

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088174	2 Total pages filed:  129	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Holly E.	MI	<b>OFFICE USE ONLY</b>  Date Received ELECTRONICALLY FILED 10/07/2024
	NICKNAME	LAST Taylor	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1101 W. 34th St. #119  Austin, TX 78705			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Holly E.	MI	
	NICKNAME	LAST Taylor	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1101 W. 34th St. #119  Austin, TX 78705			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 643-3637			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 07/01/2024 THROUGH Month Day Year 09/26/2024			
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Court of Criminal Appeals, Presiding Judge	

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b>	Taylor, Holly E. (Ms.)	<b>14 Filer ID</b>	(Ethics Commission Filers) 00088174
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.			
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>		
	<input checked="" type="checkbox"/> GENERAL	Blue Horizon Texas PAC		
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE ADDRESS</b> PO Box 780162  San Antonio, TX 78278		
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b> Barnett, Claire		
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> PO Box 780162  San Antonio, TX 78278			
<b>16 CONTRIBUTION TOTALS</b>	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	354.10
	2.	<b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	24,857.66
<b>EXPENDITURE TOTALS</b>	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4.	<b>TOTAL POLITICAL EXPENDITURES</b>	\$	59,870.39
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	16,769.50
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	20,250.00

## 17 AFFIDAVIT

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

Ms. Holly E. Taylor

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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

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<b>18 FILER NAME</b> Taylor, Holly E. (Ms.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00088174
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 24,344.76
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 512.90
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 15,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 43,696.52
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 8,556.18
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 7,617.69
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 3.79

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/92 Rpt: 4/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 09/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adair, Brent 6 Contributor address; City; State; Zip Code  Austin, TX 78757	7 Amount of Contribution (\$)  \$100.00
8 Contributor's Principal Occupation Software Engineer		9 Contributor's Job Title Director
10 Contributor's employer/law firm CS DISCO		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, James Contributor address; City; State; Zip Code  Pompano Beach, FL 33062	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alt, Thomas Contributor address; City; State; Zip Code  Baileys Harbor, WI 54202	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/92 Rpt: 5/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amba, Rohit 6 Contributor address; City; State; Zip Code  Waterford, VA 20197	7 Amount of Contribution (\$)  \$14.71
8 Contributor's Principal Occupation Not employed		9 Contributor's Job Title n/a
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Clifford Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Retired		Contributor's Job Title Tech Support
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ansorge, Susan Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Psychologist		Contributor's Job Title Psychologist
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/92 Rpt: 6/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aulbach, Maggie 6 Contributor address; City; State; Zip Code  Cedar Crest, NM 87008	7 Amount of Contribution (\$)  \$2.00
8 Contributor's Principal Occupation Engineer		9 Contributor's Job Title Engineer
10 Contributor's employer/law firm Bae systems		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bain, Linda Jean Contributor address; City; State; Zip Code  Needville, TX 77461	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Travel Agent		Contributor's Job Title Travel Agent
Contributor's employer/law firm Frosch		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Penny Contributor address; City; State; Zip Code  Columbus, OH 43220	Amount of Contribution (\$)  \$5.88
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/92 Rpt: 7/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauer, Nicholas 6 Contributor address; City; State; Zip Code  Somerville, MA 02143	7 Amount of Contribution (\$)  \$10.00
8 Contributor's Principal Occupation Scientist		9 Contributor's Job Title Scientist
10 Contributor's employer/law firm XGenomes		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beall, Elise Contributor address; City; State; Zip Code  Jacksonville, NC 28540	Amount of Contribution (\$)  \$2.94
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beatty, Steven Contributor address; City; State; Zip Code  Marshalltown, IA 50158	Amount of Contribution (\$)  \$16.67
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/92 Rpt: 8/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 07/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beddor, Michelle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Chanhassen, MN 55317	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belock, Marianne <hr/> Contributor address; City; State; Zip Code  Madison, NJ 07940	Amount of Contribution (\$)  \$5.88
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berlin, Brittany <hr/> Contributor address; City; State; Zip Code  Mamaroneck, NY 10543	Amount of Contribution (\$)  \$1.47
Contributor's Principal Occupation Designer		Contributor's Job Title Designer
Contributor's employer/law firm Gartner		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



**SCHEDULE A(J)1**

Forms provided by Texas Ethics Commission      [www.ethics.state.tx.us](http://www.ethics.state.tx.us)      Version V4.1.0.48da51f7

