

COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC
COVER SHEET PG 1

The CEC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016594	2 Total pages filed: 19
3 COMMITTEE NAME Taylor County Democratic PAC (CEC)		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/16/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 3595 Abilene, TX 79604		
	5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Dianne NICKNAME LAST Morphew	MI SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2401 S. 25th St. #215 Abilene, TX 79605		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2526 Bennett Drive Abilene, TX 79605		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 513-2582		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final Report <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2024 06/30/2024		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC
COVER SHEET PG 2

12 COMMITTEE NAME Taylor County Democratic PAC (CEC)	13 Filer ID (Ethics Commission Filers) 00016594
--	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 175.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,686.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,254.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,854.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Dianne Morpew

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - CEC**FORM CEC**
COVER SHEET PG 3
3 of 19

17 COMMITTEE NAME Taylor County Democratic PAC (CEC)		18 Filer ID (Ethics Commission Filers) 00016594
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,686.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,254.48
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 4,172.82

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/19
2 FILER NAME Taylor County Democratic PAC (CEC)		3 Filer ID (Ethics Commission Filers) 00016594
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Terry (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Merkel, TX 79536	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Activity Facility Supervisor		9 Employer (See Instructions) First Baptist Church-Abilene, TX
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Kristy (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 03/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devora, Joey (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Adjuster		Employer (See Instructions) Acuity Insurance
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillman, David (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillman, David (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$106.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/19
2 FILER NAME Taylor County Democratic PAC (CEC)		3 Filer ID (Ethics Commission Filers) 00016594
4 Date 06/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Sammy (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79603	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Insurance Sales		9 Employer (See Instructions) Self Employed
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsbee`, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79608-5108	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsbee`, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79608-5108	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Jo (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox, Ed & Cindy (Mr.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NONE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/19
2 FILER NAME Taylor County Democratic PAC (CEC)		3 Filer ID (Ethics Commission Filers) 00016594
4 Date 06/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Linda (Mrs.)	7 Amount of Contribution (\$) \$310.00
	6 Contributor address; City; State; Zip Code Abilene, TX 79602	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Linda (Mrs.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Abilene, TX 79602	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Donna (Mrs.)	Amount of Contribution (\$) \$180.00
	Contributor address; City; State; Zip Code Abilene, TX 79602-3301	
Principal occupation / Job title (See Instructions) Fin. Accountant		Employer (See Instructions) Day Nursery of Abilene
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomesen, J. Sue (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Abilene, TX 79602	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderhider, Frances (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Abilene, TX 79606	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/10 Rpt: 8/19	2 FILER NAME Taylor County Democratic PAC (CEC)	3 Filer ID (Ethics Commission Filers) 00016594
4 Date 01/31/2024	5 Payee name AT&T Mobility	
6 Amount (\$) \$57.33	7 Payee address; City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly expense for Party telephone
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2024	Payee name AT&T Mobility	
Amount (\$) \$57.07	Payee address; City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly expense for Party telephone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2024	Payee name AT&T Mobility	
Amount (\$) \$57.94	Payee address; City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly expense for Party telephone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/10 Rpt: 9/19	2 FILER NAME Taylor County Democratic PAC (CEC)	3 Filer ID (Ethics Commission Filers) 00016594
4	Date 04/30/2024	5 Payee name AT&T Mobility	
6	Amount (\$) \$57.07	7 Payee address; City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Expense for Party telephone.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date 05/31/2024	Payee name AT&T Mobility	
	Amount (\$) \$75.16	Payee address; City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly expense for Party telephone
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date 06/30/2024	Payee name AT&T Mobility	
	Amount (\$) \$105.00	Payee address; City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly expense for Party telephone
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/10 Rpt: 10/19	2 FILER NAME Taylor County Democratic PAC (CEC)	3 Filer ID (Ethics Commission Filers) 00016594
4 Date 06/24/2024	5 Payee name Arthur J. Gallagher Risk Management Services, Inc	
6 Amount (\$) \$1,494.68	7 Payee address; City; State; Zip Code 3005 So. Treadaway Blvd Abilene, TX 79602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General liability insurance required for office property rental
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2024	Payee name Best Buy	
Amount (\$) \$1,385.57	Payee address; City; State; Zip Code 4310 Buffalo Gap Road Floor 1 Abilene, TX 79606	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) COMPUTER PURCHASE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of laptop computer for Party HQ office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/05/2024	Payee name FL20, Inc	
Amount (\$) \$951.12	Payee address; City; State; Zip Code 4633 S. 14TH ST. Abilene, TX 79605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly rent & utilities for Party Headquarters office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/10 Rpt: 11/19	2 FILER NAME Taylor County Democratic PAC (CEC)	3 Filer ID (Ethics Commission Filers) 00016594
---	---	--

