# 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: 15	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE	ONLY
OFFICEHOLDER NAME	Mrs.	Elaine Taylor			Date Received	
					ELECTRONICALL	Y FILED
	NICKNAME	LAST		SUFFIX	02/26/2024	
		Hays				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date	Postmarked
OFFICEHOLDER MAILING ADDRESS	105 Lakeshore Drive				Receipt # Ar	mount
Change of Address	Runaway Bay, TX 76426				Date Processed	
					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	; STATE;	ZIP CODE
TREASURER ADDRESS	105 Lakeshore Drive					
(Residence or Business)	Runaway Bay , TX 76426					
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(806) 433-7724					
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after campai	
					appointment (officehol	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C	:/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/26/2024	TH	IROUGH	02/24/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 03/05/2024	X P	rimary	Runoff	Other	
	03/03/2024	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	Γ (if known)	
	State Representative Distr	rict 64 Wise		State Represent	tative District 64	
				-		
		CO T	O PAGE 2			
		GU I	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Hays, Elaine Taylor (	Mrs.)	<b>14</b> Filer ID (	Ethics Commi	ssion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	holder's know	ledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION	1 TOTAL LINUTEM	ZED DOLITICAL CONTRIBUTIONS (OTHER THA	N DI EDGES I OANS	1	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	2,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	66,251.72
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	1,751.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP 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 penalt true and correct and includes a under Title 15, Election Code.			
			Elaine Taylor Hays  f Candidate or Officeholo	der	
		Signature	Touridate or officerion	acı	
AFFIX NO	TARY STAMP / SEAL ABO	DVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering	oath

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

# FORM C/OH COVER SHEET PG 3

			C	OVE	R SHEET PG 3 3 of 15
	ER NAN ys, Elai	<b>19</b> Filer ID 00087806	(Ethic	s Commission Filers)	
l		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,100.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	64,483.34
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,768.38
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	\$	
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to comple	te this forr	n.	1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/15			
2	FILER NAME Hays, Elaine	Taylor (Mrs.)			3	Filer ID (Ethics Commission 00087806	on Filers)	
4	Date 02/01/2024	<ul> <li>Full name of contributor  out-of-state  Ary, Mark</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00	
8	Dringinal occur	Decatur, TX 76234 pation / Job title (See Instructions)	lo.	Employer (See Instructions	_			
_	Owner	pation 7 300 title (See instructions)		AryCo HVAC & Electric	')			
	Date 02/23/2024	Black, Karl  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$250.00	
	Principal occu	Runaway Bay, TX 76426-9772 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	Owner			Lakota Energy				
	Date 02/08/2024	Full name of contributor	PAC (ID#:			Amount of Contribution (\$)	\$50.00	
		Bridgeport, TX 76426						
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	i)			
	Date 02/03/2024	Knight, JoEllen	PAC (ID#:			Amount of Contribution (\$)	\$250.00	
	Principal occu Sales Associ	pation / Job title (See Instructions) ate		Employer (See Instructions Ultra Homes	()			
	Date 01/29/2024	Full name of contributor out-of-state Kreps, Sharon Contributor address; City; State; Zip Code Bridgeport, TX 76426		)		Amount of Contribution (\$)	\$250.00	
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Krebs Well Service	5)			
			<b>,</b>					

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/15
2	FILER NAME Hays, Elaine Taylor (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087806
4	Date 02/02/2024  5 Full name of contributor out-of-state PAC (ID#:) Sanders, Naomi  6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$200.00
_	Decatur, TX 76234	
8	Principal occupation / Job title (See Instructions)  Retired  9 Employer (See Instructions)	ions)
	Date Full name of contributor out-of-state PAC (ID#:)  01/30/2024 Spencer, Tommy  Contributor address; City; State; Zip Code  Amarillo, TX 79118	Amount of Contribution (\$)
	Principal occupation / Job title (See Instructions)  Pastor  Employer (See Instructions)  Church at Bushland	ions)

#### 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

	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: 1/9 Rpt: 6/15	Hays, Elaine Taylor (Mrs.) 00087806
4	Date	5 Payee name
	01/31/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.30	P. O. Box 84314
		Baton Rouge, LA 70884
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online platform
		Crimic piationii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/02/2024	Anedot
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	P. O. Box 84314
	Ψ4.50	1.0.00004314
		Baton Rouge, LA 70884
┝	PURPOSE	
	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
		Online platform
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	02/07/2024	Anedot
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$10.30	P. O. Box 84314
		Baton Rouge, LA 70884
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Online platform
L	Operation Chilly 2. "	Out that Office halden areas
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		
L		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 2/9 Rpt: 7/15	Hays, Elaine Taylor (Mrs.) 00087806
4	Date	5 Payee name
	02/12/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.30	P. O. Box 84314
		Baton Rouge, LA 70884
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online platform
		Chillie platform
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/02/2024	Brookshire's
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.76	1203 US-380 W
		Bridgeport, TX 76426
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event expense
		Event expense
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/30/2024	Cefco
L	Amount (\$)	
	\$35.43	Payee address; City; State; Zip Code 2202 W US Hwy 380
	\$35.43	2202 W 05 HWy 380
		D TV 70004
		Decatur, TX 76234
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas for campaign travel
1		Sab is. Sampaign water
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
I		

