COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC COVER SHEET PG 1

Th	e CEC Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00016594	2 Total pages filed: 19
3	COMMITTEE NAME	OFFICE USE ONLY		
	Taylor County Der	nocratic PAC (CEC)		
				Date Received ELECTRONICALLY FILED 07/16/2024
	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	Y; STATE; ZIP CODE	
4	ADDRESS	P.O. Box 3595	r, state, zipcode	
		P.O. B0X 3393		Date Hand-delivered or Date Postmarked
	Change of Address			
		Abilene, TX 79604		Receipt # Amount
				Date Processed
				Date Imaged
				Date imageu
5	CAMPAIGN	MS/MRS/MR FIRST		MI
ľ	TREASURER	Dianne		
	NAME	Diame		
		NICKNAME LAST		SUFFIX
		Morphew		
	CAMPAIGN			STATE; ZIP CODE
ľ	TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
	STREET	2401 S. 25th St. #215		
	ADDRESS			
	(Residence or Business)	Abilene, TX 79605		
7	CAMPAIGN	STREET OR PO BOX;	APT / SUITE #; CITY	; STATE; ZIP CODE
	TREASURER MAILING	2526 Bennett Drive		
	ADDRESS			
	Change of Address	Abilene, TX 79605		
Ļ				
8	CAMPAIGN TREASURER		EXTENSION	
	PHONE	(325) 513-2582		
9	REPORT			_
ľ	TYPE	January 15 30	th day before election	Final Report
		8th	n day before election	10th day after campaign treasurer
		X July 15	Inoff	termination
10	PERIOD COVERED	Month Day Year	Month Day	Year
	COVERED	01/01/2024 TH	IROUGH 06/30/202	24
11	ELECTION	ELECTION DATE		
		Month Day Year XP	rimary Runoff	Other
		G G	ieneral Special	
		· ·		
		GO T	O PAGE 2	
	rms provided by To		hics.state.tx.us	Version V4.1.0.d378aba0
F0	ins provided by Te.		11103.31210.11.113	

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer	TID (Ethics Commission Filers)
Taylor County Democra	tic PAC (CEC)		0001	16594
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold		\$ 175.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2,686.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 10,254.48
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAS ING PERIOD	ST DAY	\$ 1,854.49
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS O E REPORTING PERIOD	F THE	\$ 0.00
16 AFFIDAVIT	L		I	L
		I swear, or affirm, under penalty of true and correct and includes all inf under Title 15, Election Code.		
		Diann	e Morphe	ew
		Signature of C	-	
AFFIX NOTARY	STAMP / SEAL ABOV	E		
Sworn to and subscribed	hefore me by the said		this the	day
		y which, witness my hand and seal of office.	, uno ule	uay
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title	of officer administering oath
L Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba

SUBTOTALS - CEC	CC	FORM CEC OVER SHEET PG 3 3 of 19
17 COMMITTEE NAME Taylor County Democratic PAC (CEC)	18 Filer ID 00016594	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,686.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 10,254.48
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
10. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 4,172.82
		I

