FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084332 26 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Christopher L. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Taylor CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 1429 MAILING Receipt # Amount **ADDRESS** Change of Address Fort Worth, TX 76101 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Michael NAME NICKNAME LAST **SUFFIX** Martinez **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 1609 Wilson Rd. **ADDRESS** (Residence or Business) Fort Worth, TX 76112 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (806) 773-7495 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

GO TO PAGE 2

District Judge District 48 Tarrant

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 26

13 C / OH NAME	Taylor, Christopher L	. (Mr.)	14 Filer ID 00084332	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made withou d officeholders are required to report this information	t the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAI	NS)	\$ 100.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 14,378.04
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 18,434.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 4,000.00
17 AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	all information required	
		Mr. C	Christopher L. Taylor	
		Signature of	of Candidate or Officeho	older
AFFIX NOT	TARY STAMP / SEAL AB	OVE		
Sworn to and subsc	ribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

		CC	OVER SHEET	7 PG 3 3 of 26					
	8 FILER NAME Taylor, Christopher L. (Mr.) 19 Filer ID 00084332								
	E SUBTOTALS SCHEDULE		SUBTOTAL A	AMOUNT					
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	100.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$						
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	\$	14,378.04						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$							
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	8.65					

MON	ETARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A(J)1
The Ins	struction Guide explains how to complete this	1	pes Schedule A(J)1: Rpt: 4/26	
2 FILER N	AME		3 Filer ID	(Ethics Commission Filers)
Taylor, (Christopher L. (Mr.)		0008433	32
4 Date	5 Full name of contributor ut-of-state PAC (ID#	:)	7 Amount o	of Contribution (\$)
07/26/20				\$100.00
	6 Contributor address; City; State; Zip Code			
	Manefield TV 76062			
9 Contribut	Mansfield, TX 76063	Contributor's Joh Title		
8 Contribut Attorney	or's Principal Occupation	9 Contributor's Job Title Attorney		
	or's employer/law firm	11 Law firm of contributor's sp	OUSE (if any)	
	g Law PLLC	Law min or continuator 5 St	ouse (ii ariy)	
	utor is a child, law firm of parent(s) (if any)			