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/92 Rpt: 10/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blomquist, Mark <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tucson, AZ 85750	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blood, Melissa <hr/> Contributor address; City; State; Zip Code  Tulsa, OK 74145	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blood, Melissa <hr/> Contributor address; City; State; Zip Code  Tulsa, OK 74145	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 8/92 Rpt: 11/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloom, Barry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cambridge, MA 02138	<b>7</b> Amount of Contribution (\$)  \$5.88
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloomenthal, Anne <hr/> Contributor address; City; State; Zip Code  Lawrenceville, NJ 08648	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boon, Jane <hr/> Contributor address; City; State; Zip Code  New York, NY 10007	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Writer		Contributor's Job Title Writer
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/92 Rpt: 12/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boosman, Franklin 6 Contributor address; City; State; Zip Code  New Braunfels, TX 78132	7 Amount of Contribution (\$)  \$10.00
8 Contributor's Principal Occupation Software		9 Contributor's Job Title Software
10 Contributor's employer/law firm Amazon		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boosman, Franklin Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$)  \$12.50
Contributor's Principal Occupation Software		Contributor's Job Title Software
Contributor's employer/law firm Amazon		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borschow, Jon Contributor address; City; State; Zip Code  San Juan PR 00907 Puerto Rico	Amount of Contribution (\$)  \$5,000.00
Contributor's Principal Occupation CEO		Contributor's Job Title CEO
Contributor's employer/law firm Jalka Realty LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/92 Rpt: 13/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 07/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boylan, Re 6 Contributor address; City; State; Zip Code  Mill Valley, CA 94941	7 Amount of Contribution (\$)  \$20.00
8 Contributor's Principal Occupation Not employed		9 Contributor's Job Title n/a
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brodie, Steve Contributor address; City; State; Zip Code  Sunrise, FL 33323	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation United States		Contributor's Job Title United States
Contributor's employer/law firm Amazon.com		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brokaw, Tanya Contributor address; City; State; Zip Code  Santa Monica, CA 90402	Amount of Contribution (\$)  \$20.00
Contributor's Principal Occupation Illustrator		Contributor's Job Title Illustrator
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/92 Rpt: 14/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Pamela	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78722-1119	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Budig, Beverly	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code  Sacramento, CA 95820	
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunnell, Virginia	Amount of Contribution (\$) \$14.71
	Contributor address; City; State; Zip Code  Bellingham, WA 98225	
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/92 Rpt: 15/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burcham, William 6 Contributor address; City; State; Zip Code  Orlando, FL 32835	7 Amount of Contribution (\$)  \$10.00
8 Contributor's Principal Occupation Executive		9 Contributor's Job Title Executive
10 Contributor's employer/law firm Transworld Advertising		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burleson, Kathy Contributor address; City; State; Zip Code  Fair Oaks, CA 95628-6121	Amount of Contribution (\$)  \$41.67
Contributor's Principal Occupation Teacher		Contributor's Job Title Teacher
Contributor's employer/law firm Los Rios Comm College District		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butcher, David Contributor address; City; State; Zip Code  San Jose, CA 95125	Amount of Contribution (\$)  \$20.00
Contributor's Principal Occupation Consultant		Contributor's Job Title Consultant
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/92 Rpt: 16/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrne, Timothy 6 Contributor address; City; State; Zip Code  Philadelphia, PA 19119	7 Amount of Contribution (\$)  \$7.70
8 Contributor's Principal Occupation Database Administrator		9 Contributor's Job Title Database Administrator
10 Contributor's employer/law firm Unitarian Universalist Association		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Thea Contributor address; City; State; Zip Code  McCall, ID 83638	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation RN		Contributor's Job Title RN
Contributor's employer/law firm St. Luke's		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Michael Contributor address; City; State; Zip Code  Plano, TX 75075-4009	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Product Manager		Contributor's Job Title Vice President
Contributor's employer/law firm JP Morgan Chase		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 14/92 Rpt: 17/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cate, Carol	7 Amount of Contribution (\$)  \$1.67
	6 Contributor address; City; State; Zip Code  Rochelle, VA 22738	
8 Contributor's Principal Occupation RN		9 Contributor's Job Title RN
10 Contributor's employer/law firm Private practice ACFM		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Christina	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Austin, TX 78705	
Contributor's Principal Occupation Admin		Contributor's Job Title Admin
Contributor's employer/law firm Charmed Labs		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choi, John	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Fairfax, VA 22031	
Contributor's Principal Occupation Physician		Contributor's Job Title Physician
Contributor's employer/law firm Chesapeake Retina Centers		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 15/92 Rpt: 18/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chowning, Justin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tampa, FL 33618-3242	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Contributor's Principal Occupation Sr. Customer Service Coordinator		<b>9</b> Contributor's Job Title Sr. Customer Service Coordinator
<b>10</b> Contributor's employer/law firm Capital One Financial Corporation		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, William <hr/> Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Shareholder
Contributor's employer/law firm Graves Dougherty Hearon & Moody		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cicere, Nancy <hr/> Contributor address; City; State; Zip Code  Milton, DE 19968	Amount of Contribution (\$)  \$5.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 16/92 Rpt: 19/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Ruth Anne <hr/> <b>6</b> Contributor address; City; State; Zip Code  New London, NH 03257	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Combs, Theresa <hr/> Contributor address; City; State; Zip Code  Cincinnati, OH 45237	Amount of Contribution (\$)  \$30.00
Contributor's Principal Occupation Paralegal		Contributor's Job Title Paralegal
Contributor's employer/law firm U.S. Treasury		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conn, Lisa <hr/> Contributor address; City; State; Zip Code  Jupiter, FL 33469	Amount of Contribution (\$)  \$20.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 17/92 Rpt: 20/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 07/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooke, Mabry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Atlanta, GA 30305	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottrell, Lance <hr/> Contributor address; City; State; Zip Code  Santa Rosa, CA 95403	Amount of Contribution (\$)  \$14.71
Contributor's Principal Occupation Consultant		Contributor's Job Title Consultant
Contributor's employer/law firm Feel the Boot		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criley, Marc <hr/> Contributor address; City; State; Zip Code  New Market, AL 35761	Amount of Contribution (\$)  \$15.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 18/92 Rpt: 21/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Custer, Ashley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Los Angeles, CA 90027	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Contributor's Principal Occupation Software engineer		<b>9</b> Contributor's Job Title Software engineer
<b>10</b> Contributor's employer/law firm Oath		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniluk, Judy <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75022	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Retired		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeSautelle, Felice <hr/> Contributor address; City; State; Zip Code  Rochester Hills, MI 48309	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Retired		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 19/92 Rpt: 22/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 07/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drew, Lisa <hr/> <b>6</b> Contributor address; City; State; Zip Code  Summerville, SC 29485	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Contributor's Principal Occupation Editor		<b>9</b> Contributor's Job Title Editor
<b>10</b> Contributor's employer/law firm Jdpa.com		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Kathryn <hr/> Contributor address; City; State; Zip Code  Pittsburgh, PA 15206-3515	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Assistant Federal Public Defender
Contributor's employer/law firm U.S. Courts		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edeburn, Andrew <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60647	Amount of Contribution (\$)  \$5.88
Contributor's Principal Occupation VP of Growth		Contributor's Job Title VP of Growth
Contributor's employer/law firm Havoc Shield		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 20/92 Rpt: 23/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Rachelle Edwards 6 Contributor address; City; State; Zip Code Lucas, TX 75002	7 Amount of Contribution (\$) \$8.34
8 Contributor's Principal Occupation Not employed		9 Contributor's Job Title n/a
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Effler, Fanny Contributor address; City; State; Zip Code Toledo, OH 43610	Amount of Contribution (\$) \$10.00
Contributor's Principal Occupation Real Estate		Contributor's Job Title Real Estate
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Effler, Fanny Contributor address; City; State; Zip Code Toledo, OH 43610	Amount of Contribution (\$) \$10.00
Contributor's Principal Occupation Real Estate		Contributor's Job Title Real Estate
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 21/92 Rpt: 24/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 07/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott-Hansen, Marie 6 Contributor address; City; State; Zip Code  Pasadena, CA 91103	7 Amount of Contribution (\$)  \$10.00
8 Contributor's Principal Occupation Not employed		9 Contributor's Job Title n/a
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eskridge, Laurel Contributor address; City; State; Zip Code  Austin, TX 78756	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Teacher		Contributor's Job Title Chair, Math Dept.
Contributor's employer/law firm St. Stephen's Episcopal School		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evbagharu, Odus E. Contributor address; City; State; Zip Code  Katy, TX 77449	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Self-Employed		Contributor's Job Title Strategist
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 22/92 Rpt: 25/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eviston, Janyce 6 Contributor address; City; State; Zip Code  Loves Park, IL 61111	7 Amount of Contribution (\$)  \$10.00
8 Contributor's Principal Occupation Not employed		9 Contributor's Job Title n/a
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fagan, Rachel Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Marketing		Contributor's Job Title VP
Contributor's employer/law firm 3Degrees		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fagan-Wilen, Ruth Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Retired Faculty		Contributor's Job Title Social Work Professor
Contributor's employer/law firm University of Texas at Austin		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 23/92 Rpt: 26/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fahlgren, Noah 6 Contributor address; City; State; Zip Code  Kirkwood, MO 63122	7 Amount of Contribution (\$)  \$33.33
8 Contributor's Principal Occupation Scientist		9 Contributor's Job Title Scientist
10 Contributor's employer/law firm Donald Danforth Plant Science Center		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairchild, Tracy Contributor address; City; State; Zip Code  Cockeysville, MD 21030	Amount of Contribution (\$)  \$11.76
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falk, Benjamin Contributor address; City; State; Zip Code  Washington, DC 20002	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Development		Contributor's Job Title Development Associate
Contributor's employer/law firm Urban Institute		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 24/92 Rpt: 27/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falkenberg, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78745	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Assistant Public Defender
<b>10</b> Contributor's employer/law firm Harris County Public Defender		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Norman <hr/> Contributor address; City; State; Zip Code  Monument Beach, MA 02553-0274	Amount of Contribution (\$)  \$14.71
Contributor's Principal Occupation Engineer		Contributor's Job Title Engineer
Contributor's employer/law firm WHOI		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felson, Marcus <hr/> Contributor address; City; State; Zip Code  Austin, TX 78747-1116	Amount of Contribution (\$)  \$16.67
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 25/92 Rpt: 28/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 07/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Emma <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seattle, WA 98103	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Contributor's Principal Occupation Software Engineer		<b>9</b> Contributor's Job Title Software Engineer
<b>10</b> Contributor's employer/law firm No Employer		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferrari, Francesco <hr/> Contributor address; City; State; Zip Code  New York, NY 10001	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Physician		Contributor's Job Title Physician
Contributor's employer/law firm Northwell Health		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fireside, Leela <hr/> Contributor address; City; State; Zip Code  Silver Spring, MD 20904	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Senior Asst. City Attorney
Contributor's employer/law firm City of Rockville Maryland		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 26/92 Rpt: 29/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fireside, Leela <hr/> <b>6</b> Contributor address; City; State; Zip Code  Silver Spring, MD 20904	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Senior Asst. City Attorney
<b>10</b> Contributor's employer/law firm City of Rockville Maryland		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Lawrence <hr/> Contributor address; City; State; Zip Code  Richmond, VT 05477	Amount of Contribution (\$)  \$5.00
Contributor's Principal Occupation Software Engineer		Contributor's Job Title Software Engineer
Contributor's employer/law firm Microwave Networks		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitton, Peter <hr/> Contributor address; City; State; Zip Code  Timonium, MD 21093	Amount of Contribution (\$)  \$20.00
Contributor's Principal Occupation Director Business Analytics		Contributor's Job Title Director Business Analytics
Contributor's employer/law firm CreditXpert Inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 27/92 Rpt: 30/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzpatrick, Sean 6 Contributor address; City; State; Zip Code  New York, NY 10023	7 Amount of Contribution (\$)  \$10.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Paul, Weiss, Rifkind, Wharton and Garrison LLP		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Bert Contributor address; City; State; Zip Code  Chicago, IL 60640	Amount of Contribution (\$)  \$5.00
Contributor's Principal Occupation Psychotherapist		Contributor's Job Title Psychotherapist
Contributor's employer/law firm Positive Regard Therapy		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fredericks, Michael Contributor address; City; State; Zip Code  Fairfax, VA 22032	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Chief Product Officer		Contributor's Job Title Chief Product Officer
Contributor's employer/law firm SAP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 28/92 Rpt: 31/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fredericks, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fairfax, VA 22032	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Contributor's Principal Occupation Chief Product Officer		<b>9</b> Contributor's Job Title Chief Product Officer
<b>10</b> Contributor's employer/law firm SAP		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fredericks, Michael <hr/> Contributor address; City; State; Zip Code  Fairfax, VA 22032	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Chief Product Officer		Contributor's Job Title Chief Product Officer
Contributor's employer/law firm SAP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fried, Mary Anne <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$3.58
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 29/92 Rpt: 32/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 07/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuetsch, Joan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Reno, NV 89521	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$25.00</div>
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Gabriela <hr/> Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$)  <div style="text-align: right;">\$19.23</div>
