#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084332 41 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Christopher L. NAME Date Received **ELECTRONICALLY FILED** 07/14/2024 NICKNAME LAST **SUFFIX** Taylor CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Michael NAME NICKNAME LAST **SUFFIX** Martinez **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (806) 773-7495 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 48 Tarrant District Judge District 48

n

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## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

2 of 41

13 C / OH NAME	Taylor, Christopher L	. (Mr.)		<b>14</b> Filer ID 00084332	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	is accepted or political expenditu is may have been made without it required to report this information	the candidate's or of	ficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ME			
ш ,	GENERAL					
		COMMITTEE ADI	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	    ZED POLITICAL C	ONTRIBUTIONS(OTHER THAN	 N PLEDGES. LOANS	 S. T	
TOTALS			CONTRIBUTIONS MADE ELEC		\$	0.00
		ICAL CONTRIBUTED PLEDGES, LOANS	<b>JTIONS</b> S, OR GUARANTEES OF LOAN:	S)	\$	40,857.77
EXPENDITURE TOTALS					\$	0.00
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	13,248.15
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	32,704.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	6,234.00
17 AFFIDAVIT						
			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	/ of perjury, that the Il information require	accompanying d to be reporte	greport is ed by me
			Mr. Ch	nristopher L. Taylo	r	
				Candidate or Office		
AFFIX NO	TARY STAMP / SEAL AB	OVE	Ç			
				ماما ماما		da
			s my hand and seal of office.	, this the		day
-	,,		,			
Signature of office	cer administering oath	Printed name	of officer administering oath	Title of offi	cer administer	ing oath

### **SUBTOTALS - JC/OH**

## FORM JC/OH COVER SHEET PG 3

			C(	)VER	3 of 41
	ER NAM	ME hristopher L. (Mr.)	<b>19</b> Filer ID 00084332	(Ethics	Commission Filers)
		E SUBTOTALS SCHEDULE		SI	JBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	40,857.77
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	4. SCHEDULE E(J): LOANS (JUDICIAL)			\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	13,248.15
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	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	2.28
i					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 1/14 Rpt: 4/41
2	FILER NAME Taylor, Chris	stopher L. (Mr.)			3	Filer ID (Ethics Commission Filers) 00084332
4	Date 01/18/2024	<ul><li>5 Full name of contributor Aulsbrook Law Firm</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,007.77
		Arlington, TX 76011				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pous	e (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	06/19/2024 Banahan Nease, Heather  Contributor address; City; State; Zip Code				\$50.00	
		Saginaw, TX 76131				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Lawyer			Attorney		
		employer/law firm		Law firm of contributor's sp	pous	e (if any)
	Rolle Eaton					
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	06/25/2024	Barrow , Wade	<u> </u>			\$5,000.00
		Contributor address; City; S	State; Zip Code			
	Contributor's I	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	pous	e (if any)
	Barrow Law					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 2/14 Rpt: 5/41
2	FILER NAME Taylor, Chris	stopher L. (Mr.)			3	Filer ID (Ethics Commission Filers) 00084332
4	Date 01/10/2024	Full name of contributor     Bell Nunnally     Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
Ļ		Dallas, TX 75201		le e		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	01/12/2024 Bonds Ellis Eppich Schafer Jones LLP  Contributor address; City; State; Zip Code				\$1,000.00	
		Fort Worth, TX 76137				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	06/20/2024	Clanton, G. Lynn	_			\$150.00
Contributor address; City; State; Zip Code  Fort Worth, TX 76111						
_	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Self					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CO	ONTRIBUTIC	ONS	S	CHEDULE A	4(J)1
	The Instru	ction Guide explains how to	complete this fo	orm.	1 Total pages Sch: 3/14 I	Schedule A(J)1 Rpt: 6/41	:
2	FILER NAME Taylor, Chris	stopher L. (Mr.)			3 Filer ID (E 00084332	thics Commission	on Filers)
4	Date 01/19/2024				7 Amount of C	Contribution (\$)	\$1,000.00
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title			
	Attorney			Partner			
10	Contributor's 6	employer/law firm Hallman		11 Law firm of contributor's sp	oouse (if any)		
12	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of C	Contribution (\$)	
	05/15/2024 Cook, David Contributor address; City; State; Zip Code  Mansfield, TX 76063					\$1,000.00	
	Contributor's I	Principal Occupation		Contributor's Job Title	ı		
	State Repre	sentative		State Representative			
	Contributor's of State of Tex	employer/law firm		Law firm of contributor's sp	oouse (if any)		
		s a child, law firm of parent(s) (if any)	)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of C	Contribution (\$)	
	06/27/2024	Curnutt & Hafer LLP  Contributor address; City; State  Arlington, TX 76010	;; Zip Code				\$250.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL CO	NTRIBUTIC	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to	complete this fo	orm.	1 Total pages Schedule A(J)1: Sch: 4/14 Rpt: 7/41
2	FILER NAME Taylor, Chris	stopher L. (Mr.)			3 Filer ID (Ethics Commission Filers) 00084332
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Dove, Carolyn  6 Contributor address; City; State; Zip Code  Arlington, TX 76011			7 Amount of Contribution (\$) \$100.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	1
	Attorney			Partner	
10	0 Contributor's employer/law firm The Dove Law Firm			pouse (if any)	
12	If contributor i	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	06/27/2024 Hall, Thomas  Contributor address; City; State; Zip Code  Colleyville, TX 76034			\$1,000.00	
	Contributor's I	Principal Occupation		Contributor's Job Title	1
	Attorney			Partner	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	Law Offices	of Tom Hall			
	If contributor i	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	01/12/2024	Harris, Finley, & Bogle  Contributor address; City; State	; Zip Code		\$500.00
	0	Fort Worth, TX 76102		0 17 1 1 1 7	
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)			

	MONET	ARY POLITICAL CONT	RIBUTIC	DNS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how to con	nplete this f	orm.	1	ges Schedule A(J)1 14 Rpt: 8/41	l:
2	FILER NAME Taylor, Chris	stopher L. (Mr.)			3 Filer ID 000843	(Ethics Commissi	on Filers)
4	Date 06/25/2024    Full name of contributor			7 Amount	of Contribution (\$)	\$5,000.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	Attorney			Partner			
10	LO Contributor's employer/law firm  Hart Law Firm  11 Law firm of contributor's spo		oouse (if any)				
12	If contributor i	s a child, law firm of parent(s) (if any)		l			
	Date	Full name of contributor out-of	-state PAC (ID#:_	)	Amount	of Contribution (\$)	
	01/15/2024 Haslam, Robert  Contributor address; City; State; Zip Code  Fort Worth, TX 76107				,,	\$250.00	
	Contributor's I	I Principal Occupation		Contributor's Job Title			
	Attorney			Partner			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)		
	The Haslam	Firm					
	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of	-state PAC (ID#:_	)	Amount	of Contribution (\$)	
	06/14/2024	Haynes and Boone Political Action  Contributor address; City; State; Zip C  Richardson, TX 75082					\$1,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)					

MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE A(J)1
The Instru	ction Guide explains ho	w to complete this	form.	1 Total pages Schedule A(J)1: Sch: 6/14 Rpt: 9/41
	stopher L. (Mr.)			3 Filer ID (Ethics Commission Filers) 00084332
	5 Full name of contributor Henry, Michael			7 Amount of Contribution (\$) \$1,000.00
	Fort Worth, TX 76107		_	
	Principal Occupation		9 Contributor's Job Title	
10 Contributor's employer/law firm  11 Law firm of contributor's sp  Michael 1 Henry Attorney at Law P.C.			oouse (if any)	
		any)		
Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/17/2024		State; Zip Code		\$250.00
	Fort Worth, TX 76107			
Contributor's F	Principal Occupation		Contributor's Job Title	•
Attorney			Attorney	
Contributor's 6	employer/law firm		Law firm of contributor's sp	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if	any)	<u>I</u>	
Dete	Cull record of acceptable stars		,	Amount of Contribution (f)
		Out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$500.00
00/10/2024		State; Zip Code		
	_			
	Principal Occupation			
			<u> </u>	
	employer/law firm		Law firm of contributor's sp	oouse (if any)
	s a child, law firm of parent(s) (if	any)		
	The Instruction of the Instructi	The Instruction Guide explains hore  FILER NAME Taylor, Christopher L. (Mr.)  Date 06/26/2024    Fort Worth, TX 76107  Contributor's Principal Occupation Attorney  Contributor is a child, law firm of parent(s) (iff contributor's Principal Occupation  Attorney  Contributor is a child, law firm of parent(s) (iff contributor's Principal Occupation  Attorney  Full name of contributor Henry, Robert Contributor address; City; 3  Fort Worth, TX 76107  Contributor's Principal Occupation  Attorney  Contributor's Principal Occupation  Attorney  Contributor is a child, law firm of parent(s) (iff contributor is a child, law firm of parent(s) (iff contributor is a child, law firm of parent(s) (iff contributor is a child, law firm of parent(s) (iff contributor's Principal Occupation  Lawyer  Contributor's Principal Occupation  Lawyer  Contributor's employer/law firm  Self	The Instruction Guide explains how to complete this is  FILER NAME Taylor, Christopher L. (Mr.)  Date 06/26/2024    Fort Worth, TX 76107    Contributor's Principal Occupation   Attorney	Taylor, Christopher L. (Mr.)  Date 06/26/2024

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 7/14 Rpt: 10/41
2	FILER NAME Taylor, Chris	stopher L. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00084332	
4	Date 01/17/2024  5 Full name of contributor out-of-state PAC (ID#:			7 Amount of Contribution (\$) \$100.00
8	Contributor's I	Principal Occupation	9 Contributor's Job Title	
	Attorney		Attorney	
10	Contributor's of Aulsbrook La	employer/law firm aw FIrm	11 Law firm of contributor's sp	oouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  ut-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/24/2024 Law Firm of Roger "Rocky" Walton PC  Contributor address; City; State; Zip Code  Arlington, TX 76017			\$500.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's sp	oouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	01/25/2024	Law Office of G. Lynn Clanton  Contributor address; City; State; Zip Code  Fort Worth, TX 76111		\$250.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's sp	oouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)	1	

	MONET	ARY POLITICAL CO	ONTRIBUTIO	ONS		SCHEDULE A	4(J)1
	The Instru	ction Guide explains how to	o complete this f	orm.	1	ges Schedule A(J)1 14 Rpt: 11/41	:
2	FILER NAME Taylor, Chris	stopher L. (Mr.)			3 Filer ID 000843	(Ethics Commission (Ethics Commi	on Filers)
4	Date 06/27/2024  5 Full name of contributor out-of-state PAC (ID#:) Law Office of Wes Dauphinot, PC  6 Contributor address; City; State; Zip Code  Arlington, TX 76013		7 Amount	of Contribution (\$)	\$250.00		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	10 Contributor's employer/law firm 11 Law firm of contributor's spo		ouse (if any)				
12	If contributor i	s a child, law firm of parent(s) (if any	)				
Date Full name of contributor out-of-state PAC (ID#:)  06/18/2024 Lewis, Glenn  Contributor address; City; State; Zip Code		Amount	of Contribution (\$)	\$250.00			
		Fort Worth, TX 76112					
		Principal Occupation		Contributor's Job Title			
	Attorney			Partner	<i>((f</i> )		
		employer/law firm Goggan Blair & Sampson LLP		Law firm of contributor's sp	iouse (ii ariy)		
		s a child, law firm of parent(s) (if any	)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount	of Contribution (\$)	
	06/26/2024	McDonald Sanders  Contributor address; City; State  Fort Worth, TX 76102	e; Zip Code				\$1,500.00
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)		
	If contributor i	s a child, law firm of parent(s) (if any	)				

	MONET	ARY POLITICAL CO	ONTRIBUTIO	ONS	SCHEDULE A(J)1	
	The Instru	ction Guide explains how to	o complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 9/14 Rpt: 12/41	=
2	FILER NAME Taylor, Chris	FILER NAME Taylor, Christopher L. (Mr.)			3 Filer ID (Ethics Commission Filers) 00084332	_
4	05/14/2024 Moses Palmer Howell LLP  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$500.00	)		
8	Contributor's I	Fort Worth, TX 76102 Principal Occupation		9 Contributor's Job Title		_
10	10 Contributor's employer/law firm 11 Law firm of contributor's spo		pouse (if any)	_		
12	If contributor i	s a child, law firm of parent(s) (if any)	)	<u> </u>		
Date Full name of contributor out-of-state PAC (ID#:)  Offiz, Daniel  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00	=			
		Arlington, TX 76013				
		Principal Occupation		Contributor's Job Title		
	Attorney			Partner		_
	Contributor's of The Ortiz La	employer/law firm		Law firm of contributor's sp	pouse (if any)	
		s a child, law firm of parent(s) (if any)	)			_
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	=
	01/10/2024	Padfield & Stout LLP  Contributor address; City; State  Fort Worth, TX 76102	; Zip Code		\$2,000.00	)
	Contributor's I	I Principal Occupation		Contributor's Job Title	1	_
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)	_
	If contributor i	s a child, law firm of parent(s) (if any)	)			_