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 1/20 Rpt: 5/26	2 FILER NAME Taylor, Christopher L. (Mr.) 3 Filer ID (Ethics Commission File 00084332	lers)
4	Date 07/30/2024	5 Payee name Anedot	
	Amount (\$) \$4.30	7 Payee address; City; State; Zip Code 1920 McKinney Ave. 7th Floor Dallas, TX 75201	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date 12/09/2024	Payee name Arlington Bar Association	
	Amount (\$) \$478.17	Payee address; City; State; Zip Code 900 Warrington Ct Arlington, TX 76014	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Christmas Party Sponsorship and Tickets	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 07/09/2024	Payee name Buffalo Bros	
	Amount (\$) \$89.00	Payee address; City; State; Zip Code 415 Throckmorton St	
		Fort Worth, TX 76107	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Intern Lunch	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/20 Rpt: 6/26	Taylor, Christopher L. (Mr.) 00084332
4	Date	5 Payee name
	12/19/2024	Capital Grille
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$703.00	800 Main St
		Fort Worth, TX 76102
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Victory Event
		Victory Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	11/12/2024	Catholic Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 244
		Center Valley, PA 18034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sponsorship for Conference
		Sponsorship for Conterence
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Davida marea
	Date 10/28/2024	Payee name Chick Fil A
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.55	1505 N. Collins St
		Arlington, TX 76011
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Moot Court Symposium
		moot Sourt Symposium
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/20 Rpt: 7/26	Taylor, Christopher L. (Mr.) 00084332
4	Date	5 Payee name
	09/12/2024	David Cook Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,041.98	309 E. Broad St
		Mansfield, TX 76063
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship for Skeet Shoot
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/07/2024	Del Friscos Grille
	Amount (\$)	Payee address; City; State; Zip Code
	\$203.00	154 E. 3rd St
		Fort Worth, TX 76102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meet and Greet
		Weet and Greet
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/28/2024	Del Friscos Grille
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	154 E. 3rd St
		Fort Worth, TX 76102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Political Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Sala		ges/Contract Lal		OTHER (enter a	a category not listed above)			
					uide explains how t	o com	piete this for						
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)			
	Sch: 4/20 Rpt: 8/26		Taylor, Chris	stopher L. (Mr.)					00084332				
4	Date	5	Payee name										
	07/15/2024		Esperanzas	Restaurant									
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	е						
	\$97.00		2122 N. Mai	in St									
			Fort Worth,	TX 76164									
8	PURPOSE	(a)				10	D) Descripti	ion					
ľ	OF	(۳)		ee Categories listed at 1 age Expense	the top of this schedule)	١,	:		ide of Texas. Con	nplete Schedule T.			
	EXPENDITURE		1 000/Deven	age Expense					, officeholder livin	•			
							Intern L	unch					
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	nt		Office h	eld			
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	10/23/2024		-	Republican Wo	men								
	Amount (\$)		Payee addres		State; Zip	Code	9						
	\$135.00		306 W 7th S	,	Otato, 2.p	, oou	-						
	Ψ100.00		300 W 7th C	,									
				TV 70400									
			Fort Worth,	TX 76102									
	PURPOSE OF	(a)	Category (Se	ee Categories listed at	the top of this schedule)	(1	Descripti						
	EXPENDITURE		Advertising	Expense					ide of Texas. Con , officeholder livin	nplete Schedule T.			
							ш	ership Fe		y expense			
							Wichibo	nomp i c	.0				
	Complete ONLY if direct		Candidate/Offi	ceholder name	Office	Sorial	nt		Office h	eld			
	expenditure to benefit C/O		Janaidate/Onit	ceriolaer riame	Office	Sougi			Office II	Ciu			
	D-4-	_											
	Date		Payee name	Da									
	12/03/2024		Fort worth i	Republican Wo									
	Amount (\$)		Payee addres	•	State; Zip	Code	Э						
	\$56.00		306 W 7th S	St									
			Fort Worth,	TX 76102									
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this schedule)	(1	Descripti	on					
	OF EXPENDITURE		Event Exper	nse			ш			nplete Schedule T.			
	LAFENDITORE								, officeholder livin	g expense			
							Attende	d Lunch	Event				
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Office	sough	nt		Office h	eld			
L	experiorale to belieff C/Of												

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 5/20 Rpt: 9/26	Taylor, Christopher L. (Mr.) 00084332	
4	Date	5 Payee name	
	07/12/2024	Frederick Douglass Republicans of Tarrant County	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$200.00		
		Arlington, TX 76003	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
ľ	OF	Membership Check if travel outside of Texas. Co	mplete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder livi	ng expense
		Political Membership	
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office I	neld
L		·	
	Date	Payee name	
L	11/11/2024	Gloria's Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.00	2600 W. 7th ST	
		#175	
		Fort Worth, TX 76107	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Co	
l		Check if Austin, TX, officeholder livi	ng expense
		T Gildeda Editori	
⊢	Complete ONLY if direct	L Candidate/Officeholder name Office sought Office I	neld
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
H	Date	Payee name	
	07/01/2024	Google GSuite	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.68		
l	4.100		
		Mountain View , CA 94043	
	PURPOSE	(1)	
l	OF	(a) Category (See Categories listed at the top of this schedule) Email (b) Description Check if travel outside of Texas. Co	mplete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder livi	•
		Email	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office I	neld
L	expenditure to benefit C/OI	JN	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract L The Instruction Guide explains how to complete this for			THER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	1	3 Fil	ler ID	(Ethics Commission Filers)
	Sch: 6/20 Rpt: 10/26	Taylor, Christopher L. (Mr.)		00	0084332	
4	Date	5 Payee name				
	08/01/2024	Google GSuite				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$7.68	1600 Amphitheatre Parkway				
		Mountain View , CA 94043				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)				
	EXPENDITURE	Onice Overnead/Nerital Expense			of Texas. Comp iceholder living	olete Schedule T.
		Email 9		17, 0111	ceriolder living	ехрепзе
			Juito			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	ld
	experialitate to belieff 6/01	'				
	Date	Payee name				
	09/03/2024	Google GSuite				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$7.68	1600 Amphitheatre Parkway				
		Mountain View , CA 94043				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip				
	OF EXPENDITURE	Office Overficad/Nertial Experise				olete Schedule T.
		Email S		IX, OIII	iceholder living	expense
		Linais	Juile			
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	.ld
	expenditure to benefit C/O				Office fie	iu
	Date	Payee name				
	10/01/2024	Google GSuite				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$7.68	1600 Amphitheatre Parkway				
		Mountain View , CA 94043				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip				
	OF EXPENDITURE	Onice Overneau/Nerital Expense				olete Schedule T.
		Email S		IX, OTTI	iceholder living	expense
		Emails	Juile			
L	Complete ONLY if direct	Condidate/Officeholder name			Office he	Id
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	iu

