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 34 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Christopher L. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Taylor CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Michael NAME NICKNAME LAST **SUFFIX** Martinez **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (806) 773-7495 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 48 Tarrant Court Of Appeals, Justice Place 2 District 2nd

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 34

13 C / OH NAME	Taylor, Christopher L	. (The Honorable)	14 Filer ID 00084332	(Ethics Com	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political expenditures is accepted or political expenditures in made without required to report this information	the candidate's or of	ficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAI	ME			
ш ,	GENERAL					
		COMMITTEE ADI	DRESS			
	SPECIFIC					
		COMMITTEE CAI	MPAIGN TREASURER NAME			
		COMMITTEE CAI	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL C	CONTRIBUTIONS(OTHER THAI	N PLEDGES, LOANS	 S. T	
TOTALS			R CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIBU PLEDGES, LOANS	JTIONS S, OR GUARANTEES OF LOAN	S)	\$	7,048.03
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL E	EXPENDITURES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	12,329.54
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	11,696.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	1,250.00
17 AFFIDAVIT						
			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	y of perjury, that the a	accompanying d to be reporte	report is ed by me
			The Honora	ble Christopher L.	Taylor	
			Signature of	Candidate or Officel	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		day
			s my hand and seal of office.			
Signature of office	cer administering oath	Printed name	e of officer administering oath	Title of offi	cer administer	ing oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				OVER SHEE	3 of 34
	ER NAM	ME nristopher L. (The Honorable)	19 Filer ID 00084332	(Ethics Commiss	sion Filers)
	HEDUL ME OF	SUBTOTAL	AMOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	7,048.03
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 CONTRIBUTIONS	S	\$	12,329.54
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.	1. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	2.48

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	form.	1	Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/34	
2	FILER NAME Taylor, Chris	stopher L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00084332
4	Date 06/20/2025	5 Full name of contributor out-of-state PAC (ID#:			7	Amount of Contribution (\$) \$5,000.00
		Fort Worth, TX 76102				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Partner		
10	Cantributor's e	employer/law firm ger LLP		11 Law firm of contributor's sp	oous	se (If any)
12		s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	06/30/2025 Kim, Alexander Contributor address; City; State; Zip Code					\$48.03
		Fort Worth, TX 76111				
		Principal Occupation		Contributor's Job Title		
	Judge	employer/law firm		Judge Law firm of contributor's sp	2011	oo (if am)
	State of Tex			Law IIIII of Contributor's Sp	Jous	se (II ally)
		s a child, law firm of parent(s) (i	f any)	<u>l</u>		
H	Date	Full name of contributor	out-of-state PAC (ID#:		Т	Amount of Contribution (\$)
	06/12/2025	Kuenzi, Ezra	U dui-di-state FAC (ID#.	J		\$1,000.00
Contributor address; City; State; Zip Code Argyle, TX 76226						
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
Executive CEO						
Contributor's employer/law firm Law firm of contributor's s					oous	se (if any)
	Connect Ped					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this f		ges Schedule A(J)1: 2 Rpt: 5/34	
2	FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Taylor, Chris	stopher L. (The Honorable)		000843	332
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount	of Contribution (\$)
	06/27/2025	Ponder, Christopher			\$1,000.0
		6 Contributor address; City; State; Zip Code			
		Colleyville, TX 76034			
8	Contributor's I	I Principal Occupation	9 Contributor's Job Title	<u> </u>	
	Attorney		Partner		
10	Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)	
	Kelly Hart &	Hallman			
12	If contributor i	s 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/26 Rpt: 6/34	Taylor, Christopher L. (The Honorable) 00084332
4	Date	5 Payee name
	05/22/2025	Axiom Strategies
6	Amount (\$) \$1,140.00	7 Payee address; City; State; Zip Code 800 W. 47th St. Ste 200 Kansas City, MO 64112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website and campaign creation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/17/2025	Axiom Strategies
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 800 W. 47th St. Ste 200 Kansas City, MO 64112
	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 Website Update
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/20/2025	Baja Cantina
	Amount (\$) \$214.00	Payee address; City; State; Zip Code 8436 Denton Hwy
		Watauga, TX 76148
	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 Campaign Dinner
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment		The Instruction Guide explains how to cor	mple	ete this form.		