4 Date 02/05/2024	5 Payee name FL20, Inc
-----------------------------	----------------------------------

6 Amount (\$) \$1,004.04	7 Payee address; City; State; Zip Code 4633 S. 14TH ST. Abilene, TX 79605
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent & utilities for Party Headquarters office
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 03/01/2024	Payee name FL20, Inc
--------------------	-------------------------

Amount (\$) \$1,069.99	Payee address; City; State; Zip Code 4633 S. 14TH ST. Abilene, TX 79605
---------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent & utilities for Party Headquarters office
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 04/03/2024	Payee name FL20, Inc
--------------------	-------------------------

Amount (\$) \$1,079.62	Payee address; City; State; Zip Code 4633 S. 14TH ST. Abilene, TX 79605
---------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent & utilities for Party Headquarters office
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/10 Rpt: 12/19	2 FILER NAME Taylor County Democratic PAC (CEC)	3 Filer ID (Ethics Commission Filers) 00016594
---	---	--

4 Date 05/03/2024	5 Payee name FL20, Inc
-----------------------------	----------------------------------

6 Amount (\$) \$1,022.54	7 Payee address; City; State; Zip Code 4633 S. 14TH ST. Abilene, TX 79605
------------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent & Utilities for Party Headquarters office
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 05/03/2024	Payee name FL20, Inc
--------------------	-------------------------

Amount (\$) \$921.99	Payee address; City; State; Zip Code 4633 S. 14TH ST. Abilene, TX 79605
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Party Headquarters Office
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 01/19/2024	Payee name OPTIMUM
--------------------	-----------------------

Amount (\$) \$120.03	Payee address; City; State; Zip Code 3558 S Clack St. Abilene, TX 79606
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wi-Fi for Party HQ office
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/10 Rpt: 13/19	2 FILER NAME Taylor County Democratic PAC (CEC)	3 Filer ID (Ethics Commission Filers) 00016594
4 Date 02/20/2024	5 Payee name OPTIMUM	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wi-Fi for Party HQ office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/20/2024	Payee name OPTIMUM	
Amount (\$) \$120.03	Payee address; City; State; Zip Code 3558 S. Clack Street Abilene, TX 79606	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wi-Fi for Party HQ office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/20/2024	Payee name OPTIMUM	
Amount (\$) \$120.03	Payee address; City; State; Zip Code 3558 S. Clack Street Abilene, TX 79606	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wifi for Party HQ office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/10 Rpt: 14/19	2 FILER NAME Taylor County Democratic PAC (CEC)	3 Filer ID (Ethics Commission Filers) 00016594
4 Date 05/19/2024	5 Payee name OPTIMUM	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wi-Fi for Party HQ office
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/19/2024	Payee name OPTIMUM	
Amount (\$) \$120.03	Payee address; City; State; Zip Code 3558 S. Clack Street Abilene, TX 79606	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wi-Fi for Party HQ office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/25/2024	Payee name Office Depot	
Amount (\$) \$51.20	Payee address; City; State; Zip Code 4141 Buffalo Gap Road Abilene, TX 79605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for County Convention
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/10 Rpt: 15/19	2 FILER NAME Taylor County Democratic PAC (CEC)	3 Filer ID (Ethics Commission Filers) 00016594
4 Date 03/25/2024	5 Payee name Starbucks	
6 Amount (\$) \$43.24	7 Payee address; City; State; Zip Code 4150 Buffalo Gap Road Abilene, TX 79605	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments for County Convention
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/01/2024	Payee name Zoom	
Amount (\$) \$16.79	Payee address; City; State; Zip Code 55 Almaden Blvd Suite 600 Sab Jose, CA 95133	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zoom Subscription for monthly CEC meetings
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2024	Payee name Zoom	
Amount (\$) \$16.79	Payee address; City; State; Zip Code 55 Almaden Blvd Suite 600 Sab Jose, CA 95133	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zoom subscription for monthly CEC meetings
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/10 Rpt: 16/19	2 FILER NAME Taylor County Democratic PAC (CEC)	3 Filer ID (Ethics Commission Filers) 00016594
---	---	--