#### SCHEDULE F1

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

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
OTHER (output a category not listed above)

	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: Sch: 3/9 Rpt: 8/15	2 FILER NAME Hays, Elaine Taylor (Mrs.)  3 Filer ID (Ethics Commission Filers) 00087806	1
4	Date 02/07/2024	5 Payee name Cefco	
6	Amount (\$) \$31.70	7 Payee address; City; State; Zip Code 2202 W US Hwy 380  Decatur, TX 76234	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas for campaign travel	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 02/12/2024	Payee name First National Bank	
	Amount (\$) \$15.00	Payee address; City; State; Zip Code P. O. Box 94905  Wichita Falls, TX 76308	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Wiring fee	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 02/08/2024	Payee name Gather Restaurant	
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 1201 Halsell Street	
		Bridgeport, TX 76426	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food/Beverage	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

Advertising Expense E
Accounting/Banking F
Consulting Expense F
Contributions/ Donations Made By Candidate/Officeholder/Political Committee L

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	TIEN (effici a category not listed above)
1	Total pages Schedule F1:		er ID (Ethics Commission Filers)
	Sch: 4/9 Rpt: 9/15		0087806
4	Date	5 Payee name	
	01/27/2024	Lowe's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$322.17	1255 South Loop 288	
		Denton, TX 76205	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	f Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, office	ceholder living expense
		Sign hardware	
_	Complete ONLY if direct	Candidate/Officeholder name Office cought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought  OH	Office field
-	Data		
	Date 02/15/2024	Payee name	
		QuikTrip	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.21	3113 W. University Dr	
		Denton, TX 76207	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel In District Check if travel outside of Check if Austin, TX, office	of Texas. Complete Schedule T.
		gas for travel	benotider living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	02/12/2024	Rightside Strageties	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,000.00		
	Ψ1,000.00	#302	
		Flower Mound, TX 75022	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Capacitating Expanses	of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if travel outside to Check if travel outside to Check if Austin, TX, office	
		General consulting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	DH	

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/9 Rpt: 10/15	Hays, Elaine Taylor (Mrs.)	00087806
4	Date	5 Payee name	
	02/12/2024	Rightside Strategies	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,000.00	2201 Spinks Road	
		#302	
		Flower Mound, TX 75022	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	ription
	OF EXPENDITURE	Galaries/Wages/Goritiaet Easter	heck if travel outside of Texas. Complete Schedule T.
			heck if Austin, TX, officeholder living expense npaign management
		Gam	paign management
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	02/12/2024	Rightside Strategies	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10,000.00	2201 Spinks Road	
		#302	
		Flower Mound, TX 75022	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	/ Advertising Expense	heck if travel outside of Texas. Complete Schedule T.
			heck if Austin, TX, officeholder living expense tal ad campaign
		Digit.	aa aa canpagn
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
	Date	Payee name	
	02/12/2024	Rightside Strategies	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	2201 Spinks Road	
		#302	
		Flower Mound, TX 75022	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	•
	OF EXPENDITURE	Advertising Expense	heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
ı			neek ii Ausiin, 17, ullicelluluel liviliy expense

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Mailchimp email

Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Condidate/Officeholder/Politics

