CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00087806		2 Total pages	filed: 32
3 CANDIDATE /	MS / MRS / MR	FIRST	00007000	MI		
OFFICEHOLDER NAME	Mrs.	Elaine Taylor			OFFICE Date Received	USE ONLY
					ELECTRONIC	
	NICKNAME	LAST		SUFFIX	01/16/2024	
		Hays				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ſY;	ZIP CODE	Date Hand-delivered	l or Date Postmarked
OFFICEHOLDER MAILING	105 Lakeshore Drive					
ADDRESS					Receipt #	Amount
Change of Address	Runaway Bay, TX 76426					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Tracy J.				
	NICKNAME	LAST		SUFFIX		
		Hays				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	S	TATE; ZIP CODE
TREASURER	105 Lakeshore Drive					
ADDRESS						
(Residence or Business)	Runaway Bay , TX 76426					
	Trunaway Bay, TX 70420					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER	EXTENSION			
TREASURER PHONE	(806) 433-7724					
8 REPORT		-				
TYPE	X January 15	30th day before	e election	Runoff		ampaign treasurer fficeholder only)
	July 15	8th day before	election	Exceeded modified		ttach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	HROUGH	12/31/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XF	Primary	Runoff	Other	
	03/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	(if known)	
						e County District 64
						-
		~~ 7				
			TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	thics.state.tx.u	S	Ve	rsion V3.5.1.0bfcfb67

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 32

13 C / OH NAME	Hays, Elaine Taylor (Mrs.)	14 Filer ID (I 00087806	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	Dolitical contributions accepted or political expenditur These expenditures may have been made without th d officeholders are required to report this information	he candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	S			
16 CONTRIBUTION TOTALS		L IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS))	\$ 19,800.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 27,343.53		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 142,700.76		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS (TING PERIOD	OF THE LAST DAY	\$ 150,000.00		
17 AFFIDAVIT	•					
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.				
		Mrs. E	laine Taylor Hays			
		Signature of 0	Candidate or Officehold	der		
AFFIX NO	AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subso	ribed before me, by the s	aid	, this the	day		
of	, 20, to ce	ertify which, witness my hand and seal of office.	, ********			
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath		
Forms provided by Tex	xas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.0bfcfb67		

SUBTOTALS - C/OH		
		DVER SHEET PG 3 3 of 32
18 FILER NAME Hays, Elaine Taylor (Mrs.)	19 Filer ID 00087806	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 19,800.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. X SCHEDULE E: LOANS		\$ 150,000.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 26,285.82
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1,057.71
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

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	The Instru	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 1/8 Rpt: 4/32	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Hays, Elaine	e Taylor (Mrs.)			00087806	
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	12/22/2023	2222 Key Services LLC				\$200.00
	I	6 Contributor address; City; State; Zip Code		·		
		Amarillo, TX 79109				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
_						
	Date	Full name of contributor out-of-state PAC (ID#	#:)	'	Amount of Contribution (\$)	
	12/07/2023					\$250.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79105				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> د)		
	Self-Employe		Oil and Gas	3)		
	Date	Full name of contributor out-of-state PAC (ID#		1	Amount of Contribution (\$)	
	12/09/2023	Bauman, Robert (Dr.)	F)	'		\$100.00
	12,00,2020	Contributor address; City; State; Zip Code		·		Ψ±00.00
		Amarillo, TX 79109				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Professor		Amarillo College			
	Date	Full name of contributor out-of-state PAC (ID#		T	Amount of Contribution (\$)	
	11/30/2023	Burgess, Greg				\$300.00
	I	Contributor address; City; State; Zip Code		1		
<u> </u>	Dringing oog	Amarillo, TX 79114	Employer (Coo Instructions	<u> </u>		
	Principal occu Banker	ipation / Job title (See Instructions)	Employer (See Instructions Prosperity Bank	S)		
⊨				1		
	Date	Full name of contributor out-of-state PAC (ID#	<i>t</i> :)	'	Amount of Contribution (\$)	ቀንፍ በበ
	12/29/2023	Burnett, Jennifer (Mrs.)				\$25.00
		Contributor address; City; State; Zip Code				
		Wayside, TX 79094				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Homemaker		N/A			
-						