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 10/14 Rpt: 13/41
2	FILER NAME Taylor, Chris	stopher L. (Mr.)			3	Filer ID (Ethics Commission Filers) 00084332
4	Date 01/11/2024	<ul><li>5 Full name of contributor Polozola, Stephen</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		Burleson, TX 76028				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			General Counsel		
10	<ul><li>10 Contributor's employer/law firm</li><li>Unleashed Brands LLC</li><li>11 Law firm of contributor's sp</li></ul>			oous	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	06/14/2024 Robinson, David  Contributor address; City; State; Zip Code			\$50.00		
	-	Grapevine, TX 76051		1		
		Principal Occupation		Contributor's Job Title		
	Attorney	employer/law firm		Partner		and (if any)
	Robinson La	• •		Law firm of contributor's sp	Jous	se (II arry)
_		s a child, law firm of parent(s) (if	anv)			
	oonanaata		,			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	06/11/2024	Rodriguez, Victor	_			\$100.00
		Contributor address; City;  Crowley, TX 76035	State; Zip Code		<u>'</u>	
	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Witherite Lav	w Group				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CONTRI	BUTIC	ONS		SCHEDULE A(J)	1
	The Instru	ction Guide explains how to comple	orm.	ı	Total pages Schedule A(J)1: Sch: 11/14 Rpt: 14/41		
2	FILER NAME Taylor, Chris	stopher L. (Mr.)		l	Filer ID (Ethics Commission Filer 00084332	s)	
4	Date 06/25/2024					Amount of Contribution (\$) \$5,00	00.00
8	Contributor's F	Principal Occupation		9 Contributor's Job Title			
	Lawyer			Lawyer			
10	Contributor's employer/law firm Samples Ames 11 Law firm of contributor's					(if any)	
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-state	e PAC (ID#:_	)		Amount of Contribution (\$)	
	06/14/2024	Slack Davis Sanger LLP  Contributor address; City; State; Zip Code  Austin, TX 78746				\$1,00	00.00
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>		
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse	(if any)	
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-of-state	e PAC (ID#:_	)	,	Amount of Contribution (\$)	
	06/27/2024	Stephens Law Firm, PLLC  Contributor address; City; State; Zip Code  Fort Worth, TX 76107				\$1,00	00.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Contributor's e	employer/law firm		Law firm of contributor's sp	ouse	(if any)	
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUL	E A(J)1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A Sch: 12/14 Rpt: 15/43	
2	FILER NAME				3	Filer ID (Ethics Comm	ission Filers)
	Taylor, Chris	stopher L. (Mr.)			(	00084332	
4	Date 01/17/2024	5 Full name of contributor The Law Office of Greg J.	out-of-state PAC (ID#:_ackson		7 /	Amount of Contribution	(\$) \$500.00
		6 Contributor address; City; S	tate; Zip Code				
		Fort Worth, TX 76102					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's s	pouse	e (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Τ,	Amount of Contribution	(\$)
	01/17/2024	Vickers, Philip	_				\$500.00
		Contributor address; City; S	tate; Zip Code		1		
		Al. J. TV 70000					
		Aledo, TX 76008					
		Principal Occupation		Contributor's Job Title Partner			
	Attorney	employer/law firm		Law firm of contributor's sp	nouso	(if any)	
	Cantery Han			Law IIIII of Contributor 3 3	pouse	s (II ally)	
		s a child, law firm of parent(s) (if a	anv)				
	ii contributor i	o a orma, law mm or parent(o) (ii t	arry)				
H	Date	Full name of contributor	out-of-state PAC (ID#:_	1	Τ	Amount of Contribution	<u>(\$)</u>
	06/27/2024	Westbrook, Ben	out of state 1 No (15#:_	)	'	anount of Contabation	\$200.00
		Contributor address; City; S	tate; Zip Code		-		
		, ,					
		Fort Worth, TX 76104					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Attorney			Partner			
		employer/law firm		Law firm of contributor's s	pouse	e (if any)	
	Westbrook L	aw, PLLC					
	If contributor is	s a child, law firm of parent(s) (if a	any)				
L							

	MONET	ARY POLITICAL (	CONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instru	ction Guide explains hov	orm.	1 Total pages Schedule A(J)1: Sch: 13/14 Rpt: 16/41	
2	FILER NAME Taylor, Chris	stopher L. (Mr.)			3 Filer ID (Ethics Commission Filers) 00084332
4	Date 01/16/2024	<ul><li>5 Full name of contributor Winstead PC</li><li>6 Contributor address; City; S</li></ul>		7 Amount of Contribution (\$) \$1,500.00	
_	0	Fort Worth, TX 76102		In a	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	
10	Contributor's	employer/law firm	pouse (if any)		
12	If contributor i	s a child, law firm of parent(s) (if a	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	06/26/2024	Witherite Law Group  Contributor address; City; S  Dallas, TX 75231	<u> </u>		\$5,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Continuators	-ппстрат Оссирация		Continuator 5 Job Title	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if a	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	05/16/2024	Zadeh, Jim  Contributor address; City; S  Fort Worth , TX 76109	tate; Zip Code		\$250.00
	Contributor's I	Principal Occupation		Contributor's Job Title	
Attorney				Partner	
		employer/law firm		Law firm of contributor's sp	oouse (if any)
	Zadeh Firm				
	If contributor i	s a child, law firm of parent(s) (if a	any)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this f	orm.	1	otal pages Schedule A(J)1: ch: 14/14 Rpt: 17/41
2	FILER NAME			3 F	iler ID (Ethics Commission Filers)
	Taylor, Chris	stopher L. (Mr.)		0	0084332
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	<b>7</b> A	mount of Contribution (\$)
	06/26/2024	Zadeh, Jim		.]	\$250.00
		6 Contributor address; City; State; Zip Code			
		Fort Worth TV 76100			
	Contributorio	Fort Worth , TX 76109	9 Contributor's Job Title		
ŏ	Attorney	Principal Occupation	9 Contributor's Job Title Partner		
10		employer/law firm	11 Law firm of contributor's sp	201188	(if any)
10		of Jim Zadeh, P.C.	Law limi of contributor 5 Sp	Jouse	(ii airy)
12		s a child, law firm of parent(s) (if any)			
	ii continuator i	o a orma, have mine or parorially (in arry)			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/22 Rpt: 18/41	Taylor, Christopher L. (Mr.) 00084332
4 Date 05/14/2024	5 Payee name Anedot
6 Amount (\$) \$10.30	7 Payee address; City; State; Zip Code 1920 McKinney Ave. 7th Floor Dallas, TX 75201
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  Donation Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date 05/15/2024	Payee name Anedot
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1920 McKinney Ave. 7th Floor Dallas, TX 75201
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  Donation Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 06/04/2024	Payee name Anedot
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1920 McKinney Ave. 7th Floor Dallas, TX 75201
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  Donation Fee
Complete ONLY if direct expenditure to benefit C/OF	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 Comm