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/20 Rpt: 11/26	Taylor, Christopher L. (Mr.) 00084332
4	Date	5 Payee name
	11/01/2024	Google GSuite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Parkway
		Mountain View , CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Email Suite
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/01/2024	Google GSuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Parkway
		Mountain View , CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Suite
		Lindii Suite
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	Data	
	Date 07/11/2024	Payee name Istanbul Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.00	401 Throckmorton St
		Fort Worth, TX 76102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Lunch
		Campaign Earlon
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-		
I		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 8/20 Rpt: 12/26	Taylor, Christopher L. (Mr.) 00084332
4	Date	5 Payee name
	11/05/2024	Istanbul Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$71.00	401 Throckmorton St
		Fort Worth, TX 76102
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Intern Lunch
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/28/2024	Kinziecreates
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.99	Box 16396
		Baton Rouge, LA 70803
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Moot Court Awards
		Woot Court Awards
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Description
	Date 09/06/2024	Payee name L. Clifford Davis Legal Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$156.40	P.O. Box 894
		Fort Worth, TX 76102
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gala Ticket and sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services				OTHER (enter a	category not listed ab	ove)	
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 9/20 Rpt: 13/26		ristopher L. (Mr.)					00084332		
4	Date	5 Payee name								
	07/30/2024	Lili's Bistro								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$95.00	1310 W Ma	agnolia Ave							
		Fort Worth	, TX 76104							
8	PURPOSE OF		See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense			=		ide of Texas. Com , officeholder living		
						Staff Lunch	,,	, conconcider name	, екрепес	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	<u>I</u> ught			Office he	eld	
F	Date	Payee name	<u> </u>							
	08/29/2024	Little Red \								
⊢	Amount (\$)	Payee addre	•	State; Zip C	ode					
	\$83.00	808 Main S	•	Otato, Zip O	ouc					
	φοσ.σο	000 Main S	olicci							
		Fort Worth	, TX 76102							
	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Beve	rage Expense					ide of Texas. Com , officeholder living		
						Political Meet			j expense	
						1 ontious wices		,		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	<u>l</u> ught			Office he	eld	
F	Date	Payee name	9							
	09/17/2024	Little Red \								
H	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$86.00	808 Main S								
	400.00									
		Fort Worth	, TX 76102		_					
	PURPOSE OF	· ·	See Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	rage Expense			ш		ide of Texas. Com , officeholder living		
						Political Lunc		, omcenoider living	j expense	
						i ontical Euric				
\vdash	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	liapt			Office he	2ld	
	expenditure to benefit C/OI		iicentiuei name	Office S0	uynı			Office He	īu.	
\vdash										
L										

