### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00087806		2 Total pages f	ïled: 15
3	CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
	OFFICEHOLDER	Mrs.	Elaine Taylor			OFFICE	
	NAME	NICKNAME	LAST Hays		SUFFIX	Date Received ELECTRONIC 02/05/2024	ALLY FILED
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT 105 Lakeshore Drive	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
	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 Hays		SUFFIX		
6	CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 105 Lakeshore Drive	BOX PLEASE);	AP <sup>-</sup>	T / SUITE #; CITY;	ST	ATE; ZIP CODE
	(Residence or Business)	Runaway Bay , TX 76426					
7	CAMPAIGN TREASURER PHONE	AREA CODE PHON (806) 433-7724	IE NUMBER E	EXTENSION			
8	REPORT TYPE	January 15	30th day before		Runoff Exceeded modified reporting limit	15th day after ca appointment (off Final Report (Att	
9	PERIOD COVERED	Month Day Year 01/01/2024	Tł	IROUGH	Month Day 01/25/202	Year 4	
10	ELECTION	ELECTION DATE Month Day Year 03/05/2024		rimary General	ELECTION TYPE Runoff Special	Other	
11	OFFICE	OFFICE HELD (if any) None			12 OFFICE SOUGHT State Representa		
			601	O PAGE 2			
Fo	rms provided by Te	xas Ethics Commission	www.et	hics.state.tx.u	s	Vers	sion V3.5.1.9000c47

### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

#### FORM C/OH **COVER SHEET PG 2** 2 of 15

13 C / OH NAME	Hays, Elaine Taylor (I	Лrs.)	14 Filer ID (I 00087806	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political exper These expenditures may have been made with officeholders are required to report this informa	out the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAM	E	
		COMMITTEE CAMPAIGN TREASURER ADD	RESS	
<b>16</b> CONTRIBUTION TOTALS	HAN PLEDGES, LOANS, ELECTRONICALLY)	<b>\$</b> 0.00		
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LO	ANS)	<b>\$</b> 4,050.00
EXPENDITURE TOTALS		<b>\$</b> 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 80,603.62
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	<b>\$</b> 66,147.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	<b>\$</b> 150,000.00
17 AFFIDAVIT	•			•
		I swear, or affirm, under per true and correct and include under Title 15, Election Coc	es all information required to	
		Mr	s. Elaine Taylor Hays	
		Signatur	e of Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	id	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of office.		
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c47f

SUBTOTALS - C/OH	CC	FORM C/C OVER SHEET PO 3	
18 FILER NAME Hays, Elaine Taylor (Mrs.)	19 Filer ID 00087806	(Ethics Commission File	ers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMO	JNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 4,	,050.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 80,	,603.62
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
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 I TO FILER	RETURNED	\$	

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/15
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Hays, Elaine	Taylor (Mrs.)		00087806
4	Date	5 Full name of contributor Out-of-state PAC (IDa	#: )	7 Amount of Contribution (\$)
	01/01/2024	Corbett, Chris		\$50.00
		6 Contributor address; City; State; Zip Code		•
		Flower Mound, TX 75028		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Writer		Corbett Strategic Comm	nunications
	Date	Full name of contributor out-of-state PAC (ID;		Amount of Contribution (\$)
	01/03/2024	Foster, Mary Jo		\$100.00
				•
		Weatherford, TX 76088		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Realtor		Foster Realty Group @	JPAR
⊨	Date	Full name of contributor out-of-state PAC (ID;		Amount of Contribution (\$)
	01/17/2024	Hawkins-Armstrong, Ricky	//	\$250.00
		Contributor address; City; State; Zip Code		
		Runaway Bay, TX 76426		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Regional Sal	es Director	Jacaruso Enterprises	
⊨	Date	Full name of contributor out-of-state PAC (ID;	#:)	Amount of Contribution (\$)
	01/22/2024	Latham, LeighAnn		\$2,500.00
		Contributor address; City; State; Zip Code		1
		Amarillo, TX 79125		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Homemaker		N/A	
⊢	Date	Full name of contributor out-of-state PAC (ID;	#:)	Amount of Contribution (\$)
	01/06/2024	Rogers, Doris		\$100.00
		Contributor address; City; State; Zip Code		4
		Amarillo, TX 79109		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Retired			