Event Expense 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:	
	Sch: 2/22 Rpt: 19/41	Taylor, Christopher L. (Mr.) 00084332
4	Date	5 Payee name
	06/11/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.30	1920 McKinney Ave.
		7th Floor
		Dallas, TX 75201
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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Donation Fee
		Donation Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/13/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	1920 McKinney Ave.
	, , , ,	7th Floor
		Dallas, TX 75201
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Donation Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	oxperiantare to seriem ever	
	Date	Payee name
	06/13/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1920 McKinney Ave.
		7th Floor
		Dallas, TX 75201
	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
		Donation Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl		xpense Vages/	Contract Labor		Travel in District Travel Out of Distr OTHER (enter a ca	ict ategory not listed above)
1	Total pages Schedule F1: Sch: 3/22 Rpt: 20/41		nristopher L. (Mr.)				3	Filer ID 00084332	(Ethics Commission Filers)
4	Date	5 Payee nam					<u> </u>		
	06/14/2024	Anedot	C						
6	Amount (\$)	<b>7</b> Payee addr	ess; City; S	State; Zip Co	ode				
	\$2.30	1920 McK	inney Ave.						
		7th Floor							
		Dallas, TX	75201						
8	PURPOSE	(a) Category	See Categories listed at the top of the	nis schedule)	(b)	Description			
	OF EXPENDITURE	Fees				=		de of Texas. Compl	
						Donation Fee		officeholder living e	xpense
9	Complete ONLY if direct expenditure to benefit C/Ol		fficeholder name	Office sou	ıght			Office held	d
	Date	Payee nam	e						
	06/17/2024	Anedot							
	Amount (\$)	Payee addr	ess; City; S	State; Zip Co	ode				
	\$10.30	1920 McK	inney Ave.						
		7th Floor							
		Dallas, TX	75201						
	PURPOSE OF	(a) Category	See Categories listed at the top of the	nis schedule)	(b)	Description			
	EXPENDITURE	Fees				<u> </u>		de of Texas. Compl officeholder living e	
					,	Donation Fee			
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	ıght			Office hel	d
	Date	Payee nam	e						
	06/18/2024	Anedot							
	Amount (\$)	Payee addr		State; Zip Co	ode				
	\$10.30	l	inney Ave.						
		7th Floor							
		Dallas, TX	75201						
	PURPOSE OF		See Categories listed at the top of the	nis schedule)	(b)	Description Chack if travel of	outo:	de of Texas. Compl	oto Schodulo T
	EXPENDITURE	Fees				_		officeholder living e	
						 Donation Fee	<del>)</del>		
	Complete ONLY if direct expenditure to benefit C/Ol		fficeholder name	Office sou	ıght			Office hel	d

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Le	t/Awards/Memorials E gal Services ne Instruction Gu	•		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	above)
1	Total pages Schedule F1:	2	FII FR NAME						3	Filer ID	(Ethics Commis	ssion Filers)
_	Sch: 4/22 Rpt: 21/41	ı	Taylor, Christo	opher L. (Mr.)						00084332	(Ethics Commis	3310111 11013)
4	Date	5	Payee name						<u> </u>			
	06/19/2024	ı	Anedot									
Ļ		Ь		0''		7: 0						
6	Amount (\$)	ı	Payee address;	•	State;	Zip Coo	ae					
	\$2.30	l	1920 McKinne	ey Ave.								
			7th Floor									
			Dallas, TX 752	201								
8	PURPOSE	(a)	Category (See (	Categories listed at th	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees			ĺ		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	LXI LINDITORL							ш.		officeholder living	g expense	
								Donation Fee	<del>)</del>			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	nolder name	O:	ffice souç	ght			Office h	eld	
	experialitate to beliefit of of											
	Date		Payee name									
	06/20/2024		Anedot									
	Amount (\$)		Payee address;	City;	State;	Zip Cod	de					
	\$6.30		1920 McKinne	ey Ave.								
			7th Floor									
			Dallas, TX 752	201								
	PURPOSE	(a)	Category (See (	Satamarian lintad at th	a tan of this saha	dula)	(b)	Description				
	OF		Fees	alegories listeu at tir	e top of this scrie	edule)	( - ,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		. 000					Check if Austin,	, TX,	officeholder living	g expense	
								Donation fee				
	Complete ONLY if direct		Candidate/Office	nolder name	0	ffice souç	ght			Office h	eld	
	expenditure to benefit C/OI	П										
	Date		Payee name									
	06/25/2024		Anedot									
	Amount (\$)		Payee address;	City;	State;	Zip Cod	de					
	\$600.90		1920 McKinne	ey Ave.								
			7th Floor									
			Dallas, TX 752	201								
	PURPOSE			Categories listed at th	e ton of this saba	idule)	(b)	Description				
	OF	ı	Fees	alegories iisteu at tii	e top of this some	idule)	. ,		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder living	g expense	
								Donation fee				
	Complete ONLY if direct		Candidate/Office	nolder name	0	ffice souç	ght			Office h	eld	
L	expenditure to benefit C/OI	r <b>1</b>										

#### SCHEDULE F1

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

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

Event Expense 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: 5/22 Rpt: 22/41	Taylor, Christopher L. (Mr.) 00084332
4	Date	5 Payee name
	06/26/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.60	1920 McKinney Ave.
		7th Floor
		Dallas, TX 75201
8	PURPOSE	
ľ	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 T.  Check if Austin, TX, officeholder living expense
		Donation Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
⊨	Date	Davies name
	04/04/2024	Payee name
		Arlington Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	900 Warrington Ct
		Arlington, TX 76014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Sponsorship
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	05/30/2024	Bank of America
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	2102 N. Collins St
		Arlington, TX 76011
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Continuing Legal Education
L	Oranglete Chilly " "	Our district Office health are now as the control of the control o
Ī	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### 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: 6/22 Rpt: 23/41	Taylor, Christopher L. (Mr.) 00084332
4	Date	5 Payee name
	06/05/2024	Buffalo Bros
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.00	415 Throckmorton St
		Fort Worth, TX 76107
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Intern Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/18/2024	Capital Grille
┢	Amount (\$)	Payee address; City; State; Zip Code
	\$109.00	800 Main St
	,	
		Fort Worth, TX 76102
	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  Going away intern lunch
		Coing away intermitation
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨	Date	
	Date	Payee name
	03/01/2024	Frederick Douglass Republicans of Tarrant County
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	P.O. Box 170912
		Arlington, TX 76003
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Sponsorship
		Shousoizuih
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
$\vdash$		