1	Total pages Schedule F1:	2	FILER NAME		3 F	iler ID	(Ethics Commission Filers)
	Sch: 2/26 Rpt: 7/34		Taylor, Christopher L. (The Honorable)		(00084332	
4	Date	5	Payee name				
	04/27/2025		Barnes, Rick				
6	Amount (\$)	7	Payee address; City; State; Zip Co	de			
	\$150.00		9121 Belshire Dr.				
			Ste. 100				
			North Richland Hills, TX 76102				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Advertising Expense		Check if travel outside		
					Check if Austin, TX, o Sponsorship Golf		
					Cponsorsing Con	roumame	
9	Complete ONLY if direct		L Candidate/Officeholder name Office sou	aht		Office he	eld
ľ	expenditure to benefit C/OI			9		000	
_	Date	Т	Payee name				
	04/23/2025		Bedford Ice House				
_	Amount (\$)	┢	Payee address; City; State; Zip Coo	de			
	\$90.47	1	2250 Airport Fwy.	uo			
	400.11	1	#300				
			Bedford, TX 76022				
	DUDDOCE	(0)		/b\	<u> </u>		
	PURPOSE OF	(a)	,	(D)	Description Check if travel outside	of Texas, Com	olete Schedule T.
	EXPENDITURE		Event Expense		Check if Austin, TX, o		
					Sponsorship of U	ndergradua	ate Event
	Complete ONLY if direct		Candidate/Officeholder name Office sout	ght		Office he	eld
	expenditure to benefit C/OI	н					
	Date		Payee name				
	01/14/2025		Buffalo Bros				
	Amount (\$)		Payee address; City; State; Zip Coo	de			
	\$73.00		415 Throckmorton St				
			Fort Worth, TX 76107				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside		
					Check if Austin, TX, o	fficeholder living	expense
					interm functi		
L	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	aht		Office he	ald
	expenditure to benefit C/O		Andread Traine Office Soul	grit		Onice He	au.

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee L	ift/Awards/Memorials Exegal Services		-	ges/Contract Labor		Travel Out of Di OTHER (enter a	strict category not listed above)	
			he Instruction Guid	ie explains n	ow to com	piete this form.	_			
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission I	Filers)
	Sch: 3/26 Rpt: 8/34	Taylor, Chris	topher L. (The H	lonorable)				00084332		
4	Date	5 Payee name								
	03/26/2025	Buffalo Bros								
6	Amount (\$)	7 Payee address	; City;	State:	Zip Code	e				
	\$56.66	415 Throckm		•	·					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
		Fort Worth T	V 76107							
_		Fort Worth, T			1					
8	PURPOSE OF	(a) Category (See		top of this sched	_{dule)} (t	Description				
	EXPENDITURE	Event Expen	se					side of Texas. Com K, officeholder living		
						Lunch Meet		i, omeendider nym	у схропос	
							. 3			
<u> </u>	Complete ONLY if direct	Candidate/Offic	sholder name	Of	fice sough			Office h	ald	
	expenditure to benefit C/O		choider hame		nec sougi			Office II		
	Date	Payee name								
	06/09/2025	Buon Giorno	Coffee							
	Amount (\$)	Payee address	; City;	State;	Zip Code	е				
	\$11.31	500 W. 7th S	t.							
		Ste. 140								
		Fort Worth, 1	X 76102							
	PURPOSE				10	Description				
	OF	(a) Category (See Event Expen		top of this sched	dule)	_	el outs	side of Texas. Com	plete Schedule T.	
	EXPENDITURE	Event Expen	Se					(, officeholder living		
						Campaign N	Meet	ting		
	Complete ONLY if direct	Candidate/Offic	eholder name	Of	fice sough	nt		Office h	eld	
	expenditure to benefit C/OI	1								
	Date	Payee name								
	01/29/2025	CC G1 Booth	1							
	Amount (\$)	Payee address		State:	Zip Code	2				
	\$6.00	201 Commer		State,	Zip Cout	,				
	Ψ0.00	ZOI COMMIC	cc Street							
		Fort Worth, T	X 76102							
	PURPOSE OF	(a) Category (See		top of this sched	dule) (k	Description				
	EXPENDITURE	Event Expen	se					side of Texas. Com		
						Parking	un, i x	(, officeholder living	j experise	
						r arking				
	Complete ONLY if direct	Candidate/Office	sholder name	Of.	fice sough	nt .		Office h	ald	
	Complete ONLY if direct expenditure to benefit C/OI		enoluer name	Of	fice sough	IL		Office h	ziu -	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/26 Rpt: 9/34	Taylor, Christopher L. (The Honorable) 00084332
4	Date	5 Payee name
	02/21/2025	CC G1 Booth
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.00	201 Commerce Street
		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 Parking
		T WINING
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	Davis same
	Date	Payee name
	03/06/2025	CC G1 Booth
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	201 Commerce Street
		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
		Parking
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
_	_	
	Date	Payee name
	06/12/2025	CC G1 Booth
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	201 Commerce Street
		Fort Worth, TX 76102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	ZA ZIIDII GRZ	Check if Austin, TX, officeholder living expense
		Parking
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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	compl	plete this form.