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/20 Rpt: 14/26	Taylor, Christopher L. (Mr.)	00084332
4	Date	5 Payee name	·
	09/05/2024	Martinez, McKenzie	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,005.00	701 S. Nedderman St	
		Arlington, TX 76019	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Sponsorship	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Moot Court Sponsorship
			·
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	12/10/2024	Ohare, Tim	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	100 E. Weatherford St	
		Fort Worth, TX 76196	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Christmas Party Ticket
			Cimelinate Carty Contest
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	12/04/2024	Papa Johns	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$68.54	3410 W 7th St	
		Fort Worth, TX 76107	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Court Lunch
			333.1.20.10.1
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
一			
ı			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
ᆫ		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/20 Rpt: 15/26	Taylor, Christopher L. (Mr.)	00084332
4	Date	5 Payee name	
	12/18/2024	Papa Johns	
Ļ		•	
ľ	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$58.73	3410 W 7th St	
		Fort Worth, TX 76107	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Moot Court Sy	ymposium
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
H	Date	Dayso namo	
		Payee name	
	12/20/2024	Premium Parking	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.00	601 Poydras St	
		Suite 1500	
		New Oreleans, LA 70130	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Parking	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
H	Date	Payon namo	
	11/21/2024	Payee name Prince Lebanese Grill	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$185.00	502 W Randol Mill Rd	
		Arlington, TX 76011	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Court Thanks	giving
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
H			
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 12/20 Rpt: 16/26	Taylor, Christopher L. (Mr.) 00084332
4	Date	5 Payee name
	09/12/2024	Republican Women of Arlington
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	P.O. Box 14317
		Arlington, TX 76094
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship for High Tea
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/22/2024	Rick Barnes Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	9121 Belshire Dr.
		Ste. 100
		North Richland Hills, TX 76182
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship at Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/30/2024	Rick Barnes Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	9121 Belshire Dr.
		Ste. 100
		North Richland Hills, TX 76182
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Party Support
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/20 Rpt: 17/26	Taylor, Christopher L. (Mr.) 00084332
4	Date	5 Payee name
	07/26/2024	Rodeo Goat
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$58.93	2836 Bledsoe St
		Fort Worth, TX 76107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	
⊨	D-4-	
	Date	Payee name
L	08/28/2024	Rodeo Goat
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.00	2836 Bledsoe St
		Fort Worth, TX 76107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Political Meeting
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	<u> </u>	
	Date	Payee name
	10/24/2024	Soy Cowboy
	Amount (\$)	Payee address; City; State; Zip Code
	\$291.00	888 Nolan Ryan Expressway
		Ste A
		Arlington, TX 76011
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meet and Greet
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/20 Rpt: 18/26	Taylor, Christopher L. (Mr.) 00084332
4	Date	5 Payee name
	10/24/2024	St. Thomas More Society Fort Worth
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	514 E. Belknap St
		Ste. 200
		Fort Worth, TX 76102
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		Sponsorship for Gala
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/12/2024	St. Thomas More Society Fort Worth
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	514 E. Belknap St
		Ste. 200
		Fort Worth, TX 76102
	DUDDOCE	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Professional Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Professional Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Continuing Legal Education
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/01/2024	Sushi Axiom
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.00	2600 W. 7th St
		Fort Worth, TX 76107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Compairs Lunch
		Campaign Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/20 Rpt: 19/26	Taylor, Christopher L. (Mr.) 00084332
4	Date	5 Payee name
	07/26/2024	Sweetie Pies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.00	6720 NE Loop 820
		North Richland Hills, TX 76180
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Intern Lunch
		mem Euron
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/08/2024	Tarrant County Bar Association
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1315 Calhoun St
		Fort Worth, TX 76102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Membership Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Tarrant Bar Foundation
		Tarrant Bai T odridation
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/12/2024	Tarrant County Republican Party
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,041.02	7524 Mosier View Court
	. ,-	
		Fort Worth, TX 76118
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Sponsorship and Election Support
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 16/20 Rpt: 20/26	2 FILER NAME Taylor, Christopher L. (Mr.) 3 Filer ID (Ethics Commission Filers) 00084332
4	<u> </u>	5 Payee name Texans For Life
6	Amount (\$) \$1,025.00	7 Payee address; City; State; Zip Code P.O. Box 171443 Arlington, TX 76003
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship for Gala
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/16/2024	Payee name Texas Center for the Judiciary