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/19	
2	FILER NAME		3 Filer ID (Ethics Commission I	Filers)	
		ty Democratic PAC (CEC)	00016594	,	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	06/28/2024	Armstrong, Terry (Mrs.)			\$60.00
		6 Contributor address; City; State; Zip Code			
		Merkel, TX 79536			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Activity Facil	lity Supervisor	First Baptist Church-Abi	lene, TX	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	06/24/2024	Compton, Kristy (Ms.)			\$60.00
		Contributor address; City; State; Zip Code			
		Abilene, TX 79605			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
	Not Employe	ed	N/A		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	03/23/2024	Devora, Joey (Mr.)			\$100.00
		Contributor address; City; State; Zip Code			
		Abilene, TX 79605			
		pation / Job title (See Instructions)	Employer (See Instructions	6)	
	Insurance A	djuster	Acuity Insurance		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	06/28/2024	Dillman, David (Mr.)			\$120.00
		Contributor address; City; State; Zip Code			
		Abilene, TX 79601			
		pation / Job title (See Instructions)	Employer (See Instructions	6)	
	Retired		None		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	01/15/2024	Dillman, David (Mr.)			\$106.00
		Contributor address; City; State; Zip Code			
\vdash		Abilene, TX 79601			
		pation / Job title (See Instructions)	Employer (See Instructions	5)	
L	Retired		None		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	e Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/19		
2 FILE	ER NAME		3	Filer ID (Ethics Commissio	on Filers)	
Тау	/lor Count	ty Democratic PAC (CEC)		00016594		
4 Date	e	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
06/2	23/2024	Garcia, Sammy (Mr.)				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Abilene, TX 79603				
			9 Employer (See Instructions	5)		
Insu	urance Sa	ales	Self Employed			
Date		Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
06/1	12/2024	Goolsbee`, Linda (Mrs.)				\$150.00
		Contributor address; City; State; Zip Code		1		
<u> </u>		Abilene, TX 79608-5108		ŕ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
Reu	tired		N/A	. 		
Date	-	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
01/1	15/2024	Goolsbee`, Linda (Mrs.)				\$1,000.00
		Contributor address; City; State; Zip Code]		
		Abilene, TX 79608-5108		Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
Reu	tired		N/A	—		
Date		Full name of contributor out-of-state PAC (ID#:)]	Amount of Contribution (\$)	_
01/1	18/2024	Jordan, Jo (Ms.)				\$25.00
		Contributor address; City; State; Zip Code]		
		Abilene, TX 79605				
		pation / Job title (See Instructions)	Employer (See Instructions	3)		
Reti	tired		N/A			
Date	e	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
06/0	09/2024	Knox, Ed & Cindy (Mr.)				\$100.00
	1	Contributor address; City; State; Zip Code		1		
		Abilene, TX 79602				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
Reti	tired	,	NONE			
1						

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ty Democratic PAC (CEC)	00016594	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/27/2024	Perkins, Linda (Mrs.)		\$310.00
	6 Contributor address; City; State; Zip Code		
	Abilene, TX 79602		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Retired		N/A	-,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/15/2024	Perkins, Linda (Mrs.)		\$70.00
	Contributor address; City; State; Zip Code		
	Abilene, TX 79602		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		N/A	
Date	Full name of contributor out-of-state PAC (ID#:_	·)	Amount of Contribution (\$)
06/28/2024	Sanders, Donna (Mrs.)		\$180.00
	Contributor address; City; State; Zip Code		
	Abilene, TX 79602-3301		
-	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Fin. Account	iant	Day Nursery of Abilene	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/23/2024	Thomesen, J. Sue (Ms.)		\$50.00
	Contributor address; City; State; Zip Code		
	Abilene, TX 79602		ļ
-	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions	5)
Retired		N/A	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/17/2024	Vanderhider, Frances (Ms.)		\$10.00
	Contributor address; City; State; Zip Code		
	Abilene, TX 79606	Fundar (C	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Not Employe	3U	N/A	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/4 Rpt: 7/19 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Taylor County Democratic PAC (CEC) 00016594 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 02/10/2024 \$70.00 Watson J.D., Thomas (Mr.) 6 Contributor address; City; State; Zip Code Abilene, TX 79602 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Attorney Mehaffey & Watson

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex	oense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 1/10 Rpt: 8/19	Taylor County Democratic PAC (CEC)		00016594				
4	Date 01/31/2024	Payee name AT&T Mobility						
6	Amount (\$) \$57.33	Payee address; City; State; Zip Cor PO Box 6463 Carol Stream, IL 60197-6463	le					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Monthly expense for Party telephone								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sou	ht	Office held				
	Date	Payee name						
	02/28/2024	AT&T Mobility						
	Amount (\$) \$57.07	Payee address; City; State; Zip Co PO Box 6463	le					
		Carol Stream, IL 60197-6463						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense ense for Party telephone				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sou	ht	Office held				
	Date	Payee name						
	03/31/2024	AT&T Mobility						
	Amount (\$) \$57.94	Payee address; City; State; Zip Co PO Box 6463	le					
		Carol Stream, IL 60197-6463						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense ense for Party telephone				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sou	ht	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awa ee Legal Se	verage Expense Irds/Memorials Expe		Office Over Polling Exp Printing Exp Salaries/Wa	head ense pense ages/	e 'Contract Labor		Travel in District Travel Out of Dis	quipme	Expense nt & Related Expense y not listed above)
1	Total pages Sabadula F1:	2 [1]							3		(Ethi	cs Commission Filers)
L.	Total pages Schedule F1: Sch: 2/10 Rpt: 9/19		ylor County De	mocratic PAC	C(CEC)				-	Filer ID 00016594	(Euni	
4	Date	5 Pay	yee name									
	04/30/2024	AT	&T Mobility									
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$57.07 PO Box 6463											
_			rol Stream, IL									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Monthly Expense for Party telephone.						se						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officehold	er name	C	Office soug	jht			Office h	eld	
	Date	Pay	yee name									
	05/31/2024	AT	&T Mobility									
	Amount (\$)	Pay	yee address;	City;	State;	Zip Coo	le					
	\$75.16		9 Box 6463 rol Stream, IL (60197-6463								
	PURPOSE OF EXPENDITURE		tegory _{(See Categ} ïce Overhead/I			edule)			, TX,	de of Texas. Com officeholder living e for Party to	g expens	se
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		didate/Officehold	er name	С	Office soug	Jht			Office h	eld	
	Date	Pav	yee name									
	06/30/2024	-	&T Mobility									
	Amount (\$) \$105.00		yee address; 9 Box 6463	City;	State;	Zip Coo	le					
		Ca	rol Stream, IL	60197-6463								
	PURPOSE OF EXPENDITURE		tegory _{(See Categ} iice Overhead/I			edule)			, TX,	de of Texas. Com officeholder living e for Party to	, g expens	se
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officehold	er name	C	Office soug	jht			Office h	eld	