1 Total pages Schedule	F1: 2	: FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 5/26 Rpt: 10/3	34	Taylor, Christopher L. (The Honorable)		00084332
4 Date	5	Payee name		-
06/25/2025		CC G1 Booth		
6 Amount (\$)	7	Payee address; City; State; Zip C	Code	•
\$5.	.00	201 Commerce Street		
		Fort Worth, TX 76102		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	D) Description
OF EXPENDITURE		Event Expense		Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE				Check if Austin, TX, officeholder living expense
				Parking
O Complete ONLY if dire		Condidate/Officeholder name Office o		office hold
9 Complete ONLY if dire expenditure to benefit		Candidate/Officeholder name Office so	ougnt	office held
Date		Payee name		
06/13/2025		Capital Grille		
Amount (\$)		Payee address; City; State; Zip (Code	
\$461.	.00	800 Main St		
		Fort Worth, TX 76102		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
EXPENDITURE		Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Political Meeting
				•
Complete ONLY if dire	ect	Candidate/Officeholder name Office so	ought	ot Office held
expenditure to benefit	C/OH			
Date		Payee name		
05/08/2025		Chamas Do		
Amount (\$)		Payee address; City; State; Zip 0	Code	
\$200.	.52	4606 S. Cooper St.		
		·		
		Arlington, TX 76017		
PURPOSE	1	a) Category (See Categories listed at the top of this schedule)	(b)	D) Description
OF	'	Event Expense	(2)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE				Check if Austin, TX, officeholder living expense
				Campaign Event
Complete ONLY if dire expenditure to benefit		Candidate/Officeholder name Office so	ought	office held
experience to beliefit	5,511			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/26 Rpt: 11/34	Taylor, Christopher L. (The Honorable) 00084332
4 Date	5 Payee name
04/15/2025	Chick Fil A
6 Amount (\$) \$29.38	7 Payee address; City; State; Zip Code 1505 N. Collins St Arlington, TX 76011
8 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 Staff Lunch
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/06/2025	Dickies Arena
Amount (\$) \$132.40	Payee address; City; State; Zip Code 1911 Montgomery St.
	Fort Worth, TX 76107
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 Political Event and Food
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date 02/07/2025	Payee name Dickies Arena
Amount (\$)	Payee address; City; State; Zip Code
\$23.51	1911 Montgomery St.
	Fort Worth, TX 76107
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 Parking
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1: Sch: 7/26 Rpt: 12/34	2 FILER NAME Taylor, Christopher L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084332
4	Date	5 Payee name
	02/12/2025	Edco Awards and Specialties
6	Amount (\$) \$196.48	7 Payee address; City; State; Zip Code 3702 Davie Blvd. Fort Lauderdale , FL 33312
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	, , , , , , , , , , , , , , , , , , ,
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gift for recipient of Frederick Douglass Republicans Award
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/12/2025	Fed Ex
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.19	901 Houston St.