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 1210 San Antonio St.
	PURPOSE OF EXPENDITURE	Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) Professional Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Continued Legal Education
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/12/2024	Payee name Texas Center for the Judiciary
	Amount (\$) \$35.00	Payee address; City; State; Zip Code 1210 San Antonio St.
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Professional Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Continuing Legal Education
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to com	plet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 17/20 Rpt: 21/26	Taylor, Christopher L. (Mr.)		00084332
4	Date	5 Payee name		
	12/31/2024	The Keg Steakhouse & Bar		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$198.00	4001 Arlington Highland Blvd		
		Arlington, TX 76018		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	OF EXPENDITURE	Event Expense	Į	Check if travel outside of Texas. Complete Schedule T.
			Ļ	Check if Austin, TX, officeholder living expense Supporter Event
			•	Supporter Event
_	Complete ONL V if direct	Candidate/Officeholder name Office soud	ht	Office held
9	Complete ONLY if direct expenditure to benefit C/Oł		H	Office field
	Date	Payee name		
	07/02/2024	Thompsons Bookstore		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$51.00	900 Houston St		
		Fort Worth, TX 76102		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	EXPENDITURE	Event Expense	Ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L	Campaign Meet and Greet
				oumpaign most and crost
	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held
	expenditure to benefit C/O			Since Hold
_	Dete			
	Date 08/08/2024	Payee name		
		Thompsons Bookstore		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$66.00	900 Houston St		
		Fort Worth, TX 76102		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [Description
	OF EXPENDITURE	Event Expense	[Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		[Check if Austin, TX, officeholder living expense
			(Campaign Happy Hour
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	<u> </u>		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment		The Instruction Gu	ide explains how to co	mple	ete this form.		
1	Total pages Schedule F1:	2 FI	LER NAME			3	Filer ID	(Ethics Commission File
	Sch: 18/20 Rpt: 22/26	Ta	aylor, Christopher L. (Mr.)				0008433	2
4	Date	5 Pa	ayee name					
	08/19/2024	TI	hompsons Bookstore					
6	Amount (\$)	7 Pa	ayee address; City;	State; Zip Co	ode			
	\$35.00	90	00 Houston St					
		Fo	ort Worth, TX 76102					
8	PURPOSE	(a) Ca	ategory (See Categories listed at th	ne top of this schedule)	(b)	Description		
	OF EXPENDITURE		vent Expense	,		<u> </u>		Complete Schedule T.
	EXI ENDITORE					Campaign Moot		ving expense
						Campaign Meet	irig	
9	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sou	laht Iaht		Office	held
	expenditure to benefit C/Ol		ididate/Officeriolder flame	Office 300	igiit		Office	riciu
_	Data							
	Date 10/16/2024		ayee name iff's Treats					
	Amount (\$)		ayee address; City;	State; Zip Co	ode			
	\$81.60	24	401 W. 7th St					
		_						
		F	ort Worth, TX 76107					
	PURPOSE OF		ategory (See Categories listed at th	ne top of this schedule)	(b)	Description		
	EXPENDITURE	F	ood/Beverage Expense			Check if Austin, TX		Complete Schedule T. ving expense
						Juror Food		3 - 1
	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sou	ıght		Office	held
	expenditure to benefit C/O	4						
	Date	Pá	ayee name					
	12/04/2024		ff's Treats					
	Amount (\$)	Pá	ayee address; City;	State; Zip Co	ode			
	\$89.69		401 W. 7th St	·				
		Fo	ort Worth, TX 76107					
	PURPOSE		ategory (See Categories listed at th		(b)	Description		
	OF		ood/Beverage Expense	ie top of this schedule)	(5)		ide of Texas. C	Complete Schedule T.
	EXPENDITURE	. `	ood/Bovorago Expondo			Check if Austin, TX	, officeholder li	ving expense
						Jury Food		
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officeholder name	Office sou	ight		Office	held
	experiorare to benefit C/O	1						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 19/20 Rpt: 23/26	Taylor, Christopher L. (Mr.)		00084332
4	Date	5 Payee name		
	10/23/2024	Towne Park		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$15.00	12720 Merit Dr.		
		Dallas, TX 75251		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Parking
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	11/05/2024	Towne Park		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$27.06	12720 Merit Dr.		
		Dallas, TX 75251		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Parking
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	11/07/2024	Towne Park		
l	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$10.00	12720 Merit Dr.		
		5 II		
		Dallas, TX 75251		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
				Parking
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experiorale to belieff C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	2 (2	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 20/20 Rpt: 24/26	Taylor, Christopher L. (Mr.)		00084332	
4	Date	5 Payee name			
	12/23/2024	United States Postal Service			
6	Amount (\$)	7 Payee address; City; State; Zip Co	de		
	\$247.00	251 W. Lancaster Ave.			
		Fort Worth, TX 76102			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		el outside of Texas. Comp	
			Post Office	tin, TX, officeholder living	expense
			1 OSt Office I	Бох	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office he	ald
9	expenditure to benefit C/O		gnt	Office fie	iiu
_	5 .				
	Date	Payee name			
	12/11/2024	Yolk			
	Amount (\$)	Payee address; City; State; Zip Co	de		
	\$53.00	305 Main St			
		Fort Worth, TX 76102			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	OF EXPENDITURE	Food/Beverage Expense		el outside of Texas. Comp	
			Political Lun	tin, TX, officeholder living	expense
			i oliticai Euri	ion	
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office he	Ald
	expenditure to benefit C/O		giit	Office fic	ilu.
_					
1					

