

# 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:								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>MRS</b></div> <div>FIRST <b>JENNIFER</b></div> <div>MI</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>TAYLOR</b></div> <div>SUFFIX</div> </div>	<b>OFFICE USE ONLY</b>  Date Received <div style="font-size: 1.2em; color: blue; text-align: center;">FILE FOR RECORD</div> <div style="font-size: 1.2em; color: blue; text-align: center;">JAN 15 2026</div> <div style="font-size: 0.8em; color: blue; text-align: center;">SUSAN STRICKLAND COUNTY CLERK VAN ZANDT COUNTY BY _____ DEP</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; <b>3410 FM 751, WILLS POINT, TX 75169</b></div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (<b>████</b>)</div> <div>PHONE NUMBER <b>██████████</b></div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>MR</b></div> <div>FIRST <b>JASON</b></div> <div>MI</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>TAYLOR</b></div> <div>SUFFIX</div> </div>	Date Hand-delivered or Date Postmarked  <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div>Date Processed</div> <div>Date Imaged</div>									
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); <b>3410 FM 751, WILLS POINT, TX 75169</b></div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (<b>████</b>)</div> <div>PHONE NUMBER <b>██████████</b></div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>             Month    Day    Year  <b>9    /    11    /    25</b> </div> <div>THROUGH</div> <div>             Month    Day    Year  <b>12    /    31    /    25</b> </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>             ELECTION DATE              Month    Day    Year  <b>3    /    3    /    26</b> </div> <div>             ELECTION TYPE  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special           </div> </div>										
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (If any)</div> <div>13 OFFICE SOUGHT (If known) <b>VAN ZANDT COUNTY JUSTICE OF THE PEACE, PCT 3</b></div> </div>										
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	<p style="font-size: 0.8em;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> 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  
JENNIFER TAYLOR

16 Filer ID (Ethics Commission Filers)

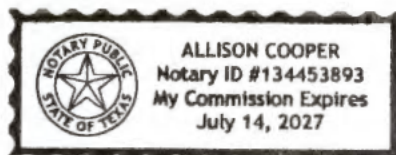
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,123.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,140.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,498.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,750.59

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jennifer Taylor this the 15th day of January.

20 21 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)



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

<b>19 FILER NAME</b> <b>JENNIFER TAYLOR</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> <b>NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,123.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,750.59
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,640.12
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,966.79
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 7,533.58
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

**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: **-3-****2** FILER NAME  
**JENNIFER TAYLOR****3** Filer ID (Ethics Commission Filers)**4** Date**9.13.25****5** Full name of contributor  
**JENNIFER TAYLOR**

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

**6** Contributor address; City; State; Zip Code**7** Amount of contribution (\$)**3.00****8** Principal occupation / Job title (See Instructions)

--

**9** Employer (See Instructions)

--

Date

**10.2.25**Full name of contributor  
**KELLY HERNANDEZ**

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

**20.00**

Principal occupation / Job title (See Instructions)

--

Employer (See Instructions)

--

Date

**10.2.25**Full name of contributor  
**BRENDA MORRIS**

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

--

Employer (See Instructions)

--

Date

**10.10.25**Full name of contributor  
**KATHERINE WHITE**

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

--

Employer (See Instructions)

--

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

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



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

**JENNIFER TAYLOR**

3 Filer ID (Ethics Commission Filers)

4 Date

**10.23.25**

5 Full name of contributor

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

**MARK & SHARON LUMSDEN**

7 Amount of contribution (\$)

**200.00**

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

--

9 Employer (See Instructions)

--

Date

**10.28.25**

Full name of contributor

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

**CHRIS LUNA**

Amount of contribution (\$)

**500.00**

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

--

Employer (See Instructions)

--

Date

**10.31.25**

Full name of contributor

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

**WANDA OUELLET**

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

--

Employer (See Instructions)

--

Date

**10.30.25**

Full name of contributor

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

**SCOTT WARD**

Amount of contribution (\$)

**50.00**

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

--

Employer (See Instructions)

--

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME  
**JENNIFER TAYLOR**

3 Filer ID (Ethics Commission Filers)

4 Date

**12.12.25**

5 Full name of contributor  
**KATHY STONAKER**

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

7 Amount of contribution (\$)

**50.00**

6 Contributor address; City; State; Zip Code

[REDACTED]

8 Principal occupation / Job title (See Instructions)

--

9 Employer (See Instructions)

--

Date

Full name of contributor

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

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

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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.