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/M	pense pense xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		-		s now to co	mpie	ete this form.		
1	Total pages Schedule F1: Sch: 3/10 Rpt: 10/19		FILER NAME Taylor County Democratic PAC (CEC))			3	Filer ID (Ethics Commission Filers) 00016594
4	Date	5	Payee name					
	06/24/2024		Arthur J. Gallagher Risk Management			IC		
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de			
	\$1,494.68		3005 So. Treadaway Blvd					
			Abilene, TX 79602					
8	PURPOSE	(a)	Category (See Categories listed at the top of this scl	hedule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.
								officeholder living expense
						rental	ity	insurance required for office proper
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held
⊨	Data							
	Date		Payee name					
	02/21/2024		Best Buy					
	Amount (\$)		Payee address; City; State	e; Zip Co	de			
	\$1,385.57		4310 Buffalo Gap Road					
			Floor 1					
			Abilene, TX 79606					
_	PURPOSE				(h)	Description		
	OF		Category (See Categories listed at the top of this scl COMPUTER PURCHASE	nedule)	()	·	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE							officeholder living expense
						Purchase of I	apt	top computer for Party HQ office
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held
	Date		Payee name					
	01/05/2024		FL20, Inc					
	Amount (\$)		Payee address; City; State	e; Zip Co	de			
	\$951.12		4633 S. 14TH ST.	э, <u>—</u> р өө				
	\$301.12		-000 0. 1411101.					
			Abilene, TX 79605					
	PURPOSE OF		Category (See Categories listed at the top of this scl	hedule)	(b)	Description		
	EXPENDITURE		Office Overhead/Rental Expense					de of Texas. Complete Schedule T.
								officeholder living expense
						wontiny rent	αU	itilities for Party Headquarters office
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held
\vdash								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Glft/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 4/10 Rpt: 11/19	Taylor County Democratic PAC (CEC)	00016594						
4	Date 02/05/2024	Payee name FL20, Inc							
6	Amount (\$) \$1,004.04	Payee address; City; State; Zip Code 4633 S. 14TH ST. Abilene, TX 79605							
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if Austin, TX, officeholder living expense Rent & utilities for Party Headquarters office								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/01/2024	FL20, Inc							
	Amount (\$) \$1,069.99	Payee address;City;State;Zip Code4633 S. 14TH ST.							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense es for Party Headquarters office						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/03/2024	FL20, Inc							
	Amount (\$) \$1,079.62	Payee address;City;State;Zip Code4633 S. 14TH ST.							
		Abilene, TX 79605							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense es for Party Headquarters office						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)					
1	Sch: 5/10 Rpt: 12/19	Taylor County Democratic PAC (CEC)	00016594					
4	Date 05/03/2024	5 Payee name FL20, Inc						
6		7 Payee address; City; State; Zip Code						
0	Amount (\$) \$1,022.54	4633 S. 14TH ST. Abilene, TX 79605						
8	PURPOSE	(a) Category (See Categories listed at the tap of this schedule) (b) Description						
8 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 Rent & Utilities for Party Headquarters office Office Overhead/Rental Expense Rent & Utilities for Party Headquarters office								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/03/2024	FL20, Inc						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$921.99	4633 S. 14TH ST. Abilene, TX 79605						
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense / Headquarters Office					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/19/2024	OPTIMUM						
	Amount (\$) \$120.03	Payee address; City; State; Zip Code 3558 S Clack St.						
		Abilene, TX 79606						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense y HQ office					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense ttee Legal Services The Instruction Guide explains h	orials 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)		
1	Total pages Schedule F1:	2 FI	· · ·		•	3	Filer ID (Ethics Commission Filers)		
1	Sch: 6/10 Rpt: 13/19		aylor County Democratic PAC (CEC)				00016594		
4	Date 02/20/2024		ayee name PTIMUM						
6	Amount (\$) \$120.03								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Wi-Fi for Party HQ office						officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name O	ffice soug	ht		Office held		
	Date	Pa	ayee name						
	03/20/2024	0	PTIMUM						
	Amount (\$) Payee address; City; State; Zip Code \$120.03 3558 S. Clack Street								
		A	pilene, TX 79606						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of this sche ffice Overhead/Rental Expense	edule) (ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense IQ office		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name O	ffice soug	ht		Office held		
	Date	Pa	ayee name						
	04/20/2024	0	PTIMUM						
	Amount (\$) \$120.03		ayee address; City; State; 558 S. Clack Street	Zip Cod	e				
		A	bilene, TX 79606						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of this sche ffice Overhead/Rental Expense	edule) (ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense Q office		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name O	ffice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committe Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		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)		
1	Total pages Schedule F1:			•		·	3	Filer ID (Ethics	s Commission Filers)	
-	Sch: 7/10 Rpt: 14/19		r County Democratic PA	C (CEC)				00016594	,	
4	Date 05/19/2024	Payee OPTI								
6	Amount (\$) \$120.03	7 Payee address; City; State; Zip Code 3558 S. Clack Street Abilene, TX 79606								
8	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 Wi-Fi for Party HQ office								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	C	Office soug	nt		Office held		
	Date	Payee	name							
	06/19/2024	OPTI	MUM							
	Amount (\$) \$120.03		address; City; S. Clack Street	State;	Zip Cod	9				
			ne, TX 79606							
	PURPOSE OF EXPENDITURE		ory (See Categories listed at the Overhead/Rental Expe		edule) (ı, ТХ,	de of Texas. Complete Sch officeholder living expense IQ office		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	C	Office soug	nt		Office held		
	Date Payee name									
	05/25/2024	Office	e Depot							
	Amount (\$) \$51.20	-	address; City; Buffalo Gap Road	State;	Zip Cod	è				
		Abile	ne, TX 79605							
	PURPOSE OF EXPENDITURE		Ory (See Categories listed at the Expense	top of this sche	edule) (Check if Austin	ı, ТХ,	de of Texas. Complete Sch officeholder living expense Inty Convention		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	C	Office soug	nt		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	ees Office Overhead/Rental Expense ood/Beverage Expense Polling Expense office Overhead/Rental Expense Polling Expense egal Services Printing Expense			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 co	mple	ete this form.			
1 Total pages Schedule F1:							3	Filer ID (Ethics Commission Filers)	
	Sch: 8/10 Rpt: 15/19		Taylor County Democratic PAC (CEC))				00016594	
4	Date	5	Payee name						
	03/25/2024		Starbucks						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de				
	\$43.24		4150 Buffalo Gap Road						
			Abilene, TX 79605						
8	PURPOSE	<u> </u>			(h)	Description			
0	OF	(a)	Category (See Categories listed at the top of this sci Event Expense	hedule)	(0)	Description	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Lvent Lxpense					officeholder living expense	
						Refreshment	s fo	or County Convention	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght			Office held	
	Date		Payee name						
	01/01/2024		Zoom						
	Amount (\$)		Payee address; City; State	; Zip Co	de				
	\$16.79		55 Almaden Blvd						
	Suite 600								
	Sab Jose, CA 95133								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sci Office Overhead/Rental Expense	hedule)	(D)	Description	outsi	de of Texas. Complete Schedule T.	
	EXPENDITORE							officeholder living expense	
						Zoom Subsci	ripti	on for monthly CEC meetings	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ight			Office held	
	Date		Payee name						
	02/01/2024		Zoom						
	Amount (\$)		Payee address; City; State	; Zip Co	de				
	\$16.79		55 Almaden Blvd						
Suite 600									
Sab Jose, CA 95133									
	PURPOSE	(a)			(h)	Description			
	OF	[^(u)	Category (See Categories listed at the top of this sci Office Overhead/Rental Expense	hedule)	(5)		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Once Overhead/Nental Expense					officeholder living expense	
						Zoom subscr	ipti	on for monthly CEC meetings	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght			Office held	
⊢									