	The Instru	ction Guide explains how to complete this f	iorm.		Total pages Schedule A1: Sch: 2/8 Rpt: 5/32	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		e Taylor (Mrs.)		1 I	00087806	_ ,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/07/2023	Chavez, Vanessa (Mrs.)				\$250.00
	I	6 Contributor address; City; State; Zip Code		1		
Ļ	Drive in all as as	Amarillo, TX 79119		Ĺ		
8		ipation / Job title (See Instructions)	9 Employer (See Instructions Self-employed	S)		
	Ministry			1		
	Date)		Amount of Contribution (\$)	* 250.00
	12/30/2023	Christian, Joey (Mr.)				\$250.00
		Contributor address; City; State; Zip Code				
		Decatur, TX 76234				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L s)		
			Retired	-,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Τ	Amount of Contribution (\$)	
	12/19/2023	Daniel, Shirely (Mrs.)	/			\$200.00
				-		*=
		Amarillo, TX 79106				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		N/A			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	12/29/2023	Davis, Cheryl (Mrs.)				\$250.00
	I	Contributor address; City; State; Zip Code		1		
		Amorillo TV 70110				
┝	Dringing occu	Amarillo, TX 79119 Ipation / Job title (See Instructions)	Employor (Soo Instructions	<u> </u>		
	Homemaker		Employer (See Instructions N/A	S)		
╞				.		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀፍሰብ በበ
	12/31/2023	Deering, David (Mr.)				\$500.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76107				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Investor		Self	-,		
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		: Taylor (Mrs.)			00087806	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/29/2023	Donaldson, Raymond (Mr.)				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
_		Amarillo, TX 79121	- · · · · · · · · · · · · · · · · · · ·	<u> </u>		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Board Memb		QA Claims			
	Date	Full name of contributor Out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	±:
	10/18/2023					\$100.00
		Contributor address; City; State; Zip Code				
		Decatur, TX 76234				
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	د) ا		
	Project Mana		Landmark Structures	5)		
	Date			Т	Amount of Contribution (\$)	
	12/31/2023	Full name of contributor out-of-state PAC (ID#: Drury, Michael (Mr.))		Amount of Contribution (\$)	\$100.00
	12/01/2020	Contributor address; City; State; Zip Code		·		Ψ100.00
		Continuation address, City, State, Zip Code				
		Decatur, TX 76234				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Project Mana	ager	Landmark Structures			
	Date	Full name of contributor out-of-state PAC (ID#:	·)		Amount of Contribution (\$)	
	11/07/2023	Ferguson, Shellie				\$250.00
		Contributor address; City; State; Zip Code		1		
		Decatur, TX 76234	- · · · · · · · · · · · · · · · · · · ·	<u> </u>		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Director		ABUS	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷== 00
	11/30/2023	Gibbs, Candy				\$75.00
		Contributor address; City; State; Zip Code				
		Bushland, TX 79012				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)		
	Director		Hope Choice	5)		

	The Instru	ction Guide explains how t	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/32	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		e Taylor (Mrs.)				00087806	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/30/2023	Hodges, Kelli					\$100.00
		6 Contributor address; City; State	te; Zip Code		1		
		Hurst, TX 76053					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Repair Tech	nician		SMS Infocomm Corp			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/27/2023	Hughes, Mike	_				\$500.00
		Contributor address; City; State					
		Amarillo , TX 79159-0925					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	President			FMC Services, LLC			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/09/2023	Kelley, Jennifer					\$5,000.00
		Contributor address; City; State					
		Amarillo, TX 79109					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	N/A	,		Homemaker	,		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/09/2023	Kelley, Ken					\$3,000.00
		Contributor address; City; State	te; Zip Code				
		Amarillo, TX 79109					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Leasing			Neptune Leasing, Inc.			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/02/2023	Kidd, Tiffany					\$100.00
		Contributor address; City; State	ie; Zip Code				
		Tyler, TX 75701					
	Princinal occu	ipation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Business De			Customers Bank	<i>י</i> י		
_							

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/32	
2 FILER NAME			3 Filer ID (Ethics Commission	on Filers)
	e Taylor (Mrs.)		00087806	,
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)	
12/29/2023				\$100.00
	6 Contributor address; City; State; Zip Code		1	
	Bridgeport, TX 76426			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Homemaker	r	N/A		
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
12/29/2023	Marley, Bill (Mr.)			\$100.00
	Contributor address; City; State; Zip Code		1	
	Bridgeport, TX 76426			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Retired		N/A		
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
11/24/2023	McCown, James			\$150.00
	Contributor address; City; State; Zip Code			
	Amarillo, TX 79114			
-	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Retired		N/A		
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
12/30/2023	Meek, Sue			\$250.00
	Contributor address; City; State; Zip Code			
	Bridgeport, TX 76426			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Realtor		Century 21		
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)	
10/20/2023	Milliner, Traci (Mrs.)			\$2,000.00
	Contributor address; City; State; Zip Code	······	1	
	Keller, TX 76262			
-	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Homemaker	r	Retired		