		Fort Worth, TX 76102
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Camplete Schedule T
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Signing Sheets
		Olgrining Checks
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2025	Federalist Society
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1776 I Street NW
		#300
		Washington , DC 20006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Membership Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•

SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/26 Rpt: 13/34	Taylor, Christopher L. (The Honorable)	00084332
4 Date	5 Payee name	1
05/19/2025	Fort Worth Republican Women	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$600.00	306 W 7th 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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Judicial Signing Party
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ought Office field
Data	T _	
Date	Payee name	
06/02/2025	Foster, Keith	
Amount (\$)	Payee address; City; State; Zip C	Code
\$250.00	401 W. Belknap St	
	Fort Worth, TX 76196	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Photography
		1.00003.04.7
Complete ONLY if direct	Candidate/Officeholder name Office so	L ought Office held
expenditure to benefit C/O		
Date	Payee name	
02/17/2025	Frederick Douglass Republicans of Tarrant C	ountv
Amount (\$)	Payee address; City; State; Zip C	·
\$350.00	P.O. Box 170912	,
4000.00	1.0.20.20.2	
	Arlington, TX 76003	
DUDDOCE	_	(h) Description
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		Sponsorship
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O	Н	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/26 Rpt: 14/34	Taylor, Christopher L. (The Honorable) 00084332
4	Date	5 Payee name
	04/02/2025	Frederick Douglass Republicans of Tarrant County
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$255.00	P.O. Box 170912
		Arlington, TX 76003
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
		- Ομοτισοίστημ
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Dete	
	Date	Payee name
	04/22/2025	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	101 E. Abram St
		Ste. 160
		Arlington, TX 76010
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fee
		Dalik Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
\vdash	Data	Davis same
	Date 01/02/2025	Payee name
		Google GSuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Parkway
L		Mountain View , CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Email Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Expense
		Litiali Experise
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin Legal Services Salarie

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/26 Rpt: 15/34	Taylor, Christopher L. (The Honorable) 00084332
4	Date	5 Payee name
	02/01/2025	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) (b) Description
	EXPENDITURE	Email Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Expense
		Linux Expense
Ļ	Complete ONII V if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	03/03/2025	Google GSuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.68	1600 Amphitheatre Parkway
		Mountain View , CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Email Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Expense
		Linux Expense
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	5.	
	Date	Payee name
	04/01/2025	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	Email Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
I		Email Expense
\vdash	Operation ON VIVIII	Open Highest (Office health and an
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/26 Rpt: 16/34	Taylor, Christopher L. (The Honorable) 00084332
4	Date	5 Payee name
	05/01/2025	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	Email Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Email Expense
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	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	Email Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/17/2025	Heavens Gate Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.00	3820 N. Main St
	410.00	5525 T. Main C.
		Fort Worth, TX 76106
	BUBBOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Political Breakfast Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 12/26 Rpt: 17/34	Taylor, Christopher L. (The Honorable) 00084332
4	Date	5 Payee name
	02/04/2025	Istanbul Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.00	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. Check if Austin, TX, officeholder living expense
		Intern Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	05/09/2025	Istanbul Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.40	401 Throckmorton St
		Fort Worth, TX 76102
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Intern Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>
	Date	Payee name
	06/10/2025	Istanbul Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.63	401 Throckmorton St
		Fort Worth, TX 76102
	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	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Intern Lunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 13/26 Rpt: 18/34	Taylor, Christopher L. (The Honorable) 00084332
4	Date	5 Payee name
	06/17/2025	Istanbul Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.12	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. Check if Austin, TX, officeholder living expense
		Campaign Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/26/2025	Lili's Bistro
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	1310 W Magnolia Ave
		Fort Worth, TX 76104
	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
		Campaign Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/02/2025	Los Asaderos
	Amount (\$)	Payee address; City; State; Zip Code
	\$93.00	1535 N. Main St
		Fort Worth, TX 76164
	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	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Lunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	<u> </u>

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/26 Rpt: 19/34	Taylor, Christopher L. (The Honorable) 00084332
4	Date	5 Payee name
	02/12/2025	Martinez, McKenzie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,250.00	701 S. Nedderman St
		Arlington, TX 76019
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Campaign Work
		Campaigh Work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	
	03/28/2025	Payee name Martinez, McKenzie
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.00	701 S. Nedderman St
		Arlington, TX 76019
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	01/27/2025	Mercado Juarez
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.00	1651 E. Northside Dr.
	Ψ21.00	1001 L. Nordiside Di.
		Fort Worth, TX 76102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Complete Schedule T. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch Meeting
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	
1		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/26 Rpt: 20/34 Taylor, Christopher L. (The Honorable) 00084332 4 Date Payee name 06/18/2025 PMC Paid Parking 6 Amount (\$) Payee address; State; Zip Code \$17.32 5925 Neighborly Ave. Nashville, TN 37209 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Parking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/29/2025 Papa Johns Amount (\$) Payee address; City; State; Zip Code \$91.56 3410 W 7th St Fort Worth, TX 76107 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Jury Lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/31/2025 Platinum Parking Amount (\$) Payee address: City; State; Zip Code \$7.00 811 Taylor St Fort Worth, TX 76102 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Parking Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	ers)
	Sch: 16/26 Rpt: 21/34	Taylor, Christopher L. (The Honorable) Graph of the Honorable of the Hono	.13)
4	Date	5 Payee name	
	04/08/2025	Press Cafe	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$49.63	4801 Edwards Ranch Rd.	