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

The Instruction Guide explains how to complete this form.  1 Total pages Schedule F1: 2 FILER NAME Taylor, Christopher L. (Mr.)  3 Filer ID (Ethics Commission File 00084332  1 Add 00084332  2 Taylor, Christopher L. (Mr.)  5 Payee name Frederick Douglass Republicans of Tarrant County  6 Amount (\$) 7 Payee address: City; State: Zip Code School of Proceedings School of Proce	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services	Polling Ex nse Printing E	xpense Expens			Travel in Distri Travel Out of I		
Sch: 7/22 Rpt: 24/41 Taylor, Christopher L. (Mr.) 00084332  4 Date 03/09/2024 5 Page name Frederick Douglass Republicans of Tarrant County  5 Amount (\$) 7 Page address; City; State; Zip Code \$  8 PURPOSE EXPENDITURE	Cledit Card Payment			The Instruction Guide 6	explains how to co	omple	ete this form.				
4 Date 03/09/2024 5 Payee name Frederick Douglass Republicans of Tarrant County  7 Payee address: City; State; Zip Code P.O. Box 170912 Arlington, TX 76003  8 PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Cenest if twent austice of Texas. Complete Schedule T. Concest if Aussin, TX, officeholder living expense  9 Complete QNLY if direct expenditure to benefit C/OH  Amount (8) Payee name 01/02/2024 Google GSuitte  Amount (8) Payee address; City; State; Zip Code  1600 Amphitheatre Parkway Mountain View , CA 94043  Complete QNLY if direct expenditure to benefit C/OH  Complete QNLY if d	1	· ·						3		•	ers)
Solution		Sch: 7/22 Rpt: 24/41	Taylor, Chri	stopher L. (Mr.)					00084332		
Purpose   Complete ONLY if direct expenditure to benefit C/OH	4	Date	5 Payee name								
### S500.00  ### PURPOSE OF EXPENDITURE    Candidate/Officeholder name		03/09/2024	Frederick D	ouglass Republican	s of Tarrant Co	ounty	•				
Arlington, TX 76003  8 PURPOSE OF EXPENDITURE  (a) Category (see categories listed at the top of this schedule) Advertising Expense  (b) Description	6	Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	ode					
B PURPOSE OF EXPENDITURE		\$500.00	P.O. Box 17	70912							
B PURPOSE OF EXPENDITURE											
Advertising Expense  Advertisi			Arlington, T	X 76003							
### Advertishing Expense   Advertishing Expen	8		(a) Category (Se	ee Categories listed at the top	of this schedule)	(b)	Description				
9 Complete ONLY if direct expenditure to benefit C/OH  Date O1/02/2024 Google GSuite  Amount (\$) Payee address; City; State; Zip Code  1600 Amphitheatre Parkway  Mountain View , CA 94043  PURPOSE OF EXPENDITURE  Complete QNLY if direct expenditure to benefit C/OH  Date O2/01/2024 Google GSuite  Complete QNLY if direct expenditure to benefit C/OH  Date O3/01/2024 Google GSuite  Payee address; City; State; Zip Code  Complete QNLY if direct expenditure to benefit C/OH  Date O3/01/2024 Google GSuite  Amount (\$) Payee address; City; State; Zip Code  1600 Amphitheatre Parkway  Mountain View , CA 94043  Purpose O3/01/2024 Google GSuite  Payee name Google GSuite  Amount (\$) Payee address; City; State; Zip Code  1600 Amphitheatre Parkway  Mountain View , CA 94043  Purpose O4/01/2024 Google GSuite  Poffice O4/01/2024 (Complete Schedule) (b) Description  Office O4/01/2024 (Complete Schedule) (b) Description		-	Advertising	Expense			<b>=</b>				
9 Complete QNLY if direct expenditure to benefit C/OH  Date O1/02/2024 Google GSuite  Amount (\$) Payee address; City; State; Zip Code  1600 Amphitheatre Parkway  Mountain View , CA 94043  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Sought Office held  Complete QNLY if direct expenditure to benefit C/OH  Date O2/01/2024 Google GSuite  Candidate/Officeholder name Office sought Office held  Payee name Goz/01/2024 Google GSuite  Amount (\$) Payee address; City; State; Zip Code  Date O2/01/2024 Google GSuite  Amount (\$) Payee address; City; State; Zip Code  1600 Amphitheatre Parkway  Mountain View , CA 94043  PURPOSE O3/01/2024 Google GSuite  Amount (\$) Payee address; City; State; Zip Code  1600 Amphitheatre Parkway  Mountain View , CA 94043  PURPOSE O4/01/2024 (Comphant/Rental Expense)  (b) Description  (c) Description  (b) Description  (c) Description  (d) Category (see Categories listed at the top of this schedule)  Office Overhead/Rental Expense							_		, onicendider livi	ng expense	
Date 01/02/2024  Amount (\$)  Payee address; City; State; Zip Code  \$6.40  Payee address; City; State; Zip Code  \$6.40  Purpose OF  EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead//Rental Expense  Complete QNLY if direct expenditure to benefit C/OH  Date 02/01/2024  Candidate/Officeholder name 02/01/2024  Amount (\$)  Payee name 02/01/2024  Google GSuite  Payee address; City; State; Zip Code  \$6.40  Purpose OF  Quality (See Categories listed at the top of this schedule) Office Sought  Office Purpose Office Overhead/(Partal Expanse)  (b) Description    Check if rawel outside of Texas. Complete Schedule Texas. Comple							оролюогольр				
Date 01/02/2024  Amount (\$)  Payee address; City; State; Zip Code  \$6.40  Payee address; City; State; Zip Code  \$6.40  Purpose OF  EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead//Rental Expense  Complete QNLY if direct expenditure to benefit C/OH  Date 02/01/2024  Candidate/Officeholder name 02/01/2024  Amount (\$)  Payee name 02/01/2024  Google GSuite  Payee address; City; State; Zip Code  \$6.40  Purpose OF  Quality (See Categories listed at the top of this schedule) Office Sought  Office Purpose Office Overhead/(Partal Expanse)  (b) Description    Check if rawel outside of Texas. Complete Schedule Texas. Comple	<u> </u>	Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	uaht			Office	neld	
O1/02/2024  Google GSuite  Amount (\$)	_			centider name	Office 300	ugnt			Office	iciu	
Amount (\$) Payee address; City; State; Zip Code  \$6.40   1600 Amphitheatre Parkway    Mountain View , CA 94043      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   Email      Complete ONLY if direct expenditure to benefit C/OH   Candidate/Officeholder name   Office sought   Office held      Date		Date	Payee name								
S6.40    1600 Amphitheatre Parkway   Mountain View , CA 94043		01/02/2024	Google GSı	uite							
Mountain View , CA 94043  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct expenditure to benefit C/OH  Date Osagle GSuite  Amount (\$) Payee name Google GSuite  Amount (\$) Payee address; City; State; Zip Code  \$6.40 S6.40		Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held  Payee name Google GSuite  Amount (\$) Payee address; City; State; Zip Code  \$6.40 1600 Amphitheatre Parkway  Mountain View , CA 94043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expense		\$6.40	1600 Amph	itheatre Parkway							
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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held  Payee name Google GSuite  Amount (\$) Payee address; City; State; Zip Code  \$6.40 1600 Amphitheatre Parkway  Mountain View , CA 94043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expense											
Office Overhead/Rental Expense  Office Overhead/Rental Expense  Complete ONLY if direct expenditure to benefit C/OH  Date Oogle GSuite  Amount (\$)  Payee address; City; State; Zip Code  \$6.40  Payee address; City; State; Zip Code  \$6.40  Purpose  Office Overhead/Rental Expense  (a) Category (see Categories listed at the top of this schedule)  Office Sought  Office held  Office he			Mountain V	iew , CA 94043							
Complete ONLY if direct expenditure to benefit C/OH  Date Osogle GSuite  Amount (\$) Payee address; City; State; Zip Code  \$6.40 1600 Amphitheatre Parkway  PURPOSE OF  Office Overhead/Rental Expense    Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas.			(a) Category (Se	ee Categories listed at the top	of this schedule)	(b)	Description				
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Google GSuite  Amount (\$) Payee address; City; State; Zip Code  \$6.40 Hours and Payee address and Payee a							<b>=</b>				
Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Google GSuite  Amount (\$) Payee address; City; State; Zip Code  \$6.40 1600 Amphitheatre Parkway  Mountain View , CA 94043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule)  Office sought Office held  Office held  Office held  Office held  (b) Description  Check if travel outside of Texas. Complete Schedule T.							ш	1, TX,	, officeholder livi	ng expense	
Date 02/01/2024 Google GSuite  Amount (\$) Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View , CA 94043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule) Office Overhead (Pantal Expanse) Check if travel outside of Texas. Complete Schedule T.							Linaii				
Date 02/01/2024 Google GSuite  Amount (\$) Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View , CA 94043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule) Office Overhead (Pantal Expanse) Check if travel outside of Texas. Complete Schedule T.		Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	<u>l</u> uaht			Office	neld	
O2/01/2024  Google GSuite  Amount (\$)  Payee address; City; State; Zip Code  \$6.40  \$6.40  Mountain View , CA 94043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expanse						9					
O2/01/2024  Google GSuite  Amount (\$)  Payee address; City; State; Zip Code  \$6.40  \$6.40  Mountain View , CA 94043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expanse	_	Date	Dayloo nama								
Amount (\$)  Payee address; City; State; Zip Code  1600 Amphitheatre Parkway  Mountain View , CA 94043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule) Office Overhead (Pantal Expanse)  Check if travel outside of Texas. Complete Schedule T.				ıite							
\$6.40					State: Zin Co	odo					
Mountain View , CA 94043  PURPOSE OF  (a) Category (See Categories listed at the top of this schedule) OF Office Overhead (Pontal Expanse)  Check if travel outside of Texas. Complete Schedule T.		` '	-		Siale, ZIP CI	oue					
PURPOSE OF		φ0.40	1000 Ampir	ililealle Faikway							
OF Office Overhead/Pantal Evpance  Check if travel outside of Texas. Complete Schedule T.			Mountain Vi	iew , CA 94043							
OF Office Overhead (Pental Expense) Check if travel outside of Texas. Complete Schedule T.			(a) Category (Se	ee Categories listed at the ton	of this schedule)	(b)	Description				
EXPENDITIBE   Office Overhead/Nethal Expense			The state of the s	head/Rental Expens			브			•	
Check II Austin, 1A, onicenoider living expense		EXI ENDITORE					<b>—</b>	ı, TX,	, officeholder livi	ng expense	
Email							⊏IIIdli				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Complete ONI V if direct	CandidatalOff	coholder name	Office	lah+			Office	aold	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				cenduel name	Office SOL	uyrıl			Office	ICIU	
Forms provided by Tayas Ethics Commission was ethics state ty us			uki e C		adeta e e e						0.1.