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	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/32	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Hays, Elaine	e Taylor (Mrs.)			00087806	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/19/2023	Russell, Reba (Mrs.)				\$300.00
	I	6 Contributor address; City; State; Zip Code		1		
		Amarillo, TX 79102				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions			
	Author and E	Executive Director	Total Freedom Ministries	S		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/17/2023	Schroder, Suzanne (Mrs.)				\$100.00
	I	Contributor address; City; State; Zip Code		1		
		Amarillo, TX 79118	- <u>-</u>			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Homemaker		N/A			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/19/2023	Sell, Sharon				\$250.00
	I	Contributor address; City; State; Zip Code]		
		Amorillo TV 70110				
	Dringing oog	Amarillo, TX 79119	Employer (See Instructions	<u> </u>		
	Homemaker	ipation / Job title (See Instructions)	Employer (See Instructions N/a	5)		
				1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#450.00
	11/27/2023	Shelton, Joan				\$150.00
		Contributor address; City; State; Zip Code				
		Amarillo, TX 79102				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ב)		
	Retired		N/A	,		
				.	Amount of Contribution (¢)	
	Date 10/31/2023	Full name of contributor out-of-state PAC (ID#: Sims, Julie (Mrs.))		Amount of Contribution (\$)	\$3,000.00
	10/31/2023			•		Φ3,000.00
		Contributor address; City; State; Zip Code				
		Canyon, TX 79015				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Homemaker		N/A	-,		
-						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/32
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hays, Elaine	e Taylor (Mrs.)		00087806
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/30/2023	Sorenson, Jeanne (Mrs.)		\$100.00
	6 Contributor address; City; State; Zip Code		
	Canyon, TX 79015		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))
Homemaker			
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/07/2023	Stahlecker, Winstom (Mr.)	,	\$50.00
	Cultinution address, City, State, Zip Code		
	Canyon, TX 79015		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Retired		N/A	-
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
12/08/2023	Thompson, Jerry (Mr.)	/	\$100.00
12/00/2020			+
	Contributor address; City; State; Zip Code		
	Amarillo, TX 79118		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Oil and Gas		T Outfit, LLC)
		1	Amount of Contribution (C)
Date 12/07/2023	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/07/2023	Turley, Debbie		\$300.00
	Contributor address; City; State; Zip Code		
	Amarillo, TX 79109		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	N
Retired		N/A)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/29/2023	Wilks, Richard (Mr.)		\$50.00
	Contributor address; City; State; Zip Code		
	Fart Marth TV 76100		
	Fort Worth, TX 76133		~
-	pation / Job title (See Instructions)	Employer (See Instructions))
Sales		Silver Creek Materials	

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/32
2 FILER NAME Hays, Elaine Taylor (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087806
12/08/2023 Williamson, Sarah (Mrs.) 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$)\$250.00
Amarillo, TX 79119 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Sonogram Hope Choice	

LOANS						SCHEDULE E
The Instructio	n Guide explains how to c	complete this f	orm.	1		ges Schedule E: 2 Rpt: 12/32
2 FILER NAME Hays, Elaine Tay	/lor (Mrs.)			3	Filer ID 000878	(Ethics Commission Filers) 06
⁴ TOTAL OF UN	ITEMIZED LOANS			•		\$
5 Date of loan 07/11/2023	7 Name of lender Hays, Elaine	out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$100.00
6 Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Rate
No	RUNAWAY BAY, TX 7642	6				11 Maturity Date
Retired	on / Job title (See Instructions)		13 Employer (See Instru- Retired			
14 Description of Coll	ateral		15 Check if personal fun	ds were o	leposited	into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City;	State;	Zip Code			
20 Principal occupatio	'n		21 Employer (See Instru-	ctions)		
Date of loan	Name of lender	out-of-state PA	C (ID#:)	Loan Amount (\$)
08/03/2023 Is lender a	Hays, Elaine Lender address; City;	State;	Zip Code			\$10,000.00 Interest Rate
financial institution?						Maturity Date
No	RUNAWAY BAY, TX 7642	6				Maturity Date
Principal occupation Retired	on / Job title (See Instructions)		Employer (See Instru Retired	ctions)		
Description of Coll	ateral		Check if personal fun	ds were o	leposited	into political account (See Instructions)
GUARANTOR INFORMATION	Name of guarantor					Amount Guaranteed (\$)
X not applicable	Guarantor address; City;	State;	Zip Code			
Principal occupatio	n		Employer (See Instru	ctions)		1

LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form.		ges Schedule E: 2 Rpt: 13/32
2 FILER NAME Hays, Elaine Taylor (Mrs.)	3 Filer ID 000878	(Ethics Commission Filers) 06
⁴ TOTAL OF UNITEMIZED LOANS	\$	
5 Date of loan 7 Name of lender out-of-state PAC (ID# 12/15/2023 Hays, Elaine	:)	9 Loan Amount (\$) \$139,900.00
6 Is lender a 8 Lender address; City; State; financial institution?	Zip Code	10 Interest Rate
No RUNAWAY BAY, TX 76426		11 Maturity Date
	mployer (See Instructions) Retired	
	heck if personal funds were deposited	into political account (See Instructions)
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guaranteed (\$)
X not applicable 18 Guarantor address; City; State;	Zip Code	
20 Principal occupation 21 E	mployer (See Instructions)	
i		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	ense Office Ov Polling Ex als Expense Printing E	xpense Vages/Contract Labor	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 F1:	LER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 1/14 Rpt: 14/32	ays, Elaine Taylor (Mrs.)	00087806							
4	Date 10/17/2023	Payee name Anedot								
6	Amount (\$) \$4.30	7 Payee address; City; State; Zip Code P. O. Box 84314 Baton Rouge, LA 70884								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if taxel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online platform					, TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held					
	Date	ayee name								
	10/18/2023	nedot								
	Amount (\$) \$4.30	ayee address; City; . O. Box 84314 aton Rouge, LA 70884	State; Zip Co	de						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed a	t the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense rm					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held					
	Date	ayee name								
	11/07/2023	nedot								
	Amount (\$) \$10.30	ayee address; City; . O. Box 84314	State; Zip Co	ode						
		aton Rouge, LA 70884								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed a	t the top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense rm					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr Gift/Awards/Memorials Expense Printing Expense Tr Committee Legal Services Salaries/Wages/Contract Labor O The Instruction Guide explains how to complete this form.					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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 2/14 Rpt: 15/32		Hays, Elaine Taylor (Mrs.)00087806									
4	Date	5	5 Payee name Anedot									
	11/27/2023											
6	Amount (\$) \$6.30	 Payee address; City; State; Zip Code P. O. Box 84314 Baton Rouge, LA 70884 										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense OF EXPENDITURE OF Image: Check if Austin, TX, officeholder living expense												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ht		Office held				
	Date		Payee name									
	12/02/2023		Anedot									
	Amount (\$) \$4.30		Payee address; City; P. O. Box 84314 Baton Rouge, LA 70884	State;	Zip Coo	le						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Fees	of this sche	edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice soug	ht		Office held				
F	Date		Payee name									
	12/08/2023		Anedot									
	Amount (\$) \$10.30		Payee address; City; P. O. Box 84314	State;	Zip Co	le						
			Baton Rouge, LA 70884									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Fees	of this sche	edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/F Fees Office Overhead/R Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Co The Instruction Guide explains how to complete	Image: sense Transportation Equipment & Related Expense Travel in District Travel Out of District Ontract Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	ILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 3/14 Rpt: 16/32	lays, Elaine Taylor (Mrs.)	00087806							
4	Date 12/08/2023	Payee name Anedot								
6	Amount (\$) \$4.30	7 Payee address; City; State; Zip Code P. O. Box 84314 Baton Rouge, LA 70884								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if Check if Check if Check if Check if Check if Austin, TX, officeholder living expense Online platform Check if Austin, TX, officeholder living expense Online platform										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/29/2023	Anedot								
	Amount (\$) \$4.30	Payee address; City; State; Zip Code P. O. Box 84314 Baton Rouge, LA 70884								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) D Gees	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online platform							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	ayee name								
	12/29/2023	Anedot								
	Amount (\$) \$4.30	Payee address; City; State; Zip Code P. O. Box 84314								
		Baton Rouge, LA 70884								
	PURPOSE OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check If Austin, TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							

			EXPENDITURE CATE	GORIES FO	R BO	DX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 4/14 Rpt: 17/32		Hays, Elaine Taylor (Mrs.) 00087806								
4	Date 12/29/2023		5 Payee name Anedot								
6	Amount (\$) \$2.30		7 Payee address; City; State; Zip Code P. O. Box 84314 Baton Rouge, LA 70884								
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online platform										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held			
	Date		Payee name								
	12/29/2023		Anedot								
	Amount (\$) \$1.30		Payee address; City; S P. O. Box 84314 Baton Rouge, LA 70884	itate; Zip C	ode						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th	is schedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held			
	Date 12/29/2023		Payee name Anedot								
	Amount (\$) \$40.30		Payee address; City; S P. O. Box 84314	itate; Zip C	ode						
			Baton Rouge, LA 70884								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Fees	is schedule)	(b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		candidate/Officeholder name	Office sou	ught			Office held			