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

					Т		
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/15	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Hays, Elaine	Taylor (Mrs.)				00087806	ŕ
4	Date	5 Full name of contributor	)	7	Amount of Contribution (\$)		
	01/08/2024	Stanley, Cole					\$250.00
		6 Contributor address; City; St	ate; Zip Code				
	Dringinglassy	Amarillo, TX 79106	<u>,                                     </u>				
ð	Builder	pation / Job title (See Instructions	)	9 Employer (See Instructions Self	S)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	01/20/2024	VanHoose, Betty					\$50.00
		Contributor address; City; St					
		Bridgeport, TX 76426					
		pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	Retired			N/A			
	Date	Full name of contributor		Amount of Contribution (\$)			
	01/09/2024	Waye, Dawn					\$250.00
		Contributor address; City; St					
	Duin sin stars a	Krugerville, TX 76227	<u>\</u>	Frankriger (Os a la struction			
	Real Estate	pation / Job title (See Instructions	)	Employer (See Instructions Edison Equity	5)		
╞					_		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>+-00 00</b>
	01/15/2024	Wise Republican Women					\$500.00
		Contributor address; City; St	ate; Zip Code				
		Boyd, TX 76023-1819					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u>		
	i inopai oooa		)		0)		

	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/Reinbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 1/10 Rpt: 6/15	Hays, Elaine Taylor (Mrs.)	00087806					
4	Date	Payee name						
	01/01/2024	Anedot						
6	Amount (\$)	Payee address; City; State; Zip Code						
\$2.30 P. O. Box 84314								
		Baton Rouge, LA 70884						
8	PURPOSE	b) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE		utside of Texas. Complete Schedule T.					
			TX, officeholder living expense					
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/03/2024	Anedot						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$4.30	P. O. Box 84314						
		Baton Rouge, LA 70884						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense M					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/06/2024	Anedot						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$4.30	P. O. Box 84314						
		Baton Rouge, LA 70884						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense M					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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	Gift/Awa mittee Legal S	everage Expense ards/Memorials 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:	ILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 2/10 Rpt: 7/15	Hays, Elaine Tay	lor (Mrs.)				00087806	
4	Date 01/08/2024	Payee name Anedot						
6	Amount (\$)	Payee address;	City; State	e; Zip Cod	e			
6 Amount (\$) \$10.30 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 travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Online platform								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	er name	Office soug	ht		Office held	
	Date	Payee name						
	01/09/2024	Anedot						
Amount (\$)     Payee address;     City;     State;     Zip Code       \$10.30     P. O. Box 84314								
		Baton Rouge, LA	70884					
	PURPOSE OF EXPENDITURE	Category <sub>(See Categ</sub> Fees	ories listed at the top of this sc	hedule) (		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	er name	Office soug	ht		Office held	
-	Date	Payee name						
	01/19/2024	Anedot						
	Amount (\$) \$10.30	Payee address; P. O. Box 84314	City; State	e; Zip Cod	e			
		Baton Rouge, LA	70884					
	PURPOSE OF EXPENDITURE	Category <sub>(See Categ</sub> Fees	ories listed at the top of this so	chedule) (		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	er name	Office soug	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/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense 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:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)		
	Sch: 3/10 Rpt: 8/15	Hays, Elaine Taylor (Mrs.)	00087806		
4	Date 01/24/2024	Payee name Anedot			
6	Amount (\$) \$2.30	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) Fees       (b) Description 					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	01/25/2024	Anedot			
	Amount (\$) \$100.30	Payee address; City; State; Zip Code P. O. Box 84314 Baton Rouge, LA 70884			
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense M		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	01/20/2024	Denton County Republican Lincoln Cabinet PAC			
	Amount (\$) \$310.89	Payee address;City;State; Zip CodeP. O. Box 50748			
		Denton, TX 76206			
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense r fundraising dinner		
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 4/10 Rpt: 9/15	Hays, Elaine Taylor (Mrs.) 00087806
4	Date	
4	01/20/2024	5 Payee name Denton County Republican Party
6	Amount (\$) \$142.71	7 Payee address; City; State; Zip Code 2921 Country Club Road #102 Denton, TX 76210
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Event Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>one ticket fundraising dinner</li> </ul>
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/20/2024	Denton County Republican Party
_	Amount (\$)	Payee address; City; State; Zip Code
	\$142.71	2921 Country Club Road #102 Denton, TX 76210
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Event Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>One ticket fundraising dinner</li> </ul>