#### SCHEDULE F1

Advertising Expense Event I Accounting/Banking Fees Food/E Consulting Expense Food/E Contributions/ Donations Made By - Gift/Aw

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1:	
	Sch: 8/22 Rpt: 25/41	Taylor, Christopher L. (Mr.) 00084332
4	Date	5 Payee name
L	03/01/2024	Google GSuite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.40	1600 Amphitheatre Parkway
		Mountain View , CA 94043
8	PURPOSE	1
°	OF	(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.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Email
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Dougo nama
		Payee name
	04/01/2024	Google GSuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.76	1600 Amphitheatre Parkway
		Mountain View , CA 94043
	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
		Email
<u> </u>	Operation ONE VIII II	On didn't 10 ff a halden game
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	05/01/2024	Google GSuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Parkway
		Mountain View , CA 94043
	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.
	Za Enditone	Check if Austin, TX, officeholder living expense
		Email
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	oxpenditure to beliefft C/Of	•

#### 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 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

Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/22 Rpt: 26/41 Taylor, Christopher L. (Mr.) 00084332 4 Date Payee name 06/01/2024 Google GSuite 6 Amount (\$) Payee address; City; State; Zip Code \$7.68 1600 Amphitheatre Parkway Mountain View, CA 94043 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Email Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/04/2024 **Guss Fried Chicken** Amount (\$) Payee address; City; State; Zip Code \$35.00 1067 W. Magnolia Ave Fort Worth, TX 76104 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Political Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/29/2024 Istanbul Grill Amount (\$) Payee address: City: State; Zip Code \$45.00 401 Throckmorton St Fort Worth, TX 76102 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Political lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### 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 Legal Services