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	an Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense alaries/Wages/Contract Labor v to complete this form.	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 F1:	LER NAME		3 Filer ID (Ethics Commission Filers)							
	Sch: 5/14 Rpt: 18/32	ays, Elaine Taylor (Mrs.)		00087806							
4	Date 12/29/2023	ayee name nedot									
6	Amount (\$) \$10.30	7 Payee address; City; State; Zip Code P. O. Box 84314 Baton Rouge, LA 70884									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if Austin, TX, officeholder living expense Online platform											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Offi	ce sought	Office held							
	Date	ayee name									
	12/30/2023	nedot									
	Amount (\$) \$4.30	ayee address; City; State; 2 O. Box 84314 aton Rouge, LA 70884	ip Code								
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedu	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense rm							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Offi	ce sought	Office held							
	Date	ayee name									
	12/30/2023	nedot									
	Amount (\$) \$10.30	ayee address; City; State; 2 O. Box 84314	Code								
		aton Rouge, LA 70884									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedu	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense rm							
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Offi	ce sought	Office held							

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	e Polling Expense Printing Ex	oense ages/Contract Labor	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 F1:	LER NAME			3 Filer ID (Ethics Commission Filers)						
	Sch: 6/14 Rpt: 19/32	ays, Elaine Taylor (Mrs.)			00087806						
4	Date 12/30/2023	ayee name nedot									
6	Amount (\$) \$10.30	7 Payee address; City; State; Zip Code P. O. Box 84314 Baton Rouge, LA 70884									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if Austin, TX, officeholder living expense Online platform Check if Austin, TX, officeholder living expense Online platform											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ht	Office held						
	Date	ayee name									
	12/30/2023	nedot									
	Amount (\$) \$4.30	ayee address; City; O. Box 84314 aton Rouge, LA 70884	State; Zip Co	le							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at th	e top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense M						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ht	Office held						
	Date	ayee name									
	12/31/2023	nedot									
	Amount (\$) \$20.30	ayee address; City; O. Box 84314	State; Zip Co	le							
		aton Rouge, LA 70884									
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at th	e top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense M						
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ht	Office held						