Contributor's Principal Occupation Writer		Contributor's Job Title Writer
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Manuel A. <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750-3866	Amount of Contribution (\$)  <div style="text-align: right;">\$5.00</div>
Contributor's Principal Occupation Retired		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 30/92 Rpt: 33/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, José <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title District Attorney
<b>10</b> Contributor's employer/law firm Travis County		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gavin, Amy <hr/> Contributor address; City; State; Zip Code  Denver, CO 80238	Amount of Contribution (\$)  \$14.71
Contributor's Principal Occupation Chief Accounting Officer		Contributor's Job Title Chief Accounting Officer
Contributor's employer/law firm Elevation Midstream		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelrud, Daniel <hr/> Contributor address; City; State; Zip Code  Miami, FL 33131	Amount of Contribution (\$)  \$66.67
Contributor's Principal Occupation Physician		Contributor's Job Title Physician
Contributor's employer/law firm Gastrohealth		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 31/92 Rpt: 34/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gharakhanian, Stephanie	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78758	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Assistant District Attorney
10 Contributor's employer/law firm Travis County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Ramanjeet	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78756	
Contributor's Principal Occupation Attorney		Contributor's Job Title Assistant District Attorney
Contributor's employer/law firm Travis County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gouel, Martha	Amount of Contribution (\$) \$5.88
	Contributor address; City; State; Zip Code  Lutherville, MD 21093	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm State Of Maryland		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 32/92 Rpt: 35/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gould, Jennifer <hr/> <b>6</b> Contributor address; City; State; Zip Code  Avon Lake, OH 44012-2424	<b>7</b> Amount of Contribution (\$)  \$16.67
<b>8</b> Contributor's Principal Occupation Physician		<b>9</b> Contributor's Job Title Physician
<b>10</b> Contributor's employer/law firm DOCS		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Bibi <hr/> Contributor address; City; State; Zip Code  Fort Washington, PA 19034	Amount of Contribution (\$)  \$1.47
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greiner, Bill <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98122-5025	Amount of Contribution (\$)  \$20.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 33/92 Rpt: 36/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Delle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Easthampton, MA 01027	<b>7</b> Amount of Contribution (\$)  \$3.33
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustin, Joan <hr/> Contributor address; City; State; Zip Code  Towanda, PA 18848	Amount of Contribution (\$)  \$20.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ha, Henry <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Lead Analytics Consultant		Contributor's Job Title Lead Analytics Consultant
Contributor's employer/law firm Wells Fargo and Company		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 34/92 Rpt: 37/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ha, Henry 6 Contributor address; City; State; Zip Code  Dallas, TX 75219	7 Amount of Contribution (\$)  \$10.00
8 Contributor's Principal Occupation Lead Analytics Consultant		9 Contributor's Job Title Lead Analytics Consultant
10 Contributor's employer/law firm Wells Fargo and Company		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hain, Anthony Contributor address; City; State; Zip Code  Washington, DC 20009	Amount of Contribution (\$)  \$8.34
Contributor's Principal Occupation Psychotherapist		Contributor's Job Title Psychotherapist
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammack, Barbara Contributor address; City; State; Zip Code  Las Vegas, NV 89128	Amount of Contribution (\$)  \$3.25
Contributor's Principal Occupation Retired		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 35/92 Rpt: 38/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Renee 6 Contributor address; City; State; Zip Code  Petaluma, CA 94952	7 Amount of Contribution (\$)  \$6.00
8 Contributor's Principal Occupation Not employed		9 Contributor's Job Title n/a
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Mallory Contributor address; City; State; Zip Code  Austin, TX 78723	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Political Consultant		Contributor's Job Title Campaign Manager
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hassibi, Jenny Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Volunteer		Contributor's Job Title Volunteer
Contributor's employer/law firm No Employer		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 36/92 Rpt: 39/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hastie, Mindy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cincinnati, OH 45243	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hastings, Sidney <hr/> Contributor address; City; State; Zip Code  St. Louis, MO 63128	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Photographer		Contributor's Job Title Photographer
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Genee <hr/> Contributor address; City; State; Zip Code  Alexandria, VA 22311	Amount of Contribution (\$)  \$14.71
Contributor's Principal Occupation Executive Director		Contributor's Job Title Executive Director
Contributor's employer/law firm NA		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 37/92 Rpt: 40/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heishman, Aaron	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code  Bethesda, MD 20814	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm The Chemours Company		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Patricia	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Federal Way, WA 98023	
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henricksen, Christian	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78750	
Contributor's Principal Occupation Attorney		Contributor's Job Title Director
Contributor's employer/law firm Travis County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 38/92 Rpt: 41/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hersch, Carolyn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Chicago, IL 60618	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Contributor's Principal Occupation Librarian		<b>9</b> Contributor's Job Title Librarian
<b>10</b> Contributor's employer/law firm Kirkland & Ellis		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hice, John <hr/> Contributor address; City; State; Zip Code  Nellysford, VA 22958	Amount of Contribution (\$)  \$12.50
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Nathan <hr/> Contributor address; City; State; Zip Code  Cincinnati, OH 45219	Amount of Contribution (\$)  \$15.00
Contributor's Principal Occupation Communications		Contributor's Job Title Communications
Contributor's employer/law firm GE Aerospace		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 39/92 Rpt: 42/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 09/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Highland Lakes Democratic Women 6 Contributor address; City; State; Zip Code  Meadowlakes, TX 78654	7 Amount of Contribution (\$)  \$1,000.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, Melissa Contributor address; City; State; Zip Code  Ithaca, NY 14850	Amount of Contribution (\$)  \$14.71
Contributor's Principal Occupation Professor		Contributor's Job Title Professor
Contributor's employer/law firm Cornell University		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holtzman, Jed Contributor address; City; State; Zip Code  San Francisco, CA 94117	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Policy Analyst		Contributor's Job Title Policy Analyst
Contributor's employer/law firm RMI		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 40/92 Rpt: 43/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Urbana, IL 61801	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins-Poselle, Denise <hr/> Contributor address; City; State; Zip Code  Ardsley, NY 10502	Amount of Contribution (\$)  \$5.00
Contributor's Principal Occupation Educator		Contributor's Job Title Educator
Contributor's employer/law firm St. Thomas Aquinas College		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horany, John <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75235	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 41/92 Rpt: 44/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horton, Clark 6 Contributor address; City; State; Zip Code  Portland, OR 97203	7 Amount of Contribution (\$)  \$20.00
8 Contributor's Principal Occupation Software Engineer		9 Contributor's Job Title Software Engineer
10 Contributor's employer/law firm HashiCorp		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hosken, Terence Contributor address; City; State; Zip Code  Kenmore, WA 98028	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Owner		Contributor's Job Title Owner
Contributor's employer/law firm Gamma Factor Software		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoskinson, James Contributor address; City; State; Zip Code  Kilauea, HI 96754	Amount of Contribution (\$)  \$20.00
Contributor's Principal Occupation Veterinarian		Contributor's Job Title Veterinarian
Contributor's employer/law firm VetRad		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 42/92 Rpt: 45/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houck, Raelene <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bedford, MA 01730	<b>7</b> Amount of Contribution (\$)  \$14.71
<b>8</b> Contributor's Principal Occupation Sales		<b>9</b> Contributor's Job Title Sales
<b>10</b> Contributor's employer/law firm SBTV		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huang, Patrick <hr/> Contributor address; City; State; Zip Code  Las Vegas, NV 89139	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Pharmacist		Contributor's Job Title Pharmacist
Contributor's employer/law firm Walgreens		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Richard <hr/> Contributor address; City; State; Zip Code  Boone, NC 28607	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 43/92 Rpt: 46/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ireland, Kitty <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seattle, WA 98144	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Contributor's Principal Occupation Content Strategist		<b>9</b> Contributor's Job Title Content Strategist
<b>10</b> Contributor's employer/law firm Intuit		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ishida, Catherine <hr/> Contributor address; City; State; Zip Code  Hilo, HI 96720	Amount of Contribution (\$)  \$3.00
Contributor's Principal Occupation Clergy		Contributor's Job Title Clergy
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaditz, Ted <hr/> Contributor address; City; State; Zip Code  Bethesda, MD 20816	Amount of Contribution (\$)  \$11.76
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 44/92 Rpt: 47/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 07/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Travis <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York, NY 10016	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamshidi, Kathleen <hr/> Contributor address; City; State; Zip Code  Santa Rosa, CA 95405	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Professor		Contributor's Job Title Professor
Contributor's employer/law firm Santa Rosa Junior College		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jasper, Jann <hr/> Contributor address; City; State; Zip Code  Plainfield, NJ 07060-2408	Amount of Contribution (\$)  \$15.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 45/92 Rpt: 48/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnston, Michelle 6 Contributor address; City; State; Zip Code Sacramento, CA 95818	7 Amount of Contribution (\$) \$14.71
8 Contributor's Principal Occupation Program Director		9 Contributor's Job Title Program Director
10 Contributor's employer/law firm State of California		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Suzanne Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation Retired		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonte-Pace, Diane Contributor address; City; State; Zip Code Los Altos, CA 94024	Amount of Contribution (\$) \$14.71
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 46/92 Rpt: 49/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Junker, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78705	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Contributor's Principal Occupation Educator		<b>9</b> Contributor's Job Title Professor of Instruction
<b>10</b> Contributor's employer/law firm University of Texas at Austin		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kasenberg, Rebekah <hr/> Contributor address; City; State; Zip Code  Erie, CO 80516	Amount of Contribution (\$)  \$20.00
Contributor's Principal Occupation Teacher		Contributor's Job Title Teacher
Contributor's employer/law firm Not currently working		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katz, Jane <hr/> Contributor address; City; State; Zip Code  Missoula, MT 59801	Amount of Contribution (\$)  \$1,250.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 47/92 Rpt: 50/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katz, Marc <hr/> <b>6</b> Contributor address; City; State; Zip Code  Missoula, MT 59801	<b>7</b> Amount of Contribution (\$)  \$1,250.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzen, Glenn <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751	Amount of Contribution (\$)  \$17.65
Contributor's Principal Occupation Software Engineer		Contributor's Job Title Software Engineer
Contributor's employer/law firm CLEAR		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Thomas <hr/> Contributor address; City; State; Zip Code  Philadelphia, PA 19128	Amount of Contribution (\$)  \$1.00
Contributor's Principal Occupation Consultant		Contributor's Job Title Consultant
Contributor's employer/law firm Mercer		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 48/92 Rpt: 51/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 09/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Thomas 6 Contributor address; City; State; Zip Code  Philadelphia, PA 19128	7 Amount of Contribution (\$)  \$1.00
8 Contributor's Principal Occupation Consultant		9 Contributor's Job Title Consultant
10 Contributor's employer/law firm Mercer		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Thomas Contributor address; City; State; Zip Code  Philadelphia, PA 19128	Amount of Contribution (\$)  \$1.00
Contributor's Principal Occupation Consultant		Contributor's Job Title Consultant
Contributor's employer/law firm Mercer		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Thomas Contributor address; City; State; Zip Code  Philadelphia, PA 19128	Amount of Contribution (\$)  \$1.00
Contributor's Principal Occupation Consultant		Contributor's Job Title Consultant
Contributor's employer/law firm Mercer		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 49/92 Rpt: 52/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keese, JoAnna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79761	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Contributor's Principal Occupation Paralegal		<b>9</b> Contributor's Job Title Paralegal
<b>10</b> Contributor's employer/law firm The Stuart Firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Karen <hr/> Contributor address; City; State; Zip Code  Pittsburgh, PA 15220	Amount of Contribution (\$)  \$5.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelso, Dick <hr/> Contributor address; City; State; Zip Code  Austin, TX 78705	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Retired		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 50/92 Rpt: 53/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 07/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kepner, Scott <hr/> <b>6</b> Contributor address; City; State; Zip Code  Harrisburg, PA 17110	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevo, Hollind <hr/> Contributor address; City; State; Zip Code  Bainbridge Island, WA 98110	Amount of Contribution (\$)  \$5.00
Contributor's Principal Occupation Language Arts Specialist		Contributor's Job Title Language Arts Specialist
Contributor's employer/law firm Montessori Country School		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Brian <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Healthcare		Contributor's Job Title Nurse Practitioner
Contributor's employer/law firm Austin Palliative Care		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 51/92 Rpt: 54/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Ferndale, MI 48220	<b>7</b> Amount of Contribution (\$)  \$5.88
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kobler, Bryan <hr/> Contributor address; City; State; Zip Code  Englewood, CO 80113	Amount of Contribution (\$)  \$20.00
Contributor's Principal Occupation DevOps Engineer		Contributor's Job Title DevOps Engineer
Contributor's employer/law firm Verizon		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kozma, Andrew <hr/> Contributor address; City; State; Zip Code  Houston, TX 77019	Amount of Contribution (\$)  \$2.00
Contributor's Principal Occupation Receptionist		Contributor's Job Title Receptionist
Contributor's employer/law firm The Menil Foundation		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 52/92 Rpt: 55/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 07/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kras, Kathy <hr/> <b>6</b> Contributor address; City; State; Zip Code  La Grange Highlands, IL 60525	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuchuck, Steven <hr/> Contributor address; City; State; Zip Code  New York, NY 10011	Amount of Contribution (\$)  \$29.41
Contributor's Principal Occupation Psychoanalyst		Contributor's Job Title Psychoanalyst