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

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

l	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 10/22 Rpt: 27/41	Taylor, Christopher L. (Mr.)		00084332
4	Date	5 Payee name		
	02/05/2024	Istanbul Grill		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
l	\$80.00	401 Throckmorton St		
		Fort Worth, TX 76102		
8	PURPOSE		(b)	Description
ľ	OF	Food/Beverage Expense	(,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Political Meeting
L				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
L				
	Date	Payee name		
	05/20/2024	Istanbul Grill		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$47.00	401 Throckmorton St		
		Fort Worth, TX 76102		
	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  Intern Lunch
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI			
H	Date	Payee name		
	06/17/2024	Istanbul Grill		
H	Amount (\$)	Payee address; City; State; Zip Coo	de	
l	\$71.00	401 Throckmorton St	40	
l	Ţ. <u>_</u>			
		Fort Worth, TX 76102		
	PURPOSE		/b\	Paradiation.
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Food/beverage Expense		Check if Austin, TX, officeholder living expense
l				New Intern Lunch
L				
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
L	expenditure to benefit C/OI	¬		

#### 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 Legal Services

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/22 Rpt: 28/41	Taylor, Christopher L. (Mr.) 00084332
4	Date	5 Payee name
	06/25/2024	La Playa Maya
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.00	1540 N. Main St
		Fort Worth, TX 76164
8	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.
l		Check if Austin, TX, officeholder living expense  Staff Lunch
		Stall Editori
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/29/2024	Legal Cafe
⊢	Amount (\$)	Payee address; City; State; Zip Code
l	\$44.20	114 Main St
l	¥=0	
		Fort Worth, TX 76102
⊢	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Intern Meeting
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
L	06/03/2024	Legal Cafe
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$8.11	114 Main St
l		
		Fort Worth, TX 76102
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Political Meeting
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
ı		

#### 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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 12/22 Rpt: 29/41	Taylor, Christopher L. (Mr.)	00084332
4	Date	5 Payee name	<u>'</u>
l	05/06/2024	Live by Lowes	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$31.39	1600 E. Randol Mill Rd	
l			
l		Arlington, TX 76011	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Parking
Ļ	0 1 0 0 1 1 1 1		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┡	·		
	Date	Payee name	
	03/23/2024	Lucille's	
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.00	4700 Camp Bowie Blvd	
l			
L		Fort Worth, TX 76107	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Political Meeting
			J
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	06/09/2024	Mother and Unborn Baby Care	
┢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$250.00	3264 Lackland Rd	
l			
		Fort Worth, TX 76116	
H	PURPOSE		Description
l	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Sponsorship
L	0 1: 0:::::::::::::::::::::::::::::::::		0.00
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed about the Instruction Guide explains how to complete this form.	ove)
	\
Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Sch: 13/22 Rpt: 30/41 Taylor, Christopher L. (Mr.) 00084332	on Filers)
Date 5 Payee name	
03/19/2024 Olivellas	
Amount (\$) 7 Payee address; City; State; Zip Code	
\$374.32 4910 Camp Bowie Blvd	
Fort Worth, TX 76107	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 1X, officenoider living expense	
Judicial Luncheon	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
experialitare to berieffit C/OH	
Date Payee name	
06/26/2024 Platinum Parking	
Amount (\$) Payee address; City; State; Zip Code	
\$10.00 811 Taylor St	
Fort Worth TV 76102	
Fort Worth, TX 76102	
PURPOSE  OF  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxas Complete Schedule T	
EXPENDITURE  Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Parking	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
01/26/2024 Reata	
Amount (\$) Payee address; City; State; Zip Code	
\$160.77 530 Throckmorton	
Fort Worth, TX 76102	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EVENT Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, 17, onicerioder living expense	
Continuing Legal Education with interns	
Operation ONLY if direct Conditions (Office holders are as a Condition of the Condition of	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	1
expenditure to benefit C/OH	
expenditure to benefit C/OH	

#### 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 Legal Services

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

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

eimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
ntract Labor OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this fo	orm.
1	Total pages Schedule F1: Sch: 14/22 Rpt: 31/41	2 FILER NAME Taylor, Christopher L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00084332
4	Date 03/08/2024	5 Payee name Reata	·
6	Amount (\$) \$164.00	<b>7</b> Payee address; City; State; Zip Code 530 Throckmorton	
		Fort Worth, TX 76102	
8	PURPOSE OF EXPENDITURE	Check	tion x if travel outside of Texas. Complete Schedule T. x if Austin, TX, officeholder living expense aign Lunch
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 04/25/2024	Payee name Reata	
	Amount (\$) \$64.00	Payee address; City; State; Zip Code 530 Throckmorton	
		Fort Worth, TX 76102	
	PURPOSE OF EXPENDITURE	Check	tion x if travel outside of Texas. Complete Schedule T. x if Austin, TX, officeholder living expense al Meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 05/24/2024	Payee name Rodeo Goat	
	Amount (\$) \$59.90	Payee address; City; State; Zip Code 2836 Bledsoe St	
		Fort Worth, TX 76107	
	PURPOSE OF EXPENDITURE	1 000/Develage Expense	x if travel outside of Texas. Complete Schedule T. x if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		rs)
L	Sch: 15/22 Rpt: 32/41	Taylor, Christopher L. (Mr.) 00084332	
4		5 Payee name	
L	03/14/2024	Snooze A.M.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$122.00	2150 W. 7th St	
l			
L		Fort Worth, TX 76107	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l		Staff lunch	
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
l	expenditure to benefit C/OI		
F	Date	Payee name	
l	05/22/2024	Spice	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$37.02	411 W. Magnolia Ave	
	, ,		
		Fort Worth, TX 76104	
┝	PURPOSE		
l	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Intern Lunch	
L			
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientare to benefit G/OI		
l	Date	Payee name	
	05/28/2024	State Bar of Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$330.00	1414 Colorado St	
l			
l		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense  State Bar Fee	
		State Dai Fee	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
$\vdash$			
l			

#### 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: 16/22 Rpt: 33/41	Taylor, Christopher L. (Mr.) 00084332
4	Date	5 Payee name
	05/31/2024	Sundance Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.55	425 Houston St
		Fort Worth, TX 76102
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Parking
		T WINING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	01/29/2024	Sushi Axiom
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.00	2600 W. 7th St
		Fort Worth, TX 76107
	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  Lunch with interns
		Eurich with interns
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_		
	Date	Payee name
	04/12/2024	Taco Cabana
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.03	801 N. Beach St.
		Fort Worth, TX 76111
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Staff Meeting
_	Complete ONII V if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/O	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 Comm