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Gift/Awar	rerage Expense ds/Memorials Expense	Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contract Labor		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 F1:	2	FILER NAME		Filer ID (Ethics Commission Filers)						
	Sch: 7/14 Rpt: 20/32		Hays, Elaine Taylo	or (Mrs.)				00087806			
4	Date 12/30/2023		Payee name Anedot								
6	Amount (\$) \$4.30		7 Payee address; City; State; Zip Code P. O. Box 84314 Baton Rouge, LA 70884								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online platform											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	er name C	Office sou	ght		Office held			
	Date		Payee name								
	07/26/2023		First National Ban	<							
	Amount (\$) \$39.54		P.O. Box 94905		; Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)	Wichita Falls, TX 9 Category _{(See Catego} Accounting/Bankir	ries listed at the top of this sch	edule)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name C	Office sou	ght		Office held			
	Date		Payee name								
	10/04/2023		First National Ban	K							
	Amount (\$) \$41.40		Payee address; P. O. Box 94905	City; State	; Zip Co	de					
			Wichita Falls, TX §	94905							
	PURPOSE OF EXPENDITURE		Category _{(See Catego} Accounting/Bankir	ries listed at the top of this sch	edule)		I, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholde	er name C	Office sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Ex Fees Food/Be Gift/Awa nmittee Legal Se	pense verage Expense ds/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	oayment/Reimburseme erhead/Rental Expense kpense Expense Wages/Contract Labor		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 F1:	2	EII ER NAME			-	3	Filer ID	(Ethics Commission Filers)			
Ť	Sch: 8/14 Rpt: 21/32	[~	Hays, Elaine Tayle	or (Mrs.)			ľ	00087806	(
4	Date	5	Payee name	、 ,								
	12/30/2023		No Box Creative									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$2,800.00		1001 SE 3rd Ave									
			Suite B									
			Amarillo, TX 7910	b								
						1						
8	PURPOSE OF	(a)	Category (See Catego		schedule)	(b) Description						
	EXPENDITURE		Advertising Expen	se				ide of Texas. Comp , officeholder living				
						Advertising		, onicendider living	expense			
						/ dvertising	1					
9	Complete ONLY if direct		Candidate/Officehold	rnomo	Office sou	laht		Office he	ld			
y	expenditure to benefit C/OF		candidate/Officenoide	er name	Office sou	igni		Onice he	iu			
	Date		Payee name									
	11/27/2023		Republican Party	of Texas								
	Amount (\$)		Payee address;	City; St	ate; Zip Co	ode						
	.,	\$750.00 P. O. Box 2206										
	+											
			Austin, TX 78768									
	PURPOSE	(a)	Category (See Catego	ries listed at the top of this	schedule)	(b) Description						
	OF EXPENDITURE		Fees					ide of Texas. Com				
	-						istin, TX	, officeholder living	expense			
						Filing fee						
	-											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	er name	Office sou	ught	t Office held					
		-										
	Date		Payee name									
	10/13/2023		Rightside Strageti	es								
	Amount (\$)		Payee address;	City; St	ate; Zip Co	ode						
	\$4,000.00		2201 Spinks Road	l								
			#302									
			Flower Mound, TX	75022								
-	PURPOSE	 (2)				(b) Description						
	OF	(a)	Category (See Catego		schedule)		vel outs	ide of Texas. Com	blete Schedule T.			
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense										
		Consulting										
-	Complete ONLY if direct	L(Candidate/Officehold	er name	Office sou	ught		Office he	ld			
	expenditure to benefit C/Oł				2	5.5		2	-			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Transp. Food/Beverage Expense Polling Expense Travel i Gift/Awards/Memorials Expense Printing Expense Travel i Committee Legal Services Salaries/Wages/Contract Labor OTHER The Instruction Guide explains how to complete this form.					Transportation E Travel in District Travel Out of Di				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission I	Filers)
	Sch: 9/14 Rpt: 22/32		Hays, Elaine Taylor (Mrs.) 00087806									
4	Date	5	Payee name									
	10/13/2023		Rightside Strageties									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$429.94		2201 Spinks Road									
			#302									
			Flower Mound, TX 75022									
8	PURPOSE OF	(a)	Category (Se	e Categories listed at th	ne top of this sch	edule)	(b)	Description				
	EXPENDITURE		Printing Exp	ense							plete Schedule T.	
								Printing	, 17,	officeholder livin	y expense	
								Finany				
_	Carealata ONII V if direct		Develidete/Offi							Office h		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Offic	eholder name	Ĺ	Office sou	ignt			Office h	eid	
	Date		Payee name									
	11/10/2023		Rightside St	rategies								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	ode					
	\$4,000.00		2201 Spinks	-		•						
	+ .,		#302									
			Flower Mou	nd, TX 75022								
	PURPOSE OF	(a)	Category (Se	e Categories listed at th	ne top of this sch	edule)	(b)	Description				
	EXPENDITURE		Consulting E	Expense						de of Texas. Con officeholder livin	nplete Schedule T.	
								Consulting	, 17,	Unicendider IIvin	y expense	
								Consulting				
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	l			Office h	eld	
	expenditure to benefit C/Oł						igin			enice n		
_	Data	<u> </u>	Devis									
	Date		Payee name	ratagiaa								
	11/10/2023		Rightside St									
	Amount (\$)		Payee addres		State;	Zip Co	ode					
	\$700.62		2201 Spinks	Road								
			#302									
			Flower Mou	nd, TX 75022								
-	PURPOSE	(a)	Category (so	e Categories listed at th	ne ton of this sch	edule)	(b)	Description				
	OF	Ľ	Printing Exp			cuuic)	Ľ		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·					Check if Austin	, тх,	officeholder livin	g expense	
								Printing				
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ight			Office h	eld	
	expenditure to benefit C/OI	Н										

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District									
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)									
	Sch: 10/14 Rpt: 23/32	Hays, Elaine Taylor (Mrs.) 00087806									
4	Date	Payee name									
	11/10/2023	Rightside Strategies									
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 2201 Spinks Road									
		#302									
		Flower Mound, TX 75022									
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Walklist (b) Description 										
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held									
	Date	Payee name									
	11/10/2023	Rightside Strategies									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$39.94	2201 Spinks Road									
		#302									
		Flower Mound, TX 75022									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE	Office Overhead/Rental Expense									
		Check if Austin, TX, officeholder living expense Office									
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held									
	Date	Payee name									
	11/10/2023	Rightside Strategies									
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 2201 Spinks Road #302 Flower Mound, TX 75022									
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office 									
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held									