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

SCHEDULE K

	The Instru	pages Schedule K: L/2 Rpt: 25/26						
2	FILER NAME		3	Filer ID	C (Ethics Commission F	ilers)		
	Taylor, Chris	stopher L. (Mr.)	00084	1332				
4	Date	5 Name of person from whom amount is received	<u> </u>		8 Amount (\$)			
	07/23/2024	Frost Bank			o y unount (¢)	\$1.70		
	0112012024					Ψ1.70		
		6 Address of person from whom amount is received; City; State; Zip Code						
		San Antonio, TX 78296						
					<u> </u>			
		<u> </u>	olitio	cal cont	ribution returned to filer			
		Bank Interest						
	Date	Name of person from whom amount is received			Amount (\$)			
	08/22/2024	Frost Bank				\$1.99		
		Address of person from whom amount is received; City; State; Zip Code			1			
		San Antonio, TX 78296						
			olitio	cal cont	ribution returned to filer			
		Bank Interest	Ontic	Jan 00111	indution returned to mer			
					T			
	Date	Name of person from whom amount is received			Amount (\$)			
	09/24/2024	Frost Bank				\$1.97		
		Address of person from whom amount is received; City; State; Zip Code						
		San Antonio, TX 78296						
		Purpose for which amount is received	olitio	cal cont	ribution returned to filer			
		Bank Interest						
	Date	Name of person from whom amount is received			Amount (\$)			
	10/23/2024	Frost Bank			()	\$1.21		
						·		
		Address of person from whom amount is received; City; State; Zip Code						
		San Antonio, TX 78296						
			- I i di -					
		Purpose for which amount is received Check if p Bank Interest	OIIIIO	cai cont	ribution returned to filer			
		Dank Interest						
	Date	Name of person from whom amount is received			Amount (\$)			
	11/25/2024	Frost Bank				\$1.05		
		Address of person from whom amount is received; City; State; Zip Code			1			
		San Antonio, TX 78296						
		Purpose for which amount is received Check if p	olitio	al cont	ribution returned to filer			

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 26/26 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Taylor, Christopher L. (Mr.) 00084332 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 12/23/2024 \$0.73 Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78296 Purpose for which amount is received Check if political contribution returned to filer **Bank Interest**