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuntz, Charles <hr/> Contributor address; City; State; Zip Code  Napa, CA 94558	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 53/92 Rpt: 56/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaMondia, Patrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York, NY 10028-3006	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaNoue, Andrew <hr/> Contributor address; City; State; Zip Code  Lexington, MA 02420	Amount of Contribution (\$)  \$16.67
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langford, Keith <hr/> Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 54/92 Rpt: 57/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lassiter, Tina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78751	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Student		<b>9</b> Contributor's Job Title Student
<b>10</b> Contributor's employer/law firm University of Texas at Austin		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Jay <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60605	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Software		Contributor's Job Title Software
Contributor's employer/law firm Federal Reserve Bank of Chicago		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Jinah <hr/> Contributor address; City; State; Zip Code  Culver City, CA 90232	Amount of Contribution (\$)  \$1.47
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 55/92 Rpt: 58/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Sandra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kennedale, TX 76060	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Elected Official		<b>9</b> Contributor's Job Title Constable
<b>10</b> Contributor's employer/law firm Tarrant County		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leigh, Gabriel <hr/> Contributor address; City; State; Zip Code  New York, NY 10011	Amount of Contribution (\$)  \$6.67
Contributor's Principal Occupation Filmmaker		Contributor's Job Title Filmmaker
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemons, Mark <hr/> Contributor address; City; State; Zip Code  Murfreesboro, NC 27855	Amount of Contribution (\$)  \$2.00
Contributor's Principal Occupation Ops Manager		Contributor's Job Title Ops Manager
Contributor's employer/law firm Enviva		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 56/92 Rpt: 59/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Libal, Robert <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78756	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Contributor's Principal Occupation Non-Profit Consultant		<b>9</b> Contributor's Job Title Consultant
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lobel, Peter <hr/> Contributor address; City; State; Zip Code  Highland Park, NJ 08904	Amount of Contribution (\$)  \$58.82
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopp, Michael <hr/> Contributor address; City; State; Zip Code  Los Gatos, CA 95033	Amount of Contribution (\$)  \$24.00
Contributor's Principal Occupation United States		Contributor's Job Title United States
Contributor's employer/law firm Apple		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 57/92 Rpt: 60/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowenthal, Yuri	7 Amount of Contribution (\$) \$2.00
	6 Contributor address; City; State; Zip Code  Los Angeles, CA 90038	
8 Contributor's Principal Occupation Actor		9 Contributor's Job Title Actor
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, Joan	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Colonia, NJ 07067	
Contributor's Principal Occupation Genealogist		Contributor's Job Title Genealogist
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Susan	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78703-2440	
Contributor's Principal Occupation Writer		Contributor's Job Title Writer
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 58/92 Rpt: 61/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703-2440	<b>7</b> Amount of Contribution (\$)  <div style="text-align: right;">\$50.00</div>
<b>8</b> Contributor's Principal Occupation Writer		<b>9</b> Contributor's Job Title Writer
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madhu, B. <hr/> Contributor address; City; State; Zip Code  Elmhurst, NY 11373	Amount of Contribution (\$)  <div style="text-align: right;">\$16.67</div>
Contributor's Principal Occupation IT Program Manager		Contributor's Job Title IT Program Manager
Contributor's employer/law firm BNY		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahoney, Cynthia <hr/> Contributor address; City; State; Zip Code  Danville, CA 94526	Amount of Contribution (\$)  <div style="text-align: right;">\$29.41</div>
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 59/92 Rpt: 62/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 07/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mandel, David	7 Amount of Contribution (\$) \$125.00
	6 Contributor address; City; State; Zip Code  Los Angeles, CA 90046	
8 Contributor's Principal Occupation Writer/Director		9 Contributor's Job Title Writer/Director
10 Contributor's employer/law firm HBO		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mansfield, Pamela	Amount of Contribution (\$) \$29.41
	Contributor address; City; State; Zip Code  Chicago, IL 60640	
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mantei, Lorraine	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  DeSoto, TX 75115	
Contributor's Principal Occupation Retired		Contributor's Job Title School Administrator
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 60/92 Rpt: 63/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Paul <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78230	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation History Professor		<b>9</b> Contributor's Job Title Chair Humanities and Government
<b>10</b> Contributor's employer/law firm Alamo College District		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClain, KC <hr/> Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCready, Steve <hr/> Contributor address; City; State; Zip Code  Sacramento, CA 95821	Amount of Contribution (\$)  \$1.00
Contributor's Principal Occupation Psychotherapist/Executive Coach		Contributor's Job Title Psychotherapist/Executive Coach
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 61/92 Rpt: 64/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 07/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medlin, Viony 6 Contributor address; City; State; Zip Code  New Hill, NC 27562	7 Amount of Contribution (\$)  \$20.00
8 Contributor's Principal Occupation Financial Coach		9 Contributor's Job Title Financial Coach
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metni, Meryl Contributor address; City; State; Zip Code  Austin, TX 78730	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Executive Producer		Contributor's Job Title Founder/CEO
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Kay Contributor address; City; State; Zip Code  San Antonio, TX 78240	Amount of Contribution (\$)  \$6.67
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 62/92 Rpt: 65/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montanaro, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Jose, CA 95126	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Scott <hr/> Contributor address; City; State; Zip Code  Los Angeles, CA 90066	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Producer		Contributor's Job Title Producer
Contributor's employer/law firm The Walk-Up Company		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrissey, Dan <hr/> Contributor address; City; State; Zip Code  Bettendorf, IA 52722	Amount of Contribution (\$)  \$29.41
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 63/92 Rpt: 66/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 07/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muniz, Ryan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Milpitas, CA 95035	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Contributor's Principal Occupation Resource Manager		<b>9</b> Contributor's Job Title Resource Manager
<b>10</b> Contributor's employer/law firm Magnit		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neale-May, Fiona <hr/> Contributor address; City; State; Zip Code  Austin, TX 78745	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Director of Product		Contributor's Job Title Director of Product
Contributor's employer/law firm Branch		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ng, Mary <hr/> Contributor address; City; State; Zip Code  Houston, TX 77007	Amount of Contribution (\$)  \$8.34
Contributor's Principal Occupation IT analyst		Contributor's Job Title IT analyst
Contributor's employer/law firm CITGO		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 64/92 Rpt: 67/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicolas, Nancy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78735	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Assistant District Attorney
<b>10</b> Contributor's employer/law firm Travis County		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norwood, John <hr/> Contributor address; City; State; Zip Code  Redmond, WA 98053	Amount of Contribution (\$)  \$14.71
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunn, George <hr/> Contributor address; City; State; Zip Code  New York, NY 10025	Amount of Contribution (\$)  \$8.82
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 65/92 Rpt: 68/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 07/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Connor, Patrick <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pass Christian, MS 39571	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Contributor's Principal Occupation Filmmaker		<b>9</b> Contributor's Job Title Filmmaker
<b>10</b> Contributor's employer/law firm Scenic Films		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Heir, Tracy <hr/> Contributor address; City; State; Zip Code  Berwyn Heights, MD 20740	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Humanitarian		Contributor's Job Title Humanitarian
Contributor's employer/law firm USAID		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Sullivan, Michael <hr/> Contributor address; City; State; Zip Code  Kensington, MD 20895-1212	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Economist		Contributor's Job Title Economist
Contributor's employer/law firm World Bank		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 66/92 Rpt: 69/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 07/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olander, John 6 Contributor address; City; State; Zip Code  San Clemente, CA 92673	7 Amount of Contribution (\$)  \$2.00
8 Contributor's Principal Occupation CEO		9 Contributor's Job Title CEO
10 Contributor's employer/law firm Rock Rebel		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Elizabeth Contributor address; City; State; Zip Code  Burkittsville, MD 21718	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Lisa Contributor address; City; State; Zip Code  Leeds, MA 01053	Amount of Contribution (\$)  \$3.33
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 67/92 Rpt: 70/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Jeanne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Wofeboro, NH 03894	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Catherine <hr/> Contributor address; City; State; Zip Code  Eugene, OR 97403	Amount of Contribution (\$)  \$20.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palazzo, janine <hr/> Contributor address; City; State; Zip Code  Afton, NY 13730	Amount of Contribution (\$)  \$2.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 68/92 Rpt: 71/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Randall 6 Contributor address; City; State; Zip Code Long Beach, CA 90803	7 Amount of Contribution (\$) \$10.00
8 Contributor's Principal Occupation Not employed		9 Contributor's Job Title n/a
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pepin, Carol Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation Retired Teacher		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Michael Contributor address; City; State; Zip Code Houston, TX 77080	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Retired		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 69/92 Rpt: 72/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 09/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pineda, Angela 6 Contributor address; City; State; Zip Code  Carrollton, TX 75007	7 Amount of Contribution (\$)  \$4.55
8 Contributor's Principal Occupation Director		9 Contributor's Job Title Director
10 Contributor's employer/law firm Cinemark		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potts, Daryl Contributor address; City; State; Zip Code  Basehor, KS 66007	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Adam Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Not Employed		Contributor's Job Title Not Employed
Contributor's employer/law firm Deyerle Silva Smith PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 70/92 Rpt: 73/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Kenneth 6 Contributor address; City; State; Zip Code  Ann Arbor, MI 48104	7 Amount of Contribution (\$)  \$5.88
8 Contributor's Principal Occupation Not employed		9 Contributor's Job Title n/a
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumfrey, William Ross Contributor address; City; State; Zip Code  Austin, TX 78736	Amount of Contribution (\$)  \$75.00
Contributor's Principal Occupation Retired		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Putschoegl, Andrew Contributor address; City; State; Zip Code  Encino, CA 91316	Amount of Contribution (\$)  \$5.88
Contributor's Principal Occupation Filmmaker		Contributor's Job Title Filmmaker
Contributor's employer/law firm Ninja Goldfish LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 71/92 Rpt: 74/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 07/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quillin, Kathryn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Johnson City, TN 37604	<b>7</b> Amount of Contribution (\$)  \$2.50
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Sean <hr/> Contributor address; City; State; Zip Code  Astoria, NY 11103	Amount of Contribution (\$)  \$2.94
Contributor's Principal Occupation Urban Planner		Contributor's Job Title Urban Planner
Contributor's employer/law firm New York City		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Cristina <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$2.50
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 72/92 Rpt: 75/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeder, Charles	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78731	
8 Contributor's Principal Occupation Real Estate Broker		9 Contributor's Job Title Broker
10 Contributor's employer/law firm Layer 3 Real Estate		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rezula, Vince	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78757	
Contributor's Principal Occupation Software Engineer		Contributor's Job Title Staff Performance Engineer
Contributor's employer/law firm Oracle America Inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riss, Shoshana	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Rye, NY 10580	
Contributor's Principal Occupation Paralegal		Contributor's Job Title Paralegal
Contributor's employer/law firm AT&T		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 73/92 Rpt: 76/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Lauderdale, FL 33305	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tom <hr/> Contributor address; City; State; Zip Code  Asheville, NC 28805	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Software Developer		Contributor's Job Title Software Developer
Contributor's employer/law firm tangibleObjects LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Lezlie <hr/> Contributor address; City; State; Zip Code  Waco, TX 76708	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Retired		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 74/92 Rpt: 77/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Norm 6 Contributor address; City; State; Zip Code  San Mateo, CA 94403	7 Amount of Contribution (\$)  \$10.00
8 Contributor's Principal Occupation Consultant		9 Contributor's Job Title Consultant
10 Contributor's employer/law firm Travel Tech Consulting, Inc.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Shawna Contributor address; City; State; Zip Code  Santa Clara, CA 95050	Amount of Contribution (\$)  \$66.67
Contributor's Principal Occupation Manager		Contributor's Job Title Manager
Contributor's employer/law firm Apple Inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowings, Linda Contributor address; City; State; Zip Code  Indianapolis, IN 46260	Amount of Contribution (\$)  \$20.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 75/92 Rpt: 78/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Craig <hr/> <b>6</b> Contributor address; City; State; Zip Code  Redmond, WA 98053	<b>7</b> Amount of Contribution (\$)  \$38.47
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sales, Michael <hr/> Contributor address; City; State; Zip Code  Naples, FL 34108	Amount of Contribution (\$)  \$4.00
Contributor's Principal Occupation Strategist		Contributor's Job Title Strategist
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandal, Jill <hr/> Contributor address; City; State; Zip Code  Albuquerque, NM 87122-1900	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Retired Attorney		Contributor's Job Title n/a
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 76/92 Rpt: 79/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Sandra <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York, NY 10162	<b>7</b> Amount of Contribution (\$)  \$8.82
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarosdy, Randall <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarosdy, Randall <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 77/92 Rpt: 80/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schilling, August F. <hr/> <b>6</b> Contributor address; City; State; Zip Code  Euless, TX 76039	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapiro, Mark <hr/> Contributor address; City; State; Zip Code  Poway, CA 92064	Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation MD		Contributor's Job Title MD
Contributor's employer/law firm DaVita		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelton, Amy <hr/> Contributor address; City; State; Zip Code  Seattle, WA 98112	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