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment			mittee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2		onpitalito i			3	Filer ID (Ethics Commission Filers)		
1	Sch: 9/10 Rpt: 16/19		Taylor County Democratic PAC	C (CEC)				00016594		
4	Date	5	Payee name							
	03/01/2024		Zoom							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le				
	\$16.79	!	55 Almaden Blvd							
			Suite 600							
			Sab Jose, CA 95133							
8	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	edule)	b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense							
								, officeholder living expense on for monthly CEC meetings		
							ipu	on for monally CEC meetings		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held		
	Date		Payee name							
	04/01/2024		Zoom							
	Amount (\$)		Payee address; City;	State:	Zip Coo	le				
	\$16.79		55 Almaden Blvd	otato,	, <u> .</u> p ood					
	Suite 600									
	Sab Jose, CA 95133									
	DUDDOSE									
	PURPOSE OF		Category (See Categories listed at the to		edule)	b) Description	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Office Overhead/Rental Expen	30				, officeholder living expense		
						Zoom subscr	ipti	on for monthly CEC meetings		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held		
	Date		^D ayee name							
	05/01/2024	I	Zoom							
	Amount (\$)		Payee address; City;	State;	Zip Coo	le				
	\$16.79		55 Almaden Blvd							
Suite 600										
Sab Jose, CA 95133										
	PURPOSE		Category (See Categories listed at the to			b) Description				
	OF		Office Overhead/Rental Expen		edule)	· _ ·	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	I, TX	, officeholder living expense		
						Zoom subscr	ipti	on for monthly CEC meetings		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held		
	,									