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense 7 Food/Beverage Expense Polling Expense 7 Gift/Awards/Memorials Expense Printing Expense 7				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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 11/14 Rpt: 24/32		Hays, Elaine Taylor (Mrs.)					00087806				
4	Date	5	Payee name									
	12/28/2023		Rightside Strategies									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$4,000.00		2201 Spinks Road									
			#302									
			Flower Mound, TX 75022									
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description						
	OF EXPENDITURE		Consulting Expense	,		Check if travel		ide of Texas. Complete Schedule T.				
							, TX,	, officeholder living expense				
						Consulting						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	lught			Office held				
_	Date		Pavee name									
	12/28/2023		Rightside Strategies									
	Amount (\$)			ate; Zip Co	odo							
	\$409.88		2201 Spinks Road	ale, zip ol	Jue							
	ψ+09.00		#302									
			Flower Mound, TX 75022									
_	PURPOSE	(a)	Category (See Categories listed at the top of this	aabadula)	(b)	Description						
	OF		Printing Expense	schedule)			outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		5				, TX,	, officeholder living expense				
						Printing						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ught			Office held				
_	Data	_										
	Date 12/28/2023		Payee name Rightside Strategies									
	Amount (\$)			ate; Zip Co	oae							
	\$1,604.55		2201 Spinks Road									
			#302									
			Flower Mound, TX 75022									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description	outei	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Advertising Expense					, officeholder living expense				
						Advertising						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ught			Office held				
		-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing 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 F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 12/14 Rpt: 25/32		Hays, Elaine Taylor (Mrs.)					00087806
4	Date 12/28/2023		Payee name Rightside Strategies					
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 0 2201 Spinks Road #302 Flower Mound, TX 75022						
8	PURPOSE OF EXPENDITURE	OF Solicitation/Eundraising Expanse						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office souç	ıht		Office held
	Date		Payee name					
	12/28/2023		Rightside Strategies					
	Amount (\$) \$500.00		Payee address; City; 2201 Spinks Road #302 Flower Mound, TX 75022		Zip Coo	le		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Walklist	op of this sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held
	Date		Payee name					
	12/28/2023		Rightside Strategies					
	Amount (\$) \$4,450.00		Payee address; City; 2201 Spinks Road #302 Flower Mound, TX 75022	State;	Zip Coo	le		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Voter Research	pp of this sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held

	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 Ex nmittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing 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 F1:	2	2 FILER NAME 3 Filer ID (Et						(Ethics Commission Filers)
	Sch: 13/14 Rpt: 26/32		Hays, Elaine Taylor (Mrs.)					00087806	
4	Date	5							
	12/28/2023		Rightside Strategies						
6	Amount (\$)	7	Payee address; City;	State [.]	Zip Co	10			
ľ	\$91.25	ľ	2201 Spinks Road	Olule,	210 00				
	\$51.20		#302						
			Flower Mound, TX 75022						
8	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description			alata Cabadada T
	EXPENDITURE		Consulting Expense					ide of Texas. Com , officeholder living	
						Consulting	, 17	, onicentilider hving	expense
						g			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice sou	Jht		Office he	eld
	Date		Payee name						
	12/30/2023		Sims, Julie						
	Amount (\$)		Payee address; City;	State:	Zip Co	de			
	\$300.00 20400 FM 2590								
			Canyon, TX 79015						
	PURPOSE OF	(a)	Category (See Categories listed at the Event Expense	top of this sch	edule)	(b) Description	outsi	ide of Texas. Com	plete Schedule T.
Check if Austin, TX, officeholder				, officeholder living	expense				
						Event Expens	se		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	iht		Office he	ald
F	Date		Payee name						
	08/28/2023		TFRW Convention						
	Amount (\$)		Payee address; City;	State:	Zip Co	de			
	\$250.00		13740 N. Highway 183	,					
			Suite J4						
			Austin, TX 78750-1832						
						<i>a</i> >			
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	edule)	(b) Description	nute	ide of Texas. Com	nlete Schedule T
	EXPENDITURE		Event Expense					, officeholder living	
						Event Expens		. U	
						-			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Dffice sou	ght		Office he	eld

	EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage E: - Gift/Awards/Memo I Committee Legal Services	kpense Office Polling prials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense Expense g Expense es/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Total pages Schedule F4: Sch: 1/5 Rpt: 28/32	2 FILER NAME Hays, Elaine Taylor (Mrs	5.)		3 Filer ID (Ethics Commission Filers) 00087806			
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CH	HARGED TO A CF	REDIT CARD	\$			
5	Date 11/24/2023	6 Payee name Amazon - Boloyo			•			
7	Amount (\$) \$12.98	8 Payee address; City; 410 Terry Ave North Seattle, WA 98109	State; Zip	Code				
9	TYPE OF EXPENDITURE	X Political	Non-F	Political				
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories lister Office Overhead/Rental			el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ds			
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/OI	L Candidate/Officeholder name H	e Office s	ought	Office held			
F	Date 10/19/2023	Payee name Bridgeport Chamber of (Commerce					
	Amount (\$) \$40.00	Payee address; City; 812A Halsell St	State; Zip	Code				
	TYPE OF	Bridgeport, TX 76426						
	EXPENDITURE	X Political		Political				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed Event Expense	d at the top of this schedule)		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	e Office s	sought	Office held			