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 6/9 Rpt: 11/15	2 FILER NAME Hays, Elaine Taylor (Mrs.)  3 Filer ID (Ethics Commission Filers) 00087806
4	Date 02/12/2024	5 Payee name Rightside Strategies
6	Amount (\$) \$1,580.00	7 Payee address; City; State; Zip Code 2201 Spinks Road #302 Flower Mound, TX 75022
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Videographer
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/12/2024	Payee name Rightside Strategies
	Amount (\$) \$1,550.00	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)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Graphic design
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/12/2024	Payee name Rightside Strategies
	Amount (\$) \$59.91	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  Campaign phone
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 7/9 Rpt: 12/15	2 FILER NAME Hays, Elaine Taylor (Mrs.)  3 Filer ID (Ethics Commission Filers) 00087806
4	Date 02/12/2024	5 Payee name Rightside Strategies
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 2201 Spinks Road #302 Flower Mound, TX 75022
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Canvassing  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Canvassing app
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/12/2024	Payee name Rightside Strategies
	Amount (\$) \$17,500.00	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)  Canvassing  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense paid canvassing
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/12/2024	Payee name Rightside Strategies
	Amount (\$) \$25,000.00	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)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Mailers - printing and postage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	Ē				3	Filer ID	(Ethics Commission Filers)			
	Sch: 8/9 Rpt: 13/15	Hays, Elain	e Taylor (Mrs.)					00087806				
4	Date	<b>5</b> Payee name										
	02/12/2024	Rightside S	trategies									
6	Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip C	ode							
	\$107.50	2201 Spink	s Road									
		#302										
		Flower Mou	ınd, TX 75022									
8	PURPOSE OF	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description						
	EXPENDITURE	Commissio	n			_		de of Texas. Com				
		Fundraising co						TX, officeholder living expense				
						T diffarationing o	,,,,					
9	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld			
expenditure to benefit C/OH												
	Date	Payee name										
	02/21/2024	Shell										
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode							
	\$27.45	SW Highwa	ay 380									
		Decatur, T	< 76234									
	PURPOSE OF		ee Categories listed at the to	op of this schedule)	(b)	Description		df-T O	olaka Oakaduda T			
	EXPENDITURE	Travel In D	istrict					de of Texas. Com officeholder living				
						gas for travel			,,			
						J						
	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld			
	expenditure to benefit C/OI	H 										
	Date	Payee name										
	02/01/2024	Walmart										
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode							
	\$29.01	800 S High	way 287									
Decatur, TX 76234												
	PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description						
	OF EXPENDITURE	Event Expe	ense					de of Texas. Com				
						Check if Austin, Food/Beverage		officeholder living	expense			
						i oodibeveldi	ye					
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u>l</u> ught			Office he	eld			
	expenditure to benefit C/O				_							

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)				
	Sch: 9/9 Rpt: 14/15	-	ne Taylor (Mrs.)					00087806					
4	Date	5 Payee name											
	01/30/2024	Wise Coun	ty Messenger										
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Cod	le								
	\$500.00	115 S. Trin	ity Street										
		Decatur, T											
8	PURPOSE OF		See Categories listed at the top of	this schedule)	(b) [	escription							
	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense												
		Newspaper											
Trompaper au													
9	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office soug	ıht			Office he	eld				
Date Payee name													
	02/05/2024	Wise Repu	blican Women										
H	Amount (\$)	Payee addre	ess; City;	State; Zip Cod	le								
	\$50.00	P. O. Box :		•									
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
		Boyd, TX 7	6023-1819										
PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Fivent Expense													
	EXPENDITURE	Event Expe	ense		Ļ	_							
					Ļ	J check if Austin, obby campa		officeholder living	expense				
					_	орру саттра	igii	table					
⊢	Commission ONII V if direct	Condidate/Of	ii aa badalaa waa waa	Office serve	. la 4			Office he	ilal				
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office soug	mı			Office ne	·ια				
ᆫ													

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

	Hays, Elaine Taylor  Name of finar  Visa So  a) Amount Charged  \$1,731.38	(b) Date of Charge	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD (c) Date(s) Credit Card Issue	<b>\$</b>	cs Commiss	sion Filers)				
4 CREDIT CARD ISSUER  6 PAYMENT (a	Name of finar Visa Sc a) Amount Charged \$1,731.38	ncial institution outhwest  (b) Date of Charge	EXPENDITURES CHARGED TO A CREDIT	\$						
6 PAYMENT (a	Visa So a) Amount Charged \$1,731.38	(b) Date of Charge	EXPENDITURES CHARGED TO A CREDIT	<b>\$</b>						
	\$1,731.38		(c) Date(s) Credit Card Issue	er Paid						
7 PAYEE (a		02/15/2024								
7 PAYEE (a	a) Payee name									
	AYEE (a) Payee name  Robson Ranch			City,	State,	Zip Code				
	a) Category		(b) Description							
-	See Categories listed at the top Event Expense	of this schedule)	Food/beverage/rental							
X Political										
Non-Political (c	C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						
PAYMENT (a	a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$37.00	02/15/2024								
PAYEE (a	a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Ace Hardware		1602 Chico Highway							
			Bridgeport, TX 76426							
	a) Category		(b) Description							
- I	See Categories listed at the top Advertising Expense	of this schedule)	Hardware for signage							
X Political Advertising Expense										
Non-Political (c	C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held						