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SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 78/92 Rpt: 81/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, PJ <hr/> <b>6</b> Contributor address; City; State; Zip Code  Honolulu, HI 96814-1133	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simson, Elizabeth <hr/> Contributor address; City; State; Zip Code  Bonney Lake, WA 98391	Amount of Contribution (\$)  \$2.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simson, Elizabeth <hr/> Contributor address; City; State; Zip Code  Bonney Lake, WA 98391	Amount of Contribution (\$)  \$3.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**SCHEDULE A(J)1**

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**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 80/92 Rpt: 83/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 07/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Nancy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Little Rock, AR 72210	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Contributor's Principal Occupation Accounting		<b>9</b> Contributor's Job Title Accounting
<b>10</b> Contributor's employer/law firm Burkhalter Technologies		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Ursula <hr/> Contributor address; City; State; Zip Code  Chesterfield, MO 63017	Amount of Contribution (\$)  \$5.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon, Randall <hr/> Contributor address; City; State; Zip Code  Blue Point, NY 11715	Amount of Contribution (\$)  \$20.00
Contributor's Principal Occupation Physician		Contributor's Job Title Physician
Contributor's employer/law firm Island Psychiatry PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 81/92 Rpt: 84/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon, Randall 6 Contributor address; City; State; Zip Code  Blue Point, NY 11715	7 Amount of Contribution (\$)  \$8.33
8 Contributor's Principal Occupation Physician		9 Contributor's Job Title Physician
10 Contributor's employer/law firm Island Psychiatry PC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spath, Allen Contributor address; City; State; Zip Code  Centerville, OH 45458	Amount of Contribution (\$)  \$20.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spock, Derek Contributor address; City; State; Zip Code  Boston, MA 02118	Amount of Contribution (\$)  \$8.33
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 82/92 Rpt: 85/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanaway, David <hr/> <b>6</b> Contributor address; City; State; Zip Code  Flower Mound, TX 75028	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation IT Architect		<b>9</b> Contributor's Job Title Distinguished Engineer
<b>10</b> Contributor's employer/law firm Hilltop Holdings, Inc.		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinbock, Bonnie <hr/> Contributor address; City; State; Zip Code  Oakland, CA 94609	Amount of Contribution (\$)  \$11.76
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stekler, Beth <hr/> Contributor address; City; State; Zip Code  Washington, DC 20016	Amount of Contribution (\$)  \$58.82
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 83/92 Rpt: 86/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Laura <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78751	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strassburger, Gertrude <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$420.69
Contributor's Principal Occupation Attorney		Contributor's Job Title Prosecutor
Contributor's employer/law firm Travis County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Straughan, Devon <hr/> Contributor address; City; State; Zip Code  Birmingham, AL 35212	Amount of Contribution (\$)  \$5.00
Contributor's Principal Occupation Recruiter		Contributor's Job Title Recruiter
Contributor's employer/law firm Employment Resources LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 84/92 Rpt: 87/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strittmatter, S <hr/> <b>6</b> Contributor address; City; State; Zip Code  Gainesville, GA 30506	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sussman, Myles <hr/> Contributor address; City; State; Zip Code  Piedmont, CA 94611	Amount of Contribution (\$)  \$30.00
Contributor's Principal Occupation Software Engineer		Contributor's Job Title Software Engineer
Contributor's employer/law firm Google Inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Jenny <hr/> Contributor address; City; State; Zip Code  Brooklyn Park, MN 55445	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Product Owner		Contributor's Job Title Product Owner
Contributor's employer/law firm TSI Inc		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 85/92 Rpt: 88/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talmage, Steve <hr/> <b>6</b> Contributor address; City; State; Zip Code  Denver, CO 80205	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas AFL-CIO State COPE Fund <hr/> Contributor address; City; State; Zip Code  Austin, TX 78711-2727	Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Women PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$2,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 86/92 Rpt: 89/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Women of the Brazos Valley 6 Contributor address; City; State; Zip Code  Bryan, TX 77805	7 Amount of Contribution (\$)  \$150.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tipton, Sara Contributor address; City; State; Zip Code  Lake Villa, IL 60046	Amount of Contribution (\$)  \$2.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Victoria Contributor address; City; State; Zip Code  Arlington, VA 22205	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 87/92 Rpt: 90/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 07/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy, Gary 6 Contributor address; City; State; Zip Code  Sparks, NV 89436-8687	7 Amount of Contribution (\$)  \$5.00
8 Contributor's Principal Occupation Not employed		9 Contributor's Job Title n/a
10 Contributor's employer/law firm n/a		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Richard Contributor address; City; State; Zip Code  San Jose, CA 95112	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation IT Manager		Contributor's Job Title IT Manager
Contributor's employer/law firm CrowdStrike Inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Richard Contributor address; City; State; Zip Code  San Jose, CA 95112	Amount of Contribution (\$)  \$60.00
Contributor's Principal Occupation IT Manager		Contributor's Job Title IT Manager
Contributor's employer/law firm CrowdStrike Inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 88/92 Rpt: 91/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Jose, CA 95112	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Contributor's Principal Occupation IT Manager		<b>9</b> Contributor's Job Title IT Manager
<b>10</b> Contributor's employer/law firm CrowdStrike Inc.		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Upton, Richard <hr/> Contributor address; City; State; Zip Code  San Jose, CA 95112	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation IT Manager		Contributor's Job Title IT Manager
Contributor's employer/law firm CrowdStrike Inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virshup, David <hr/> Contributor address; City; State; Zip Code  Green Cove Springs, FL 32043	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Professor		Contributor's Job Title Professor
Contributor's employer/law firm Duke University		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 89/92 Rpt: 92/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vorhaus, Dan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Summit, NJ 07901	<b>7</b> Amount of Contribution (\$)  \$6.67
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Rise Healthcare Tech, Inc.		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walder, Robert <hr/> Contributor address; City; State; Zip Code  Boulder, CO 80304	Amount of Contribution (\$)  \$20.00
Contributor's Principal Occupation Scientist		Contributor's Job Title Scientist
Contributor's employer/law firm Standard Biotoools		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warden, Jon Warden <hr/> Contributor address; City; State; Zip Code  Asheville, NC 28804	Amount of Contribution (\$)  \$15.38
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 90/92 Rpt: 93/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitcomb, Wendy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Columbia, MD 21045-1904	<b>7</b> Amount of Contribution (\$)  \$24.00
<b>8</b> Contributor's Principal Occupation Director		<b>9</b> Contributor's Job Title Director
<b>10</b> Contributor's employer/law firm CCBC		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Stevan <hr/> Contributor address; City; State; Zip Code  San Angelo, TX 76903-8643	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Computer Programmer		Contributor's Job Title Founder
Contributor's employer/law firm Harmonische Software		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, James <hr/> Contributor address; City; State; Zip Code  Sherborn, MA 01770	Amount of Contribution (\$)  \$30.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 91/92 Rpt: 94/129
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthington, Cinne <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Francisco, CA 94107	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Contributor's Principal Occupation Designer		<b>9</b> Contributor's Job Title Designer
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zazzara, Joseph <hr/> Contributor address; City; State; Zip Code  Far Hills, NJ 07931	Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Vice President		Contributor's Job Title Vice President
Contributor's employer/law firm Primo		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Saint Victor, Mia <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751	Amount of Contribution (\$)  \$200.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Assistant District Attorney
Contributor's employer/law firm Travis County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 92/92 Rpt: 95/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 09/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Saint Victor, Mia	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78751	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Assistant District Attorney
10 Contributor's employer/law firm Travis County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 96/129	
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 354.10	
5 Date 08/20/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue Horizon Texas PAC 7 Contributor address; City; State; Zip Code  San Antonio, TX 78278	8 Amount of contribution (\$) \$100.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description Strategy session, endorsement, social media, email promotion
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) José Garza Campaign Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of contribution (\$) \$58.80 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description email list
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			