	EXPENDITURE	S MADE BY CREDIT CARD	SCHEDULE F4		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		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: Sch: 2/5 Rpt: 29/32	2 FILER NAME Hays, Elaine Taylor (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087806		
4	TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
5	Date 12/20/2023	6 Payee name Ferah Tex-Med Kitchen			
7	Amount (\$) \$32.15	8 Payee address; City; State; Zip Code 355 N. Carroll Ave Denton, TX 76092			
9	TYPE OF EXPENDITURE	X Political Non-Political			
10	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense nch meeting		
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date 10/06/2023	Payee name I Distro			
	Amount (\$) \$19.43	Payee address; City; State; Zip Code 2511 W. La Palma Unit D California, TX 92801			
F	TYPE OF EXPENDITURE	X Political Non-Political			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense S		
F	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		

	EXPENDITURE	ES MADE BY CR	EDIT CARD		SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage E Gift/Awards/Mem I Committee Legal Services	Expense Office O Polling B norials Expense Printing	payment/Reinbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	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: Sch: 3/5 Rpt: 30/32	2 FILER NAME Hays, Elaine Taylor (Mr	rs.)		3 Filer ID (Ethics Commission Filers) 00087806
4	TOTAL OF UNITEMI	ZED EXPENDITURES C	HARGED TO A CR	EDIT CARD	\$
5	Date 11/27/2023	6 Payee name Pack n Mail			
7	Amount (\$) \$55.03	8 Payee address; City; 1816 S FM 51 Suite 400 Decatur, TX 76234	State; Zip C	code	
9	TYPE OF EXPENDITURE	X Political	Non-Po	litical	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste Postage	ed at the top of this schedule)	Check if Aust	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense elivery for ballot application
11	. Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nam H	ne Office so	ught	Office held
	Date 12/08/2023	Payee name Robson Ranch			
	Amount (\$) \$200.00	Payee address; City; 9448 Ed Robson Circle		Code	
╞	TYPE OF EXPENDITURE	Denton, TX 76207-6697	7 Non-Pc	litical	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories liste Event Expense	ed at the top of this schedule)		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense et Dinner
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nam H	ne Office so	ught	Office held

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4							
Advertising Expense	Solicitation/Fundraising Expense						
Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic	al Committee Legal Services		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1 Total pages Schedule F4: Sch: 4/5 Rpt: 31/32	2 FILER NAME Hays, Elaine Taylor (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087806				
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHA	RGED TO A CREDIT CARD	\$				
5 Date 12/29/2023	6 Payee name Summer Moon Coffee						
7 Amount (\$) \$12.14	8 Payee address; City; 1004 Keller Parkway Suite 104 Keller, TX 76248	State; Zip Code					
9 TYPE OF EXPENDITURE	X Political	Non-Political					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at t Food/Beverage Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense eeting				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name DH	Office sought	Office held				
Date 08/05/2023	Payee name Wise Republican						
Amount (\$) \$300.00	Payee address; City; P. O. Box 1521	State; Zip Code					
TYPE OF	Decatur, TX 76234						
EXPENDITURE	X Political	Non-Political					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at t Event Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ets				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name DH	Office sought	Office held				

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations I Candidate/Officeholder	F F Iade By - G IPolitical Committee L	EXPENDITURE C/ vent Expense ees ood/Beverage Expense ift/Awards/Memorials Expense agal Services	Loan Rep Office Ov Polling Ex nse Printing E Salaries/N	ayment/Reimburseme erhead/Rental Expense pense xpense Vages/Contract Labor	e Transportation Equ Travel in District Travel Out of Distric	ipment & Related Expense		
1 Total pages Schedul Sch: 5/5 Rpt: 32/3		Taylor (Mrs.)			3 Filer ID (00087806	Ethics Commission Filers)		
⁴ TOTAL OF UNIT	EMIZED EXPENDI	FURES CHARGE	ED TO A CRE	DIT CARD	\$			
5 Date 11/09/2023	6 Payee name iOffice				•			
7 Amount (\$) \$35	8 Payee address 3.50 1010 W. Bus Decatur, TX	380	State; Zip Co	ode				
9 TYPE OF EXPENDITURE		Ditical	Non-Pol	tical				
10 PURPOSE OF EXPENDITURE	<i>°</i> ,	Categories listed at the top undraising Expens			ivel outside of Texas. Comple Istin, TX, officeholder living e: g letter			
11 Complete <u>ONLY</u> if di expenditure to benef		eholder name	Office sou	ght	Office held	l		
Date 11/14/2023	Payee name iOffice							
Amount (\$) \$3	Payee address 2.48 1010 W. Bus		State; Zip Co	ode				
	Decatur, TX	76234						
TYPE OF EXPENDITURE	X P	olitical	Non-Pol	tical				
PURPOSE OF EXPENDITURE	3	Categories listed at the top undraising Expens			avel outside of Texas. Comple Istin, TX, officeholder living ex g letters			
Complete <u>ONLY</u> if di expenditure to benef		eholder name	Office sou	ght	Office held			