FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 00016594 3 COMMITTEE NAME **OFFICE USE ONLY** Taylor County Democratic PAC (CEC) Date Received **ELECTRONICALLY FILED** 01/20/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 3595 Date Hand-delivered or Date Postmarked Change of Address Abilene, TX 79604 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dianne NAME NICKNAME LAST **SUFFIX** Morphew STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2401 S. 25th St. #215 STREET **ADDRESS** (Residence or Business) Abilene, TX 79605 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2526 Bennett Drive MAILING **ADDRESS** Abilene, TX 79605 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (325) 513-2582 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 11/07/2023 χ General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

2 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)		
Taylor County Democra	Taylor County Democratic PAC (CEC)					
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS x check here if this rep	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	0.00		
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	770.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITION	CAL EXPENDITURES	\$	7,742.84		
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	5,179.08		
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT	•		•			
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.				
		Dianne	Morphew			
		Signature of Car	mpaign Treas	urer		
AFFIX NOTARY	STAMP / SEAL ABOV	Е				
		, th	nis the	day		
		fy which, witness my hand and seal of office.				
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of off	cer administering oath		

SUBTOTALS - CEC

FORM CEC COVER SHEET PG 3 3 of 10

				3 of 10
17 COMMITTE	(Ethics Commiss	sion Filers)		
Taylor Cou				
19 SCHEDULE NAME OF S	SUBTOTA	L AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	770.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	\$			
5. X	\$	7,742.84		
6. X	\$	0.00		
7.	\$			
8. X	\$	0.00		
9.	\$			
10. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	3,500.00
			1	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	The Instruction Guide explains how to complete this form.				otal pages Schedule A1: ch: 1/2 Rpt: 4/10			
2	FILER NAME Taylor Count	ty Democratic PAC (CEC)			1	ler ID (Ethics Commission 0016594	n Filers)		
4	Date 12/28/2023				7 Ar	mount of Contribution (\$)	\$60.00		
		Merkel, TX 79536							
8		pation / Job title (See Instructions) ity Supervisor		Employer (See Instructions First Baptist Church-Abi		тх			
	Date 10/16/2023	Full name of contributor Dillman, Dillman (Mr.) Contributor address; City; State;	out-of-state PAC (ID#:;		Ar	nount of Contribution (\$)	\$150.00		
	Principal occu College Prof	pation / Job title (See Instructions)		Employer (See Instructions Hardin Simmons Univer					
	Date Full name of contributor out-of-state PAC (ID#:) 12/31/2023 Goolsbee`, Linda (Mrs.) Contributor address; City; State; Zip Code Abilene, TX 79608-5108			Ar	nount of Contribution (\$)	\$150.00			
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions N/A	<u> </u> 				
	Date 07/14/2023	Full name of contributor Kaufmann, Brandi (Ms.) Contributor address; City; State; Abilene, TX 79602	out-of-state PAC (ID#:; Zip Code)	Ar	nount of Contribution (\$)	\$10.00		
	Principal occupation / Job title (See Instructions) Teacher			Employer (See Instructions Abilene ISD	5)				
	Date Full name of contributor out-of-state PAC (ID#: 12/27/2023 Perkins, Linda (Mrs.) Contributor address; City; State; Zip Code Abilene, TX 79602)	Ar	mount of Contribution (\$)	\$300.00			
	Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) N/A			S)					
			•						

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/2 Rpt: 5/10
2	FILER NAME Taylor Coun	ty Democratic PAC (CEC)			3	Filer ID (Ethics Commission Filers) 00016594
4	Date 08/31/2023 5 Full name of contributor out-of-state PAC (ID#:) Sanders, Donna (Mrs.) 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$100.00	
8	Principal occu	Abilene, TX 79602-3301 upation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)	
	Fin. Account	tant		Day Nursery of Abilene		

	OGED CONTRIBUTI	ONS			SCHEDULE B		
T	he Instruction Guide explai	ns how to comple	te this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 6/10		
2 FILER N	AME			3	Filer ID (Ethics Commission Filers)		
Taylor C	ounty Democratic PAC (CEC)				00016594		
4 TOTAL	OF UNITEMIZED PLEDGES	6			\$ 0.0		
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:) 8			
	7 Pledgor Address;	City; State; Zip Code			pledge (\$) (If applicable)		
					Check if travel outside of Texas. Complete Schedule		
10 Principal		ins)	11 Employer (See Inst	ructi			
					,		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above	/e)
	·	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	n Filers)
	Sch: 1/3 Rpt: 7/10	Taylor County Democratic PAC (CEC) 00016594	
4	Date	5 Payee name	
	12/21/2023	AT&T Mobility	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$340.89	PO Box 6463	
		Carol Stream, IL 60197-6463	
_	D. IDD 0.05		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Mobil Phone monthly charges	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/OI		
	Date	Payee name	
	11/30/2023	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.21		
		TX	
	PURPOSE	(b) p	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense	
		Fees charged by ActBlue for collecting onlin	е
		contributions	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Dete		
	Date	Payee name	
	12/14/2023	FL20, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,912.62	4633 S. 14TH ST.	
		Abilene, TX 79605	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Rent for Headquarters Office	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 2/3 Rpt: 8/10	Taylor County Democratic PAC (CEC) 00016594	
4	Date	5 Payee name	
	12/14/2023	FL20, Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,309.19	4633 S. 14TH ST.	
		Abilene, TX 79605	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Utilities for Headquarters Office	
		Stillites for Fleddiquarters Sillites	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	=
	12/20/2023	OPTIMUM	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$652.84	3558 S. Clack Street	
		Abilene, TX 79606	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		WIFI services for Headquarters Office	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	1	
	Date	Payee name	=
	11/09/2023	Papa John's Pizza	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.53	3900 N. 1st St.	
		Abilene, TX 79601	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Refreshments for meet & greet event @	
		Headquarters office.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 3/3 Rpt: 9/10	Taylor County Democratic PAC (CEC) 00016594	
4	Date	5 Payee name	
	12/18/2023	U S Postal Service	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$294.00	2501 Buffalo Gap Road	
		·	
		Abilene, TX 79608	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Post Office Box Rental for mail to Party	
		1 OSt Office Box Nemario Finanto Farty	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	09/21/2023	Web Quicken, Inc	
Г	Amount (\$)	Payee address; City; State; Zip Code	_
	\$64.82		
		TX	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Annual Subscription for online Quicken Program for	
		recording financial information	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
⊨	Data	David and a second seco	_
	Date 12/01/2023	Payee name	
		Zoom	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.74	55 Almaden Blvd	
		Suite 600	
		Sab Jose, CA 95133	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		online broadcast of monthly CEC meetings.	
L	Operation Chilly 2. "	Open districts (Office health are nown	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
<u> </u>			_

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/10 2 FILER NAME Filer ID (Ethics Commission Filers) Taylor County Democratic PAC (CEC) 00016594 5 Name of person from whom amount is received 8 Amount (\$) 10/23/2023 Goolsbee, Linda` (Mrs.) \$1,000.00 6 Address of person from whom amount is received; City; State; Zip Code Abilene, TX 79608-5108 Purpose for which amount is received ☐ Check if political contribution returned to filer Office Rent Amount (\$) Name of person from whom amount is received Date \$2,500.00 08/17/2023 J L Properties Address of person from whom amount is received; City; State; Zip Code Joes County, TX Purpose for which amount is received Check if political contribution returned to filer Oil & Gas Lease