		#105	
		Fort Worth, TX 76109	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Lunch Meeting	
		Landing	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
H	Date	Payee name	
	03/17/2025	R Bar and Grill	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$91.86	2401 E. Lamar Blvd.	
		Arlington, TX 76006	
	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	
		Campaign Event	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
_	Data	Davis name	
	Date 05/27/2025	Payee name Riscky's Downtown	
		· · · · · · · · · · · · · · · · · · ·	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$92.92	300 Main St	
		Fort Worth, TX 76102	
	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	
		Campaign Lunch	
		Janpagn Land.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/26 Rpt: 22/34	Taylor, Christopher L. (The Honorable) 00084332
4	Date	5 Payee name
	02/21/2025	Rodeo Goat
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$210.90	2836 Bledsoe St
		Fort Worth, TX 76107
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 Judicial Lunch
		Sudicial Editori
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_		
	Date	Payee name
	06/25/2025	Rodeo Goat
	Amount (\$)	Payee address; City; State; Zip Code
	\$214.67	2836 Bledsoe St
		Fort Worth, TX 76107
	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 Judicial Lunch
		oudiolal Editori
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/24/2025	Spice
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.48	411 W. Magnolia Ave
		Fort Worth, TX 76104
	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.
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Intern Lunch
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

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: 18/26 Rpt: 23/34	Taylor, Christopher L. (The Honorable) 00084332
4	Date	5 Payee name
	04/02/2025	Spice
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.41	411 W. Magnolia Ave
		Fort Worth, TX 76104
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	☐ Check if Austin, TX, officeholder living expense Staff lunch during trial
		Stan functi duning thai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
5	expenditure to benefit C/O	
_	Date	Davies name
	06/18/2025	Payee name Spice
		· ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.52	411 W. Magnolia Ave
		E. 194 d. TV 70404
		Fort Worth, TX 76104
	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
		Campaign Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/27/2025	St. Thomas More Society Fort Worth
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	514 E. Belknap St
		Ste. 200
		Fort Worth, TX 76102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		CLE
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
		·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/26 Rpt: 24/34	Taylor, Christopher L. (The Honorable) 00084332
4	Date	5 Payee name
	06/02/2025	State Bar of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$393.00	1414 Colorado St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense State Bar Fees
		State Bai 1 cc3
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	03/19/2025	Taco Casa
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$22.14	350 N. Riverside Dr.
	ΨΖΖ.14	330 N. Riverside Dr.
		Fort Worth, TX 76111
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Control
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/15/2025	Taco Casa
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.18	350 N. Riverside Dr.
		Fort Worth, TX 76111
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Staff Lunch (Trial)
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services	Office Overhead Polling Expense Printing Expense Salaries/Wages	se s/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
		The Instruction Guide explai	ins now to comple	ete tnis form.	_		
1	Total pages Schedule F1: Sch: 20/26 Rpt: 25/34	2 FILER NAME Taylor, Christopher L. (The Honoral	ole)		3	Filer ID 00084332	(Ethics Commission Filers)
4	Date	5 Payee name					
	05/28/2025	Taco Casa					
6	Amount (\$) \$39.84	7 Payee address; City; Sta 350 N. Riverside Dr. Fort Worth, TX 76111	ate; Zip Code				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Food/Beverage Expense	s schedule) (b)	_		ide of Texas. Comp , officeholder living	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office sought			Office he	·ld
	Date	Payee name					
	01/28/2025	Tarrant County Bar Association					
	Amount (\$)	Payee address; City; Sta	ate; Zip Code		_		
	\$115.00	1315 Calhoun St Fort Worth, TX 76102					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Event Expense	, schedule) (b)			ide of Texas. Comp , officeholder living	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name H	Office sought			Office he	ld
	Date	Payee name					
	01/31/2025	Tarrant County Bar Association					
	Amount (\$) \$30.00	Payee address; City; Sta 1315 Calhoun St	ate; Zip Code				
		Fort Worth, TX 76102					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Event Expense	s schedule) (b)	브		ide of Texas. Comp , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office sought			Office he	ld

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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/26 Rpt: 26/34	Taylor, Christopher L. (The Honorable) 00084332
4	Date	5 Payee name
	06/30/2025	Tarrant County Bar Foundation
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 1315 Calhoun St
		Fort Worth, TX 76102
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 Membership Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/28/2025	Texas Values
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1005 Congress Ave.