EXPENDITURE CATEGORIES FOR BOX 8(a)
Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District y - Gitt/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Taylor County Democratic PAC (CEC)00016594
5 Payee name
Zoom
7 Payee address; City; State; Zip Code
55 Almaden Blvd
Suite 600
Sab Jose, CA 95133
(a) Category (See Categories listed at the top of this schedule) (b) Description
 (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.
Zoom subscription for monthly CEC meetings
Candidate/Officeholder name Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instru	1 Total pages Schedule K: Sch: 1/1 Rpt: 18/19								
2 FILER NAME	3 Filer ID (Ethics Commission Filers)								
Taylor Coun	00016594								
4 Date	5 Name of person from whom amount is received	8 Amount (\$)							
02/27/2024	Department of the Treasury	\$1,172.82							
	 6 Address of person from whom amount is received; City; State; Zip Code 								
	Ogden, UT 84201								
	7 Purpose for which amount is received Check if political contr								
	Refund of taxes on oil royalties paid in error								
Date	Name of person from whom amount is received	Amount (\$)							
04/27/2024	Linda Goolsbee for State Representative	\$1,000.00							
	Address of person from whom amount is received; City; State; Zip Code								
	····· k···· · · · · · · · · · · · · · ·								
	Abilene, TX 79608-5108								
	Purpose for which amount is received Check if political contri								
	Office Rent								
Date	Name of person from whom amount is received	Amount (\$)							
05/15/2024	Linda Goolsbee for State Representative	\$1,000.00							
	Address of person from whom amount is received; City; State; Zip Code	······							
	Abilene, TX 79608-5108								
	Purpose for which amount is received Check if political contr								
	Office Rent								
Date	Name of person from whom amount is received	Amount (\$)							
06/15/2024	Linda Goolsbee for State Representative	\$1,000.00							
	Address of person from whom amount is received; City; State; Zip Code								
	Abilene, TX 79608-5108								
	Purpose for which amount is received Check if	f political contribution returned to filer							
	Office Rent								

TEXT ANNOTATION

Sch: 1/1 Rpt: 19/19

FILER NAME	Filer ID (Ethics Commission Filers)
Taylor County Democratic PAC (CEC)	00016594

Schedule A1

Information entered by filer as a memo:

Lump sum cash donations at MLK Jr banquet