**LOANS****SCHEDULE E**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 E: <b>1</b>
2 FILER NAME <b>JENNIFER TAYLOR</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>09/12/2025</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>JENNIFER TAYLOR</b>	9 Loan Amount (\$) <b>2,750.59</b>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>3410 FM 751, WILLS POINT, TX 75169</b>	10 Interest rate <b>0.00</b>
		11 Maturity date <b>01/01/2027</b>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral  none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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

**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS****SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card PaymentEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: -10-		<b>2</b> FILER NAME JENNIFER TAYLOR		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/08/2025		<b>5</b> Payee name AMERICAN NATIONAL BANK OF TEXAS			
<b>6</b> Amount (\$) 3.49		<b>7</b> Payee address; City; State; Zip Code 340 N COMMERCE ST, WILLS POINT, TX 75169 <small>Check if individual's residence address.</small>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) FEES		<b>(b)</b> Description CASHIER'S CHECK		
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name --		Office sought --	Office held --
Date 11/10/2025		Payee name AMERICAN NATIONAL BANK OF TEXAS			
Amount (\$) 3.49		Payee address; City; State; Zip Code 340 N COMMERCE ST, WILLS POINT, TX 75169 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES		Description CASHIER'S CHECK		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name --		Office sought --	Office held --
Date 10/08/2025		Payee name EDGEWOOD HERITAGE SOCIETY			
Amount (\$) 60.00		Payee address; City; State; Zip Code 103 E ELM ST, EDGEWOOD, TX 75117 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES		Description FESTIVAL VENDOR SPACE		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name --		Office sought --	Office held --
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>-10-</b>		<b>2</b> FILER NAME <b>JENNIFER TAYLOR</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>09/19/2025</b>		<b>5</b> Payee name <b>SHIP &amp; PRINT</b>			
<b>6</b> Amount (\$) <b>16.38</b>		<b>7</b> Payee address; City; State; Zip Code <b>438 N. 4TH ST, WILLS POINT, TX 75169</b> <small>Check if individual's residence address.</small>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		<b>(b)</b> Description <b>LAMINATE TABLE SIGNS</b>		
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name --		Office sought --	Office held --
Date <b>11/10/2025</b>		Payee name <b>SHIP &amp; PRINT</b>			
Amount (\$) <b>25.33</b>		Payee address; City; State; Zip Code <b>438 N. 4TH ST, WILLS POINT, TX 75169</b> <small>Check if individual's residence address.</small>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING</b>		Description <b>MEET &amp; GREET INVITATIONS</b>		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name --		Office sought --	Office held --
Date <b>09/12/2025</b>		Payee name <b>SIGNS ON THE CHEAP</b>			
Amount (\$) <b>342.34</b>		Payee address; City; State; Zip Code <b>11525A STONEHOLLOW DR, STE 120, AUSTIN, TX 78758</b> <small>Check if individual's residence address.</small>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>		Description <b>SIGNS</b>		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name --		Office sought --	Office held --

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: -10-		<b>2</b> FILER NAME JENNIFER TAYLOR		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/04/2025		<b>5</b> Payee name AMAZON.COM, INC			
<b>6</b> Amount (\$) 52.99		<b>7</b> Payee address; City; State; Zip Code 410 TERRY AVE N., SEATTLE, WA 98109-5210 <small>Check if individual's residence address.</small>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) EVENT EXPENSE		<b>(b)</b> Description FESTIVAL GIVEAWAYS - LOLLIPOPS	
		<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/04/2025		Payee name AMAZON.COM, INC			
Amount (\$) 60.66		Payee address; City; State; Zip Code 410 TERRY AVE N., SEATTLE, WA 98109-5210 <small>Check if individual's residence address.</small>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) EVENT EXPENSES		Description FESTIVAL GIVEAWAYS - GLOWSTICKS & FIDGET SPINNERS	
		<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/10/2025		Payee name AMAZON,COM, INC			
Amount (\$) 79.62		Payee address; City; State; Zip Code 410 TERRY AVE N., SEATTLE, WA 98109-5210 <small>Check if individual's residence address.</small>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) EVENT EXPENSES		Description PARADE SUPPLIES - CANDY	
		<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>-10-</b>	2 FILER NAME <b>JENNIFER TAYLOR</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/01/2025</b>	5 Payee name <b>GOOGLE</b>
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6 Amount (\$) <b>11.95</b>	7 Payee address; City; State; Zip Code <b>1600 AMPHITHEATRE PARKWAY, MOUNTAIN VIEW, CA 94043</b>
Check if individual's residence address.	

