

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00086264	<b>2 Total pages filed:</b> 7	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Ms.	FIRST Linda D.	MI MI	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST Goolsbee	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 5108  Abilene, TX 79608			Date Hand-delivered or Date Postmarked
				Receipt #      Amount
				Date Processed
				Date Imaged
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Ms.	FIRST J. Dianna	MI MI	
	NICKNAME	LAST Morpheu	SUFFIX	
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2401 S. 25th Street #215 Abilene, TX 79605			
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE (325)	PHONE NUMBER 513-2582	EXTENSION	
<b>8 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9 PERIOD COVERED</b>	Month    Day    Year 01/01/2024	THROUGH	Month    Day    Year 06/30/2024	
<b>10 ELECTION</b>	ELECTION DATE Month    Day    Year 11/05/2024		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)		<b>12 OFFICE SOUGHT (if known)</b> State Representative District 71	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 7

<b>13 C / OH NAME</b> Goolsbee, Linda D. (Ms.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00086264
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.											
<table border="1" style="width:100%"> <tr> <td style="width:20%"><b>COMMITTEE TYPE</b></td> <td style="width:80%"><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2"><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>				
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>										
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>										
	<input type="checkbox"/> SPECIFIC											
<b>COMMITTEE CAMPAIGN TREASURER NAME</b>												
<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>												

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	645.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	1,300.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,146.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	28,000.00

**17 AFFIDAVIT**

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

Ms. Linda D. Goolsbee  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

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

3 of 7

<b>18 FILER NAME</b> Goalsbee, Linda D. (Ms.)	<b>19 Filer ID</b> (Ethics Commission Filers) 00086264
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 445.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 200.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,300.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/7
2 FILER NAME Goolsbee, Linda D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086264
4 Date 05/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Biles, Joe (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  Abilene, TX 79605	
8 Principal occupation / Job title (See Instructions) Defense Contractor		9 Employer (See Instructions) BGI LLC
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Compton, Kristy	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Abilene, TX 79602	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Goolsbee, Robin (Ms.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Chicago, IL 60637	
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Diversified Search
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Knox, Ed (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Abilene, TX 79602	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moreno, Helen (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Abilene, TX 79602	
Principal occupation / Job title (See Instructions) CSR		Employer (See Instructions) City of Minneapolis

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 5/7	
2 FILER NAME Goolsbee, Linda D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00086264	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/04/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Brayson (Mr.)	8 Amount of contribution (\$) \$100.00	9 In-kind contribution description Social Media updates
	7 Contributor address; City; State; Zip Code  Ira, TX 79527	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Student		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsbee, Addison (Mr.)	Amount of contribution (\$) \$100.00	In-kind contribution description Website update
	Contributor address; City; State; Zip Code  Chicago, IL 60637-1714	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Student		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 6/7
<b>2</b> FILER NAME Goolsbee, Linda D. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086264
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 04/23/2024	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsbee, Linda (Ms.)	<b>9</b> Loan Amount (\$) \$3,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Abilene, TX 79608	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Retired		<b>13</b> Employer (See Instructions) Retired
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# 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 Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 7/7	<b>2</b> FILER NAME Goolsbee, Linda D. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00086264
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<b>4</b> Date 05/15/2024	<b>5</b> Payee name Taylor County Democratic Party
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<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code PO Box 3595  Abilene, TX 79604
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Rent
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/20/2024	Payee name Taylor County Expo Ctr
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 1700 Hwy 36  Abilene, TX 79602
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Deposit for West Texas Fair & Rodeo voter registration booth
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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