# LOANS (JUDICIAL)

## SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 1/2 Rpt: 97/129	
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174	
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$</b>
<b>5</b> Date of loan 09/04/2024	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Holly (Ms.)		<b>9</b> Loan Amount (\$) \$5,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Austin, TX 78705		<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title Assistant District Attorney	
<b>14</b> Lender's Employer/Law Firm Travis County District Attorney's Office		<b>15</b> Law Firm of lender's spouse (if any)	
<b>16</b> If lender is child, law firm of parent(s) (if any)			
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor		<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code		
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title	
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)	
<b>27</b> If guarantor is child, law firm of parent(s) (if any)			

# LOANS (JUDICIAL)

## SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 2/2 Rpt: 98/129	
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174	
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$</b>
<b>5</b> Date of loan 09/11/2024	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Holly (Ms.)		<b>9</b> Loan Amount (\$) \$10,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Austin, TX 78705		<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title Assistant District Attorney	
<b>14</b> Lender's Employer/Law Firm Travis County District Attorney's Office		<b>15</b> Law Firm of lender's spouse (if any)	
<b>16</b> If lender is child, law firm of parent(s) (if any)			
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
<b>19</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor		<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code		
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title	
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)	
<b>27</b> If guarantor is child, law firm of parent(s) (if any)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/8 Rpt: 99/129	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/26/2024	<b>5</b> Payee name ActBlue	
<b>6</b> Amount (\$) \$3.80	<b>7</b> Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2024	Payee name Apex Consulting	
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 200 Rowland Dr.  Austin, TX 78745-2327	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/17/2024	Payee name Bexar County Democratic Party	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 12534  San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship/coordinated campaign
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.

<b>1</b> Total pages Schedule F1: Sch: 2/8 Rpt: 100/129	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/24/2024	<b>5</b> Payee name Collin County Democratic Party	
<b>6</b> Amount (\$) \$2,000.00	<b>7</b> Payee address; City; State; Zip Code 6829 K Ave., Ste. 111  Plano, TX 75074	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship/coordinated campaign
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name Communication by Hand	
Amount (\$) \$528.00	Payee address; City; State; Zip Code 1802 W. Koenig Ln.  Austin, TX 78756	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign language interpretation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2024	Payee name Dallas County Democratic Party	
Amount (\$) \$7,000.00	Payee address; City; State; Zip Code 1414 N. Washington Ave.  Dallas, TX 75204	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship/coordinated campaign
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.

<b>1</b> Total pages Schedule F1: Sch: 3/8 Rpt: 101/129	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/26/2024	<b>5</b> Payee name Democracy Engine, LLC	
<b>6</b> Amount (\$) \$367.82	<b>7</b> Payee address; City; State; Zip Code 850 Quincy St NW  Washington, DC 20011-5867	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card processing fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2024	Payee name Denton County Democratic Party	
Amount (\$) \$1,700.00	Payee address; City; State; Zip Code 529 Malone St., Ste. 119  Denton, TX 76201	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship/coordinated campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/08/2024	Payee name DonateWay	
Amount (\$) \$26.58	Payee address; City; State; Zip Code PO Box 301267  Austin, TX 78703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card processing fees
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.

<b>1</b> Total pages Schedule F1: Sch: 4/8 Rpt: 102/129	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/04/2024	<b>5</b> Payee name Harris County Democratic Party	
<b>6</b> Amount (\$) \$10,000.00	<b>7</b> Payee address; City; State; Zip Code 4619 Lyons Ave., Ste. A  Houston, TX 77020	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship/coordinated campaign
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/07/2024	Payee name Jefferson County Democratic Party	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 2211 Calder Ave.  Beaumont, TX 77701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship/coordinated campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2024	Payee name SquareSpace, Inc.	
Amount (\$) \$24.52	Payee address; City; State; Zip Code 225 Varick St. 12th Fl.  New York, NY 10014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website hosting
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.