8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>	(b) Description <b>GSUITE WORKSPACE: EMAIL, PHONE, &amp; WEBSITE HOSTING</b>
	(c) Check if travel outside of Texas. Complete Schedule T. 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
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Date <b>11/01/2025</b>	Payee name <b>GOOGLE</b>
Amount (\$) <b>21.86</b>	Payee address; City; State; Zip Code <b>1600 AMPHITHEATRE PARKWAY, MOUNTAIN VIEW, CA 94043</b>
Check if individual's residence address.	

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <b>GSUITE WORKSPACE: EMAIL, PHONE, &amp; WEBSITE HOSTING</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>12/01/2025</b>	Payee name <b>GOOGLE</b>
Amount (\$) <b>21.86</b>	Payee address; City; State; Zip Code <b>1600 AMPHITHEATRE PARKWAY, MOUNTAIN VIEW, CA 94043</b>
Check if individual's residence address.	

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <b>GSUITE WORKSPACE: EMAIL, PHONE, &amp; WEBSITE HOSTING</b>
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: -10-		<b>2</b> FILER NAME JENNIFER TAYLOR		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 09/12/2025		<b>5</b> Payee name VISTAPRINT			
<b>6</b> Amount (\$) 95.73		<b>7</b> Payee address; City; State; Zip Code 95 HAYDEN AVE, LEXINGTON, MA 02421 <small>Check if individual's residence address.</small>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING		<b>(b)</b> Description BUSINESS CARDS, POSTCARDS		
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/15/2025		Payee name VISTAPRINT			
Amount (\$) 73.29		Payee address; City; State; Zip Code 95 HAYDEN AVE, LEXINGTON, MA 02421 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description BUSINESS CARDS, CAR MAGNETS, WINDOW DECAL		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 11/30/2025		Payee name FACEBOOK/META PLATFORMS INC			
Amount (\$) 54.00		Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CA 94025 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description FACEBOOK ADS		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME JENNIFER TAYLOR		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12/08/2025		<b>5</b> Payee name FACEBOOK/META PLATFORMS INC			
<b>6</b> Amount (\$) 41.54		<b>7</b> Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CA 94025 <small>Check if individual's residence address.</small>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING		<b>(b)</b> Description FACEBOOK ADS		
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/14/2025		Payee name HYPERSCREEN PRINTING			
Amount (\$) 164.54		Payee address; City; State; Zip Code 102 OLD RAIL DR, KAUFMAN, TX 75142 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description TSHIRTS & HATS		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/12/2025		Payee name HYPERSCREEN PRINTING			
Amount (\$) 160.21		Payee address; City; State; Zip Code 102 OLD RAIL DR, KAUFMAN, TX 75142 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description TSHIRTS		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 10		<b>2</b> FILER NAME JENNIFER TAYLOR		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/04/2025		<b>5</b> Payee name WRIST-BAND.COM			
<b>6</b> Amount (\$) 182.78		<b>7</b> Payee address; City; State; Zip Code 16107 KENSINGTON DR, STE 172, SUGARLAND, TX 77479 <small>Check if individual's residence address.</small>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING		<b>(b)</b> Description SILICONE BRACELETS		
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>Date</b> 09/12/2025		<b>Payee name</b> GIFTS BY NAME BADGE/ETSY			
<b>Amount (\$)</b> 18.41		<b>Payee address; City; State; Zip Code</b> 12240 SOUTHWEST 53RD ST, COOPER CITY, FL 33330 <small>Check if individual's residence address.</small>			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADVERTISING		<b>Description</b> CANDIDATE NAME BADGE		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>Date</b> 09/15/2025		<b>Payee name</b> SQUARESPACE			
<b>Amount (\$)</b> 201.60		<b>Payee address; City; State; Zip Code</b> 225 VARICK ST, 12TH FL, NY, NY 10014 <small>Check if individual's residence address.</small>			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADVERTISING		<b>Description</b> WEBSITE		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: -10-		<b>2</b> FILER NAME JENNIFER TAYLOR		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12/04/2025		<b>5</b> Payee name TIFFANY SHEA DAVIS			
<b>6</b> Amount (\$) 100.00		<b>7</b> Payee address; City; State; Zip Code 201 N 4TH STREET, WILLS POINT, TX 75169 <small>Check if individual's residence address.</small>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) EVENT EXPENSE		<b>(b)</b> Description VENUE RENTAL		
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/03/2025		Payee name PRETTY BAKED BY CRYSTAL			
Amount (\$) 69.28		Payee address; City; State; Zip Code 232 ELM STREET, WILLS POINT, TX 75169 <input checked="" type="checkbox"/> <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description COOKIES FOR MEET & GREET		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/18/2025		Payee name MARK BACHTEL			
Amount (\$) 150.00		Payee address; City; State; Zip Code 804 VZCR 3809, WILLS POINT, TX 75169 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description TPOSTS		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: -10-		<b>2</b> FILER NAME JENNIFER TAYLOR		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/06/2025		<b>5</b> Payee name WILLS POINT CHAMBER OF COMMERCE			
<b>6</b> Amount (\$) 50.00		<b>7</b> Payee address; City; State; Zip Code 307 N 4TH STREET, WILLS POINT, TX 75169 <small>Check if individual's residence address.</small>			
<b>8</b>  PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) EVENT EXPENSE		<b>(b)</b> Description FESTIVAL VENDOR SPACE	
		<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/17/2025		Payee name WILLS POINT CHAMBER OF COMMERCE			
Amount (\$) 20.00		Payee address; City; State; Zip Code 307 N 4TH STREET, WILLS POINT, TX 75169 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description PARADE ENTRY FEE	
		<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/22/2025		Payee name BARCLAYS US CONSUMER BANK			
Amount (\$) 150.67		Payee address; City; State; Zip Code PO BOX 8801, WILMINGTON, DE 19899-8801 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER		Description CREDIT CARD BALANCE TRANSFER FEE	
		<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: -10 ✓		<b>2</b> FILER NAME JENNIFER TAYLOR		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 11/17/2025		<b>5</b> Payee name VAN ZANDT COUNTY REPUBLICAN PARTY			
<b>6</b> Amount (\$) 375.00		<b>7</b> Payee address; City; State; Zip Code PO BOX 1501, VAN, TX 75790 <small>Check if individual's residence address.</small>			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) FEES		<b>(b)</b> Description CANDIDATE FILING FEE		
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 12/12/2025		Payee name DONORBOX			
Amount (\$) 33.10		Payee address; City; State; Zip Code 1520 BELLE VIEW DR, STE 4106, ALEXANDRIA, VA 22307 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES		Description DONOR PLATFORM TRANSACTION PROCESSING		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
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 <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME JENNIFER TAYLOR	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 CREDIT CARD ISSUER	Name of financial institution US BANK
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6 PAYMENT	(a) Amount Charged \$ 3,766.79	(b) Date Expenditure Charged 10/10/2025	(c) Date(s) Credit Card Issuer Paid 10/22/2025
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7 PAYEE	(a) Payee name US BANK	(b) Payee address; PO BOX 790408, ST LOUIS, MO 79408 <input type="checkbox"/> Check if individual's residence address.	City, State, Zip Code
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description SIGNS, BANNERS, POSTCARDS, PENS
	(c) Check if travel outside of Texas. Complete Schedule T. 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
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PAYMENT	(a) Amount Charged \$ 200.00	(b) Date Expenditure Charged 12/12/2025	(c) Date(s) Credit Card Issuer Paid 12/12/2025
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PAYEE	(a) Payee name BARCLAYS US CONSUMER BANK	(b) Payee address; PO BOX 8801, WILMINGTON, DE19899-8801 <input type="checkbox"/> Check if individual's residence address.	City, State, Zip Code
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description CREDIT CARD PAYMENT
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; <input type="checkbox"/> Check if individual's residence address.	City, State, Zip Code
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PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