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/18/2024	El Chapparel
	Amount (\$) \$14.56	Payee address; City; State; Zip Code 324 E McKinney Street #102 Denton, TX 76201
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Volunteer food</li> </ul>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	pense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of District	uipment & Related Expense
1	Total pages Schedule F1:	2 FILE	R NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 5/10 Rpt: 10/15	Hay	s, Elaine Taylor (Mrs.)					00087806	
4	Date	5 Paye	e name						
	01/23/2024	Firs	National Bank						
6	Amount (\$)	7 Paye	e address; City;	State;	Zip Coo	le			
	\$15.00	P. C	. Box 94905						
			nita Falls, TX 76308						
8	PURPOSE OF		gory (See Categories listed at the	top of this schee	dule)	(b) Description			
	EXPENDITURE	Acc	ounting/Banking					ide of Texas. Compl , officeholder living e	
						wining iee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		date/Officeholder name	Of	ffice soug	ht		Office hel	d
	Date	Paye	e name						
	01/22/2024	Low	e's						
	Amount (\$)	Paye	e address; City;	State;	Zip Coo	le			
\$175.39 1255 South Loop 288									
		Den	ton, TX 76205						
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the ertising Expense	top of this scher	dule)		ı, ТХ,	ide of Texas. Compl , officeholder living e	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	Of	ffice soug	ht		Office hel	d
	Date	Paye	e name						
	01/22/2024	Righ	ntside Strategies						
	Amount (\$)	Paye	e address; City;	State;	Zip Coo	le			
	\$4,000.00	220	1 Spinks Road						
		#30	2						
		Flov	ver Mound, TX 75022						
	PURPOSE					(b) Description			
	OF		gory (See Categories listed at the sulting Expense	top of this sched	aule)	Check if travel		ide of Texas. Compl , officeholder living e	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	Of	ffice soug	ht		Office hel	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	ayme erhea pense xpens xpens Vages	nt/Reimbursement d/Rental Expense e se //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				3	Filer ID (Ethics Commission Filers)
	Sch: 6/10 Rpt: 11/15		Hays, Elaine Taylor (Mrs.)					00087806
4	Date	5	Payee name					
	01/22/2024		Rightside Strategies					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode			
	\$3,000.00		2201 Spinks Road					
			#302					
			Flower Mound, TX 75022					
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor	include)			outsi	de of Texas. Complete Schedule T.
	EXPENDITORE		-					officeholder living expense
						Campaign ma	ana	ager
_				~ //				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	01/22/2024		Rightside Strategies					
	Amount (\$)		Payee address; City; State	e; Zip Co	ode			
	\$17,500.00		2201 Spinks Road					
			#302					
			Flower Mound, TX 75022					
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description		
	OF EXPENDITURE		Canvassing					de of Texas. Complete Schedule T.
							, IX,	officeholder living expense
						ounnacomy		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	l Ight			Office held
	expenditure to benefit C/OI	H						
	Date		Payee name					
	01/13/2024		Rightside Strategies					
-	Amount (\$)	-	Payee address; City; State	e; Zip Co	ode			
	\$1,147.13		2201 Spinks Road					
			#302					
			Flower Mound, TX 75022					
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description		
		. ,	Printing Expense	include)			outsi	de of Texas. Complete Schedule T.
	EXPENDITURE						, TX,	officeholder living expense
						Push Cards		
		L		Office				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ignt			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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Re Office O Polling E Printing Salaries	epayme verhea Expens Expen /Wage	ent/Reimbursement ad/Rental Expense se ise ise/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				3	Filer ID (Ethics Commission Filers)		
	Sch: 7/10 Rpt: 12/15		Hays, Elaine Taylor (Mrs.)					00087806		
4	Date	5	Payee name							
	01/22/2024		Rightside Strategies							
6	Amount (\$)	7	Payee address; City; St	ate; Zip C	ode					
	\$2,699.76		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		Advertising Expense	, concauto)			outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE						, TX,	, officeholder living expense		
						4x6 signs				
				01						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held		
Date Payee name										
	01/22/2024		Rightside Strategies							
	Amount (\$)		Payee address; City; St	ate; Zip C	ode					
	\$2,247.27		2201 Spinks Road							
			#302							
			Flower Mound, TX 75022							
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.		
	_/					Check if Austin Yard signs	, TX,	, officeholder living expense		
						raiu siglis				
	Complete ONLY if direct		Candidate/Officeholder name	Office so				Office held		
	expenditure to benefit C/OF			Office So	ugin					
	Date									
	01/22/2024		Payee name Rightside Strategies							
	Amount (\$)			ate; Zip C	`odo					
	\$39,500.00		2201 Spinks Road	ale, zip c	oue					
	400,000.00		#302							
	51155005		Flower Mound, TX 75022							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Advertising Expense					, officeholder living expense		
						Digital advert				
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught			Office held		
	expenditure to benefit C/OI	H								

EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment			Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E - Gift/Awards/Memorials Expense Printing			nent/Reimbursement ead/Rental Expense nse ense ges/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				3	Filer ID (Ethics Commission Filers)			
	Sch: 8/10 Rpt: 13/15		Hays, Elaine Taylor (Mrs.)		00087806						
4	Date	5	Payee name								
	01/22/2024		Rightside Strategies								
6	Amount (\$)	7									
	\$1,947.78		2201 Spinks Road								
			#302								
			Flower Mound, TX 75022								
8	PURPOSE	(a)	Category (See Categories listed at the top of th	:	1 (r	) Description					
OF			Printing Expense		outsi	de of Texas. Complete Schedule T.					
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense			
						Event mailers	5				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ugh	ht		Office held			
	Date		Payee name								
	01/22/2024		Rightside Strategies								
	Amount (\$)		Payee address; City; S	State; Zip C	ode	9					
	\$1,158.08		2201 Spinks Road								
#302											
			Flower Mound, TX 75022								
	PURPOSE	(a)	Category (See Categories listed at the top of th	nis schedule)	(t	) Description					
OF EXPENDITURE			Solicitation/Fundraising Expense	is seneatic)	Check if travel outside of Texas. Complete Schedule T.						
EXPENDITORE						Check if Austin, TX, officeholder living expense					
Text blasts											
				0.0							
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Candidate/Officeholder name Office sought Office held H								
		<u> </u>									
	Date		Payee name								
01/22/2024 Rightside Strategies											
Amount (\$) Payee address; City; State; Zip Code											
\$956.16 2201 Spinks Road											
#302											
			Flower Mound, TX 75022								
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(k	) Description	_				
OF Event Expense Check if travel outside of Texas. Complete Schedule T.											
	Text blasts										
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	Office so	L	nt		Office held			
	expenditure to benefit C/Oł			51100 30	-91						
-											

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense			Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ayment/Reimbursement rhead/Rental Expense pense 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				3	Filer ID	(Ethics Commission Filers)			
	Sch: 9/10 Rpt: 14/15		Hays, Elaine Taylor (Mrs.)						00087806			
4	Date	5	Payee name									
	01/22/2024		Rightside Strategies									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code									
	\$1,850.00		2201 Spinks Road									
			#302									
		Flower Mound, TX 75022										
_	DUDDOOF											
8	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b) Description		de of Toylog, Com	alata Cabadula T			
	EXPENDITURE		Advertising Expense					de of Texas. Com officeholder living				
						Videographe		onicentilider inving	expense			
Videographier												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	0	)ffice sou	ght		Office he	eld			
	Date		Payee name									
	01/22/2024		Rightside Strategies									
	Amount (\$)		Payee address; City;	State:	Zip Co	de						
	\$3,200.00		2201 Spinks Road	,								
#302												
			Flower Mound, TX 75022									
	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b) Description						
EXPENDITURE			Advertising Expense			Check if travel outside of Texas. Complete Schedule T.						
							Check if Austin, TX, officeholder living expense					
Videographer												
	Complete ONI V if direct		Candidate/Officeholder name			abt		Offico bo	ld			
Complete <u>ONLY</u> if direct expenditure to benefit C/O												
	_	_										
	Date		Payee name									
01/22/2024 Rightside Strategies												
Amount (\$) Payee address; City; State; Zip Code												
	\$148.75		2201 Spinks Road									
#302												
Flower Mound, TX 75022												
	PURPOSE	(a)	Category (See Categories listed at the to	on of this scho	odulo)	(b) Description						
	OF	Ľ	Consulting Expense		cuuic)		outsi	de of Texas. Com	plete Schedule T.			
EXPENDITURE								expense				
Consulting												
	Complete ONLY if direct		Candidate/Officeholder name	0	Office sou	ght		Office he	ld			
	expenditure to benefit C/OI	Н										

		_		EXPENDITURE CATE	GORIES FO	R BO	DX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)				
	-			he Instruction Guide expla	ins how to c	omple	ete this form.						
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commis	sion Filers)		
	Sch: 10/10 Rpt: 15/15		Hays, Elaine	Taylor (Mrs.)					00087806				
4	Date	5	Payee name										
	01/10/2024		Wildhorse Gr	ill									
6	Amount (\$)	7	Payee address		ate; Zip C	odo							
	\$303.03	ľ	9400 Ed Rob		αιε, Ζιρ Ο	oue							
	\$303.03												
			Suite A										
			Denton, TX 7	6207-8671									
8	PURPOSE	(a)	Category (See	Categories listed at the top of this	s schedule)	(b)	Description						
	OF EXPENDITURE		Event Expense		,		_	outsi	ide of Texas. Com	plete Schedule T.			
	EXPENDITORE								, officeholder living	expense			
							Campaign di	nne	er				
9	Complete ONLY if direct		Candidate/Office	eholder name	Office so	ught			Office he	eld			
	expenditure to benefit C/OI	4											