4 Date 03/01/2024	5 Payee name Zoom
-----------------------------	-----------------------------

6 Amount (\$) \$16.79	7 Payee address; City; State; Zip Code 55 Almaden Blvd Suite 600 Sab Jose, CA 95133
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zoom subscription for monthly CEC meetings
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 04/01/2024	Payee name Zoom
--------------------	--------------------

Amount (\$) \$16.79	Payee address; City; State; Zip Code 55 Almaden Blvd Suite 600 Sab Jose, CA 95133
------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zoom subscription for monthly CEC meetings
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 05/01/2024	Payee name Zoom
--------------------	--------------------

Amount (\$) \$16.79	Payee address; City; State; Zip Code 55 Almaden Blvd Suite 600 Sab Jose, CA 95133
------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zoom subscription for monthly CEC meetings
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/10 Rpt: 17/19	2 FILER NAME Taylor County Democratic PAC (CEC)	3 Filer ID (Ethics Commission Filers) 00016594	
4 Date 06/01/2024	5 Payee name Zoom		
6 Amount (\$) \$16.79	7 Payee address; City; State; Zip Code 55 Almaden Blvd Suite 600 Sab Jose, CA 95133		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zoom subscription for monthly CEC meetings	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 18/19
2 FILER NAME Taylor County Democratic PAC (CEC)		3 Filer ID (Ethics Commission Filers) 00016594
4 Date 02/27/2024	5 Name of person from whom amount is received Department of the Treasury <hr/> 6 Address of person from whom amount is received; City; State; Zip Code Ogden, UT 84201	8 Amount (\$) \$1,172.82
7 Purpose for which amount is received Refund of taxes on oil royalties paid in error <input type="checkbox"/> Check if political contribution returned to filer		
Date 04/27/2024	Name of person from whom amount is received Linda Goolsbee for State Representative <hr/> Address of person from whom amount is received; City; State; Zip Code Abilene, TX 79608-5108	Amount (\$) \$1,000.00
Purpose for which amount is received Office Rent <input type="checkbox"/> Check if political contribution returned to filer		
Date 05/15/2024	Name of person from whom amount is received Linda Goolsbee for State Representative <hr/> Address of person from whom amount is received; City; State; Zip Code Abilene, TX 79608-5108	Amount (\$) \$1,000.00
Purpose for which amount is received Office Rent <input type="checkbox"/> Check if political contribution returned to filer		
Date 06/15/2024	Name of person from whom amount is received Linda Goolsbee for State Representative <hr/> Address of person from whom amount is received; City; State; Zip Code Abilene, TX 79608-5108	Amount (\$) \$1,000.00
Purpose for which amount is received Office Rent <input type="checkbox"/> Check if political contribution returned to filer		

TEXT ANNOTATION

Sch: 1/1 Rpt: 19/19

FILER NAME

Taylor County Democratic PAC (CEC)

Filer ID (Ethics Commission Filers)

00016594

Schedule

A1

Information entered by filer as a memo:

Lump sum cash donations at MLK Jr banquet