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



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME JENNIFER TAYLOR	3 Filer ID (Ethics Commission Filers)
4 Date 10/10/2025	5 Payee name SIGNS ON THE CHEAP	
6 Amount (\$) 3,139.36 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11525A STONEHOLLOW DR, STE 120, AUSTIN, TX 78758 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/13/2025	Payee name VISTAPRINT	
Amount (\$) 202.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 95 HAYDEN LN, LEXINGTON, MA 02421 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description BANNERS
	<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 10/14/2025	Payee name AMAZON.COM, INC	
Amount (\$) 424.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 410 TERRY AVE N., SEATTLE, WA 98109-5210 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description PENS
	<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 PERSONAL FUNDS

## SCHEDULE G

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 2		<b>2</b> FILER NAME JENNIFER TAYLOR		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/22/2025		<b>5</b> Payee name BARCLAYS US CONSUMER BANK			
<b>6</b> Amount (\$) 3,766.79  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code PO BOX 8801, WILMINGTON, DE 19899-8801  <input type="checkbox"/> Check if individual's residence address.			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) OTHER		<b>(b)</b> Description CREDIT CARD BALANCE TRANSFER	
		<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)  Reimbursement from political contributions intended		Payee address; City; State; Zip Code  <input type="checkbox"/> Check if individual's residence address.			
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			
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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	
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PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
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