Event Expense 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: 17/22 Rpt: 34/41	Taylor, Christopher L. (Mr.) 00084332
4	Date	5 Payee name
	06/06/2024	Taco Cabana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.82	801 N. Beach St.
		Fort Worth, TX 76111
8	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  Staff Meeting
		Stan Weeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	02/02/2024	Tarrant County Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	1315 Calhoun St
		Fort Worth, TX 76102
	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  Continuing Legal Education
		Continuing Legal Education
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	Para compa
	Date 04/18/2024	Payee name  Torront County Par Acceptation
L		Tarrant County Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1315 Calhoun St
		Fort Worth, TX 76102
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Continuing Legal Education
		Continuing Legal Education
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense 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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1		2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/22 Rpt: 35/41	Taylor, Christopher L. (Mr.) 00084332
4		5 Payee name
L	02/02/2024	Tarrant County Bar Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code 1315 Calhoun St
	\$300.00	1315 Callouit St
		Fort Worth, TX 76102
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Bar Foundation  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Member of Bar Foundation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	01/05/2024	Tarrant County Republican Party
H	Amount (\$)	Payee address; City; State; Zip Code
	\$334.00	7524 Mosier View Court
		Fort Worth, TX 76118
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Sponsorship
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/08/2024	Taylor, Chris
	Amount (\$) \$1,013.90	Payee address; City; State; Zip Code P.O. Box 1429
	Ψ1,013.30	1.0. 50% 1423
		Fort Worth, TX 76111
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Repayment of past loan
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### 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 Legal Services

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 19/22 Rpt: 36/41	Taylor, Christopher L. (Mr.) 00084332
4	Date	5 Payee name
	04/15/2024	Taylor, Chris
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$4,860.00	P.O. Box 1429
l		
		Fort Worth, TX 76111
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Loan Repayment/Reimbursement  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Loan Repayment
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit Grot	'
	Date	Payee name
	06/24/2024	Taylor, Chris
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 1429
		Fort Worth, TX 76111
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Loan Repayment
		Loan Nepayment
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
l	01/26/2024	Texas Center for the Judiciary
┝	Amount (\$)	-
l	\$75.00	Payee address; City; State; Zip Code 1210 San Antonio St.
l	Ψ73.00	1210 Juli Altonio St.
l		Austin TV 70701
		Austin, TX 78701
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Continuing Legal Education
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		
ı		

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	<u> </u>	_
	Sch: 20/22 Rpt: 37/41	Taylor, Christopher L. (Mr.) 00084332	
4	Date	5 Payee name	_
	02/12/2024	Texas Ethics Commission	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$150.00	201 E 14th St. Ste 10	
		Austin, TX 78701	
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  Late filling Fee	
		Late ming Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
⊨	Date	Davies name	_
	05/23/2024	Payee name The Magnolia	
L			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$120.61	1101 W. Magnolia Ave.	
		5 W II. TV 70404	
L		Fort Worth, TX 76104	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Supporter Event	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	
Г	Date	Payee name	_
	05/28/2024	The Original	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$110.00	1400 N. Main St	
		Fort Worth, TX 76164	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
l	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Staff Lunch	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OH		
$\vdash$			

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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: 21/22 Rpt: 38/41	Taylor, Christopher L. (Mr.) 00084332
4	Date	5 Payee name
	04/17/2024	Thompsons Bookstore
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$171.00	900 Houston St
		Fort Worth, TX 76102
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Political Meeting
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/21/2024	Thompsons Bookstore
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.00	900 Houston St
		Fort Worth, TX 76102
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Intern Event
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
⊨	Data	Davies name
	Date 06/04/2024	Payee name Thompsons Pookstore
		Thompsons Bookstore
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.00	900 Houston St
		Fort Worth, TX 76102
	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
		Political Meeting
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

#### 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

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 22/22 Rpt: 39/41	Taylor, Christopher L. (Mr.)		00084332
4	Date	5 Payee name		
	02/02/2024	Trophies by Edco		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$105.41	3702 Davie Blvd		
l				
		Fort Lauderdale, FL 33312		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF	Event Expense	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
				Awards for Frederick Douglass Republicans event
L				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	jht	Office held
L	·			
l	Date	Payee name		
	03/06/2024	Wishbone & Flynt		
l	Amount (\$)	Payee address; City; State; Zip Cod	de	
l	\$182.00	334 Bryan Ave		
l				
		Fort Worth, TX 76104		
Г	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
				Political Watch Party
┝	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O			
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

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	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: /1 Rpt: 40/41	
2	FILER NAME		3	Filer ID	(Ethics Commission F	ilers)
l	Taylor, Chris	stopher L. (Mr.)	1	00084		ŕ
┝	Date					
	01/24/2024	Frost Bank			8 Amount (\$)	\$0.30
l	01/24/2024					Ψ0.50
l		6 Address of person from whom amount is received; City; State; Zip Code				
l						
l		Con Antonio, TV 70206				
l		San Antonio, TX 78296				
l			olitica	al contr	ibution returned to filer	
L		Interest Payment				
Г	Date	Name of person from whom amount is received			Amount (\$)	
l	02/23/2024	Frost Bank				\$0.78
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l						
l		San Antonio, TX 78296				
l		Purpose for which amount is received Check if p	olitica	al contr	ibution returned to filer	
l		Interest Payment				
F	Date	Name of person from whom amount is received			Amount (\$)	
l	03/22/2024	Frost Bank			Amount ( $\phi$ )	\$0.68
	0012212024					Ψ0.00
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l		San Antonio, TX 78296				
l			olitica	al contr	l ibution returned to filer	
l		Interest Payment	0	00111.	ibation rotalinos to mo.	
⊨	Data	•			Amount (ft)	
l	Date	Name of person from whom amount is received			Amount (\$)	<u></u> ተለ E2
l	04/22/2024	Frost Bank				\$0.52
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l		San Antonio, TX 78296				
l						
l			Olitica	ai contr	ibution returned to filer	
L		Interest Payment				
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	OUTSTAN	NDING LOANS	SCHEDULE L  1 Total pages Schedule L: Sch: 1/1 Rpt: 41/41					
	The Instruction	on Guide explains how to complete this form.						
2 FILER NAME Taylor, Christopher L.		oher L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00084332					
	LENDER INFORMATION	4 Name of lender Taylor, Chris	•					
		5 Lender address; City; State; Zip Code						
		Fort Worth, TX 76101						
	GUARANTOR INFORMATION	6 Name of guarantor						
	X not applicable	7 Guarantor address; City; State; Zip Code						