NICKNAME	TayloR		SUFFIX	Filed F	or Record
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		CITY; STAT		JAN	1 7 2024
Change of Address	P.O. Box	603 811	Lunt TX	75839	Elections	Administrator
5 CANDIDATE/		C 603 EUR	EXTE	ENSION	By Date Hand-delivered	or Date Postmarked
OFFICEHOLDER PHONE	(903)	780-8633			D!! #	1.4
6 CAMPAIGN TREASURER	MS / MRS /MR	FIRST		MI	Receipt #	Amount \$
NAME		Jeffery		m-	Date Processed	
	NICKNAME	LAST		SUFFIX	Date Imaged	
		ToryloR				
7 CAMPAIGN TREASURER	STREET ADDRESS (	(NO PO BOX PLEASE); APT / S	UITE #; C	CITY;	STATE;	ZIP CODE
ADDRESS (Residence or Business)	11570	E. Hwy 84	Pule	stine	TX	75-801
8 CAMPAIGN	AREA CODE	PHONE NUMBER		ENSION	77(-	
TREASURER PHONE	(903)	780-8633		NONE		
9 REPORT TYPE					450 4	
	January 15	30th day before e	election	Runoff	treasurer ap (Officeholde	
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
COVERED	07,	16/2023	THROUGH	01/	16/20	24
11 ELECTION	ELECTION DA	15.7		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	03/05/	Jo24 General	Special	-		
12 OFFICE	OFFICE HELD (if any)	3		CE SOUGHT (if known)		
		None	Ande	rson Co.	Sher.ff	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MA	DE WITHOUT THE CAND	IDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	NED TO KET ON TIMO	IIII ONIMATION ONET II T	THE RECEIVE NOTICE OF	GOOT EXPENDITORES.
		COMMITTEE ADDRESS				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	S		
		GO TO	PAGE 2	Wit-sp-sa		-

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Jeffrey Taylor 16 File	er 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)	\$ 2,150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ &
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,192.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ \Q
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ @
	swear, or affirm, under penalty of perjury, that the accompanying report is true and c	orrect and includes all information
re	quired to be reported by me under Title 15, Election Code.	
	Signature of Candidate	or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEA	NL	
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 administer	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	The or officer administering can
(2) Unsworn Declarati		
		1 1
My name is JEC	and my date of birth is	07/21/62
My address is 1/57	O E U.S. Hay 84 Holatin . TX.	75801, U.S.
1	(street) (city) (state)	(zip code) (country)
Executed in HNOUNS	County, State of <u>/ EXUC</u> , on the <u>/ 6 Th</u> day of <u>) U/U (                                 </u>	, 20 <u></u> (year)
	My Tal	
	Signature of Canadate/Offi	ceholder (Declarant)

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### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME  Teffrey Taylor  20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,800.° \$ 350.°
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 350.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ &
4. SCHEDULE E: LOANS	\$ &
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ &
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ \Q
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ &
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT (SARD	\$ 4,784.5
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FFOM PERSONAL FUNDS	\$ 4,704.5. \$ 6,192.40
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 🛇
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ &
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <b>Q</b>

## 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, DO NOT Incit de this page in the	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME Jeffrey Taylor	3 Filer ID (Ethics Commission Filers)
Date  5 Full name of contributor   out-of-state PAC (II #)  17/23   Bobb Y K. M Brooks  6 Contributor address; City; State; Zip Code  6/1 Fm 3372 Pules for, 18.7883  Principal occupation / Job title (See Instructions)  9 Employer (See Instru	7 Amount of contribution (\$)  1,500.00
Date  Full name of contributor  Out-of-state PAC (II)#:    3   2	Amount of contribution (\$)  100.
Date  Full name of contributor    out-of-state PAC (3#:	Amount of contribution (\$)  .
Date  Full name of contributor  Out-of-state PAC D#:    1/8/24   Contributor address; City; State; Zip Code    101 CheSt Nut   faclestul   TX. 75-80  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)  \$\int_{100}\$.
ATTACH ADDITIONAL COPIES CF THIS SCHEDULE A	e NEEDED

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

Il tile requested information is not applicable, 20 No. 1100 A	, and page are repeate		
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 CONTRIB	SUTIONS \$		
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description  350. De   Advertosement   Zip Code   Check if travel outside of Texas. Complete Schedule T.  11 Employer (FOR NON-JUDICIAL) (See Instructions)		
12 Centributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (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  Zip Code  Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)		
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.			

### POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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

EXPENDITURE C	ATEGOR ES FOR BOX 8(a)
ent Expense	Loa i Repayment/Reimbursemo

Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense

ent Offir e Overhead/Rental Expense Poll ng Expense Prir ing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services Sali rie	s/Wages/Contract Labor	Other (enter a categor	y not listed above)
Credit Card Payment	The Instruction Guide explains hove t	o complete this form.	3 Filer ID (Ethics	Commission Filers)
Total pages Schedule G:	2 FILER NAME Jeffrey		0 1 101 10 (2010)	,
	Modern Brush	Designs		
	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	2003 old oak DR.	Tyler	1X.	75 703
	(a) Category (See Categories listed at the top of this schedu a)	(b) Description		
PURPOSE OF	Printing Expense	Business	Card S	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedult T.	Check if Austi	in, TX, officeholder living e	xpense
complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
xperiorale to benefit 6/61.				
Date 12/23	Payee name  Øiscover			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	P.O. BOX 6103	Carol Stre	eum Il.	60147-610.
/ Carrier Company	Category (See Categories listed at the top of this schec .te)	Description	_	
PURPOSE OF	Category (See Categories listed at the top of this scriet. Its)	Politica	L Signs	414
EXPENDITURE	Check if travel outside of Texas. Complete Schedue T	Check if Aus	stin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought		Office held
	Payee name			
Date 1 / 2 4/	Discover			
Amount (\$)	Payee address;	City;	State;	Zip Code
7/5, 5 3 Resimbursement from political contributions intended	P.O. BOX 6103	Curol Stre	eam I.L.	60197-610
PURPOSE	Category (See Categories listed at the top of this sche luke	Description	18" yard	signs
EXPENDITURE	Check if travel outside of Texas. Complete Schec de		estin, TX, officeholder living	
	Candidate / Officeholder name	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OF				
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NE	EDED	
	- Abias sin			Revised 11/15/2

วิธีเลยชาย (สาคา 15) เลี้ยา แล้วสียา 5 วิธีเลี้ยาเปลื่อนเลืองเลี้ยา สำคัญสาค<mark>ามสำคัญของ แล้วสี</mark> เรื่องเลือง เลือ THE WALLES lander of the second section of the second section of the second section of the second section of the second second section of the section of the second section of the section of the second section of the section Transcoller (1946) Charleton (1960) in perfequences to ्रावासम्बद्धाः स्टब्स्यूर्वे । जिल्ले राज्यस्य स्टब्स्यूर्वे स्टब्स्यूर्वे स्टब्स्यूर्वे । स्टब्स्यूर्वे स्टब्स्यूर्वे स्टब्स्यूर्वे स्टब्स्यूर्वे व अभिनेत्र के अंद्राहरू ए क्यों का उसे कि ए अ**स्टिंग** में प्रकास हैं। . ्री ू<sup>क</sup>्ष LANGUAGE Y 36:00 C 14 J 2 19 🖫 and the state of the 6103 583, 88. mg www.asasas bind anii.0 m were and the The seather of the Seathers EE STEWN Buch Charles " years Sale many by an one Park Comment of Paraconte configuers Complete and opening the superstance of the large statement

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGOR	ES FOR BOX 8(a)
Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Event Expense Loa Fees Offix Food/Beverage Expense Poll by Gift/Awards/Memorials Expense Prir	Repayment/Reimbursement so Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Jeffrey Tay	3 Filer ID (Ethics Commission Filers)
	5 Payee name Anderson Co. Republ	ican
6 Amount (\$) 750. Reimbursement from political contributions	7 Payee address; 1118 N. Lin K Sf.	City: State; Zip Code Polos fine, TX. 75801
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedu $\mathcal{F}_{\mathcal{C}}$	Republican Ballott
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedult	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12/13/23-1/10/24		
Amount (\$)  32/183  Reimbursement from political contributions intended	Payee address:	256 Palestine, TX. 75801
PURPOSE OF	Category (See Categories listed at the top of this sched	- Parl la Julive - Cabi
EXPENDITURE	Check if travel outside of Texas. Complete Schedu	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought Office held
Date 123 12/18 19/24	Payee name I ructor S	upply
Amount (\$)	Pavee address:	City; State; Zip Code
764, 49 Reimbursement from political contributions intended	2200 South Loop	256 Polestine; N. 75801
PURPOSE	Category (See Categories listed at the top of this sche	
OF EXPENDITURE	Advertising Expens	
	Check if travel outside of Texas. Complete Schec	de T. Check if Austin, TX, onicenoiser avery expense.  Office sought Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

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

		:	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	counting/Banking Fees Food/Beverage Expense Food/Beverage Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Jeffrey Tay		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED		\$ 0
5 Date // 7 /2 3	6 Payee name LONG Star Affarch	and Design.	ſ
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
3,989.00	13/7 LOOP 256	Palestine	7x 75801
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	Political	signs (4)x4)
	(c) Check if travel outside of Texas, Complete S	hedule T. Check If A	uslin, TX, officabolder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1/8/24	Payee name  CSigNeV  Payee address;	Graphics	
Amount (\$)	Payee address;	City;	State; Zip Code
715.53	12404 Hay 155	South	TX. 75703
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this  Printing Expense	Description  24 X 18	yard signs w/stakes
EXPENDITURE	Check if travel outside of Texas. Complete	_	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS I	WEEDED
	WI IMOU VADOLLIOUME COLUMN		Revised 11/15/202