<b>1</b> Total pages Schedule F1: Sch: 5/8 Rpt: 103/129	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/19/2024	<b>5</b> Payee name SquareSpace, Inc.	
<b>6</b> Amount (\$) \$24.52	<b>7</b> Payee address; City; State; Zip Code 225 Varick St. 12th Fl.  New York, NY 10014	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website hosting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/18/2024	Candidate/Officeholder name Office sought Office held	
Payee name SquareSpace, Inc.		
Amount (\$) \$24.52	Payee address; City; State; Zip Code 225 Varick St. 12th Fl.  New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 website hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/26/2024	Candidate/Officeholder name Office sought Office held	
Payee name Stripe, Inc.		
Amount (\$) \$22.55	Payee address; City; State; Zip Code 185 Berry St  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/8 Rpt: 104/129	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/05/2024	<b>5</b> Payee name Tarrant County Democratic Party	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 685 John B. Sias Memorial Pkwy. #400  Edgecliff Village, TX 76134	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship/coordinated campaign
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/07/2024	Payee name Texas Democratic Women of Central Texas PAC	
Amount (\$) \$200.00	Payee address; City; State; Zip Code PO Box 2234  Waco, TX 76703-2234	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2024	Payee name Travis County Democratic Party	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 684263  Austin, TX 78768-4263	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sponsorship/coordinated campaign
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.

<b>1</b> Total pages Schedule F1: Sch: 7/8 Rpt: 105/129	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 07/24/2024	<b>5</b> Payee name Y-Strategy LLC	
<b>6</b> Amount (\$) \$1,145.75	<b>7</b> Payee address; City; State; Zip Code 3110 Manor Rd., Ste. H  Austin, TX 78723	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense push cards, etc.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/24/2024	Candidate/Officeholder name	Office sought
Payee name Y-Strategy LLC	Office held	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 3110 Manor Rd., Ste. H  Austin, TX 78723	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense graphic design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/24/2024	Candidate/Officeholder name	Office sought
Payee name Y-Strategy LLC	Office held	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 3110 Manor Rd., Ste. H  Austin, TX 78723	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense strategy consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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: 8/8 Rpt: 106/129	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
4 Date 09/23/2024	5 Payee name Y-Strategy LLC	
6 Amount (\$) \$2,803.46	7 Payee address; City; State; Zip Code 3110 Manor Rd., Ste. H  Austin, TX 78723	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 push cards, etc.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought  Office held

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 1/17 Rpt:	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> CREDIT CARD ISSUER	Name of financial institution Bank of America		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$45.00	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card Issuer Paid 07/23/2024
<b>7</b> PAYEE	(a) Payee name Texas Democratic Women PAC		(b) Payee address; City, State, Zip Code PO Box 301411 Austin, TX 78703
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description event ticket
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$150.00	(b) Date of Charge 07/02/2024	(c) Date(s) Credit Card Issuer Paid 07/23/2024
<b>PAYEE</b>	(a) Payee name Bay Area Democratic Movement		(b) Payee address; City, State, Zip Code PO Box 590383 Houston, TX 77259
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description door hangers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$250.00	(b) Date of Charge 07/04/2024	(c) Date(s) Credit Card Issuer Paid 07/23/2024
<b>PAYEE</b>	(a) Payee name Tarrant County Democratic Party		(b) Payee address; City, State, Zip Code 685 John B. Sias Memorial Pkwy. #400 Edgecliff Village, TX 76134
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 2/17 Rpt:	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 07/04/2024	(c) Date(s) Credit Card Issuer Paid 07/23/2024
<b>7</b> PAYEE	(a) Payee name Hays County Young Democrats		(b) Payee address; City, State, Zip Code PO Box 1391 Kyle, TX 78640
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description event ticket
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$500.00	(b) Date of Charge 07/07/2024	(c) Date(s) Credit Card Issuer Paid 07/23/2024
<b>PAYEE</b>	(a) Payee name Tarrant County Democratic Party		(b) Payee address; City, State, Zip Code 685 John B. Sias Memorial Pkwy. #400 Edgecliff Village, TX 76134
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$250.00	(b) Date of Charge 07/07/2024	(c) Date(s) Credit Card Issuer Paid 07/23/2024
<b>PAYEE</b>	(a) Payee name University Democrats PAC		(b) Payee address; City, State, Zip Code 2819 Rio Grande St. #610 Austin, TX 78705
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 3/17 Rpt:	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 07/11/2024	(c) Date(s) Credit Card Issuer Paid 07/23/2024
<b>7</b> PAYEE	(a) Payee name Tarrant County Democratic Party		(b) Payee address; City, State, Zip Code 685 John B. Sias Memorial Pkwy. #400 Edgecliff Village, TX 76134
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$100.00	(b) Date of Charge 07/20/2024	(c) Date(s) Credit Card Issuer Paid 08/23/2024
<b>PAYEE</b>	(a) Payee name Northwest Democrats of Bexar		(b) Payee address; City, State, Zip Code PO Box 681911 San Antonio, TX 78268
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$250.00	(b) Date of Charge 07/24/2024	(c) Date(s) Credit Card Issuer Paid 08/23/2024
<b>PAYEE</b>	(a) Payee name Clubs in Action PAC		(b) Payee address; City, State, Zip Code 11910 Carillon Forest Dr. Atascosita, TX 77346
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 4/17 Rpt:	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$125.00	(b) Date of Charge 07/29/2024	(c) Date(s) Credit Card Issuer Paid 08/23/2024
<b>7</b> PAYEE	(a) Payee name Northeast Bexar County		(b) Payee address; City, State, Zip Code PO Box 700766 San Antonio, TX 78270-0766
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$250.00	(b) Date of Charge 08/05/2024	(c) Date(s) Credit Card Issuer Paid 08/23/2024
<b>PAYEE</b>	(a) Payee name Williamson County Democratic		(b) Payee address; City, State, Zip Code PO Box 1296 Georgetown, TX 78627
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$10.00	(b) Date of Charge 09/05/2024	(c) Date(s) Credit Card Issuer Paid 09/23/2024
<b>PAYEE</b>	(a) Payee name Jefferson County Democratic		(b) Payee address; City, State, Zip Code 2211 Calder Ave. Beaumont, TX 77701
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description contribution
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 5/17 Rpt:	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 09/06/2024	(c) Date(s) Credit Card Issuer Paid 09/23/2024
<b>7</b> PAYEE	(a) Payee name Texas Young Democrats PAC		(b) Payee address; City, State, Zip Code PO Box 82825 Austin, TX 78708
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$100.00	(b) Date of Charge 09/08/2024	(c) Date(s) Credit Card Issuer Paid 09/23/2024
<b>PAYEE</b>	(a) Payee name Ellis County Democratic Party		(b) Payee address; City, State, Zip Code 405 W. Marvin Ave. Waxahachie, TX 75165
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description contribution to coordinated campaign
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$100.00	(b) Date of Charge 09/10/2024	(c) Date(s) Credit Card Issuer Paid 09/23/2024
<b>PAYEE</b>	(a) Payee name Meyerland Area Democrats Club		(b) Payee address; City, State, Zip Code PO Box 310061 Houston, TX 77231-0061
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 6/17 Rpt:	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 09/11/2024	(c) Date(s) Credit Card Issuer Paid 09/23/2024
<b>7</b> PAYEE	(a) Payee name Williamson County Democratic		(b) Payee address; City, State, Zip Code 1915 S. Austin Ave. Georgetown, TX 78626
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$25.00	(b) Date of Charge 09/23/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Texas Democratic Women of		(b) Payee address; City, State, Zip Code 1201 Newport Blvd. League City, TX 77573
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description event ticket
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name		(b) Payee address; City, State, Zip Code
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		



## EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 7/17 Rpt:	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> CREDIT CARD ISSUER	Name of financial institution Chase Bank		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$59.50	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card Issuer Paid 08/05/2024
<b>7</b> PAYEE	(a) Payee name Exxon #200328389 Food Bucket		(b) Payee address; City, State, Zip Code 2145 US Hwy. 290 W. Brenham, TX 77833
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$250.00	(b) Date of Charge 07/19/2024	(c) Date(s) Credit Card Issuer Paid 09/03/2024
<b>PAYEE</b>	(a) Payee name Collin County Democratic Party		(b) Payee address; City, State, Zip Code 6829 K Ave., Ste. 111 Plano, TX 75074
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description event ticket
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$47.90	(b) Date of Charge 07/25/2024	(c) Date(s) Credit Card Issuer Paid 09/03/2024
<b>PAYEE</b>	(a) Payee name Shell Oil #91002592812		(b) Payee address; City, State, Zip Code 1701 S. Beckley Rd. Glenn Heights, TX 75154-8656
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 8/17 Rpt:	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$179.40	(b) Date of Charge 07/25/2024	(c) Date(s) Credit Card Issuer Paid 09/03/2024
<b>7</b> PAYEE	(a) Payee name Fairfield Inn & Suites Dallas		(b) Payee address; City, State, Zip Code 2697 Lake Vista Dr. Lewisville, TX 75067-3888
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description hotel for campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$28.01	(b) Date of Charge 07/28/2024	(c) Date(s) Credit Card Issuer Paid 09/03/2024
<b>PAYEE</b>	(a) Payee name Shell Oil #57543622609		(b) Payee address; City, State, Zip Code 4740 Katy Fwy. Houston, TX 77007-2204
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$306.39	(b) Date of Charge 07/29/2024	(c) Date(s) Credit Card Issuer Paid 09/03/2024
<b>PAYEE</b>	(a) Payee name Avis Car Rental		(b) Payee address; City, State, Zip Code 379 Interpace Pkwy. Parsippany, NJ 07054
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description vehicle rental to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 9/17 Rpt:	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$52.00	(b) Date of Charge 08/02/2024	(c) Date(s) Credit Card Issuer Paid 09/03/2024
<b>7</b> PAYEE	(a) Payee name Circle K #4692		(b) Payee address; City, State, Zip Code 104 E. US 290 Dripping Springs, TX 78620
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$275.11	(b) Date of Charge 08/03/2024	(c) Date(s) Credit Card Issuer Paid 09/03/2024
<b>PAYEE</b>	(a) Payee name Hampton Inn & Suites		(b) Payee address; City, State, Zip Code 515 E. Main St. Fredericksburg, TX 78624
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description hotel for campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$3.02	(b) Date of Charge 08/04/2024	(c) Date(s) Credit Card Issuer Paid 09/03/2024
<b>PAYEE</b>	(a) Payee name Exxon Tiger Mart #26		(b) Payee address; City, State, Zip Code 301 IH 35 NW Hillsboro, TX 76645
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 10/17 Rpt:	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$58.00	(b) Date of Charge 08/04/2024	(c) Date(s) Credit Card Issuer Paid 09/03/2024
<b>7</b> PAYEE	(a) Payee name Exxon 7-Eleven #35386		(b) Payee address; City, State, Zip Code 2503 Lemmon Ave.  Dallas, TX 75204-3719
<b>8</b> PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$74.54	(b) Date of Charge 08/07/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Travis County Democratic Party		(b) Payee address; City, State, Zip Code PO Box 684263  Austin, TX 78768-4263
<b>PURPOSE OF EXPENDITURE</b>  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description event ticket
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$1,397.50	(b) Date of Charge 08/08/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Harris County Democratic Party		(b) Payee address; City, State, Zip Code 4619 Lyons Ave., Ste. A  Houston, TX 77020
<b>PURPOSE OF EXPENDITURE</b>  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 11/17 Rpt:	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$142.98	(b) Date of Charge 08/16/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Avis Car Rental		(b) Payee address; City, State, Zip Code 379 Interpace Pkwy. Parsippany, NJ 07054
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description vehicle rental to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$269.54	(b) Date of Charge 08/19/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Airbnb, Inc.		(b) Payee address; City, State, Zip Code 888 Brannan St. San Francisco, CA 94103
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description lodgings for campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$50.00	(b) Date of Charge 08/24/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Hays County Democratic Party		(b) Payee address; City, State, Zip Code PO Box 204 San Marcos, TX 78667
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description event ticket
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 12/17 Rpt:	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$119.34	(b) Date of Charge 09/07/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Courtyard by Marriott Houston I-		(b) Payee address; City, State, Zip Code 12401 Katy Fwy. Houston, TX 77079
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description hotel for campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$55.51	(b) Date of Charge 09/15/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Valero Highway Food Mart		(b) Payee address; City, State, Zip Code 1317 State Hwy. 71 E. Bastrop, TX 78602-5044
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name		(b) Payee address; City, State, Zip Code
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 13/17 Rpt:	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> CREDIT CARD ISSUER	Name of financial institution Barclays		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$125.00	(b) Date of Charge 07/07/2024	(c) Date(s) Credit Card Issuer Paid 08/12/2024
<b>7</b> PAYEE	(a) Payee name Texas Democratic Women PAC		(b) Payee address; City, State, Zip Code PO Box 301411 Austin, TX 78703
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description event ticket
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$250.00	(b) Date of Charge 07/07/2024	(c) Date(s) Credit Card Issuer Paid 08/12/2024
<b>PAYEE</b>	(a) Payee name Pflugerville Area Democrats		(b) Payee address; City, State, Zip Code PO Box 2655 Pflugerville, TX 78691-2655
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$250.00	(b) Date of Charge 07/14/2024	(c) Date(s) Credit Card Issuer Paid 08/12/2024
<b>PAYEE</b>	(a) Payee name North Texas Democrats		(b) Payee address; City, State, Zip Code 1320 Rawlins St., Ste. 1420 Dallas, TX 75219
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 14/17 Rpt:	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$58.00	(b) Date of Charge 07/20/2024	(c) Date(s) Credit Card Issuer Paid 09/11/2024
<b>7</b> PAYEE	(a) Payee name Exxon #200312780 Highland		(b) Payee address; City, State, Zip Code 4511 Airport Blvd. Austin, TX 78751
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$49.25	(b) Date of Charge 08/11/2024	(c) Date(s) Credit Card Issuer Paid 09/11/2024
<b>PAYEE</b>	(a) Payee name Exxon #200328389 Food Bucket		(b) Payee address; City, State, Zip Code 2145 US Hwy. 290 W. Brenham, TX 77833
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$55.00	(b) Date of Charge 08/24/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Buc-ee's #39		(b) Payee address; City, State, Zip Code 2800 S. IH 35 E. Denton, TX 76210
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		



## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 15/17 Rpt:	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$102.74	(b) Date of Charge 09/07/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Texaco #0304029		(b) Payee address; City, State, Zip Code 5200 Camp Bowie Blvd. Fort Worth, TX 76112
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$151.45	(b) Date of Charge 09/08/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Hilton Garden Inn Fort		(b) Payee address; City, State, Zip Code 4400 N. Fwy. Fort Worth, TX 76137
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description hotel for campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$52.40	(b) Date of Charge 09/11/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Texaco #0305050		(b) Payee address; City, State, Zip Code 4115 E. Austin St. Giddings, TX 78942
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 16/17 Rpt:	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$123.05	(b) Date of Charge 09/11/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Fairfield Inn & Suites Waller		(b) Payee address; City, State, Zip Code 35527 US Hwy. 290 Waller, TX 77484
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description hotel for campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$37.50	(b) Date of Charge 09/13/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Exxon #200328389 Food Bucket		(b) Payee address; City, State, Zip Code 2145 US Hwy. 290 W. Brenham, TX 77833
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$108.10	(b) Date of Charge 09/18/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Fairfield Inn & Suites Houston		(b) Payee address; City, State, Zip Code 10825 N. Gessner Rd. Houston, TX 77064
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description hotel for campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

## EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 17/17 Rpt:	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT	(a) Amount Charged \$52.56	(b) Date of Charge 09/18/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Spring Market #720		(b) Payee address; City, State, Zip Code 416 N 3rd St Grandview, TX 76050
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$48.08	(b) Date of Charge 09/24/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Stripes Store #42429		(b) Payee address; City, State, Zip Code 316 S. Grant Ave. Odessa, TX 79761
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$44.31	(b) Date of Charge 09/25/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Valero Highway Food Mart		(b) Payee address; City, State, Zip Code 1317 State Hwy. 71 E. Bastrop, TX 78602-5044
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/3 Rpt: 124/129	<b>2</b> FILER NAME Taylor, Holly E. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 08/23/2024	<b>5</b> Payee name Bank of America	
<b>6</b> Amount (\$) \$725.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code PO Box 15284  Wilmington, DE 19850	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/23/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,460.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee name Bank of America  Payee address; City; State; Zip Code PO Box 15284  Wilmington, DE 19850	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/23/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,470.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee name Bank of America  Payee address; City; State; Zip Code PO Box 15284  Wilmington, DE 19850	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 2/3 Rpt: 125/129		<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174	
<b>4</b> Date 07/11/2024		<b>5</b> Payee name Barclays			
<b>6</b> Amount (\$) \$200.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code PO Box 60517  City of Industry, CA 91716-0517			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/12/2024		Payee name Barclays			
Amount (\$) \$625.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 60517  City of Industry, CA 91716-0517			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/11/2024		Payee name Barclays			
Amount (\$) \$107.25  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 60517  City of Industry, CA 91716-0517			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 3/3 Rpt: 126/129		<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174	
<b>4</b> Date 07/03/2024		<b>5</b> Payee name Chase Bank			
<b>6</b> Amount (\$) \$1,771.11  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code PO Box 15298  Wilmington, DE 19850-5298			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/03/2024		Payee name Chase Bank			
Amount (\$) \$59.50  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 15298  Wilmington, DE 19850-5298			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/03/2024		Payee name Chase Bank			
Amount (\$) \$1,199.83  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 15298  Wilmington, DE 19850-5298			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures	
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: 127/129
2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 Date 07/25/2024	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$1.31
	6 Address of person from whom amount is received; City; State; Zip Code  Austin, TX 78767	
	7 Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/26/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$1.60
	Address of person from whom amount is received; City; State; Zip Code  Austin, TX 78767	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/26/2024	Name of person from whom amount is received Frost Bank	Amount (\$) \$0.88
	Address of person from whom amount is received; City; State; Zip Code  Austin, TX 78767	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

# OUTSTANDING LOANS

## SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:  
Sch: 1/1 Rpt: 128/129

2 FILER NAME  
Taylor, Holly E. (Ms.)

3 Filer ID (Ethics Commission Filers)  
00088174

### LENDER INFORMATION

4 Name of lender  
Taylor, Holly (Ms.)

5 Lender address; City; State; Zip Code

Austin, TX 78705

### GUARANTOR INFORMATION

6 Name of guarantor

☒ not applicable

7 Guarantor address; City; State; Zip Code



# TEXT ANNOTATION

Sch: 1/1 Rpt: 129/129

FILER NAME

Taylor, Holly E. (Ms.)

Filer ID (Ethics Commission Filers)

00088174

Schedule

A(J)1

Information entered by filer as a memo:

Credit card processing fees are reported either as a lump-sum in-kind donation (for donors who chose to pay the fees on top of their desired donation amount), or as a lump-sum expense per credit card processor (for donors who chose to have the fees deducted from their contribution).