		Austin, TX 78701
	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
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/12/2025	Payee name The Sterling
	Amount (\$) \$79.00	Payee address; City; State; Zip Code 911 Houston St
		Fort Worth, TX 76102
	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 Campaign Event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┢	Total name - Oct - 1 1 E1	
1	Total pages Schedule F1: Sch: 22/26 Rpt: 27/34	2 FILER NAME Taylor, Christopher L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084332
4	Date	5 Payee name
	05/29/2025	The Sterling
6	Amount (\$) \$167.00	7 Payee address; City; State; Zip Code 911 Houston 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 Meet and Greet
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/22/2025	Thompsons Bookstore
	Amount (\$) \$46.00	Payee address; City; State; Zip Code 900 Houston St
		Fort Worth, TX 76102
	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 Political Meeting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	Thompsons Bookstore
	Amount (\$) \$131.09	Payee address; City; State; Zip Code 900 Houston St
		Fort Worth, TX 76102
	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 Campaign Event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 23/26 Rpt: 28/34	Taylor, Christopher L. (The Honorable) 00084332
4	Date	5 Payee name
	01/21/2025	Tiff's Treats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$73.79	2401 W. 7th 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 Austin, TX, officeholder living expense
		Jury Food
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to belieff 6/01	'
	Date	Payee name
	02/07/2025	Tiff's Treats
	Amount (\$)	Payee address; City; State; Zip Code
	\$88.19	2401 W. 7th St
		Fort Worth, TX 76107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Jury Food
		July Poou
	Compulate ONLY if direct	Condidate/Office helder name Office accords
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	03/10/2025	Tiff's Treats
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.58	2401 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
	EM LINDITURE	Check if Austin, TX, officeholder living expense
		Jury Food
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefit C/Of	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/26 Rpt: 29/34	Taylor, Christopher L. (The Honorable) 00084332
4	Date	5 Payee name
L	03/28/2025	Tiff's Treats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$98.09	2401 W. 7th 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 Austin, TX, officeholder living expense Jury Food
		Sury 1 ood
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/18/2025	Tiff's Treats
H	Amount (\$)	Payee address; City; State; Zip Code
	\$88.19	2401 W. 7th St
		Fort Worth, TX 76107
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Jury Food
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	02/20/2025	Tom Thumb
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.93	2400 W. 7th St
		Fort Worth, TX 76107
	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 Judicial Lunch
		Judiciai Editori
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Co	The Instruction Guide explains how to o	g Exper	nse Trave es/Contract Labor OTHE	I II District I Out of District ER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME		3 Filer	ID (Ethics Commission Filers)
	Sch: 25/26 Rpt: 30/34		Taylor, Christopher L. (The Honorable)		000	84332
4	Date	5	Payee name			
	02/25/2025		True Texas Project			
6	Amount (\$)	7	Payee address; City; State; Zip C	Code		
	\$500.00		1220-G Airport Freeway			
			#602			
			Bedford, TX 76022			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	
	OF EXPENDITURE		Advertising Expense		Check if travel outside of T	exas. Complete Schedule T.
	EXPENDITORE				Check if Austin, TX, officeh	nolder living expense
					Sponsorship	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ough	i (Office held
		_				
	Date		Payee name			
	06/30/2025		WinRed			
	Amount (\$)		Payee address; City; State; Zip C	Code		
	\$1.97		4250 Fairfax Dr.			
			Ste. 600			
			Arlington, VA 22203			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	
	OF EXPENDITURE		Fees		-	exas. Complete Schedule T.
					Check if Austin, TX, officer Fee Payment	holder living expense
					ree rayment	
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	oriap.	+	Office held
	expenditure to benefit C/O		5 5	oug	•	
_	Date	Г	Payee name			
	02/13/2025		Wingstop			
	Amount (\$)	_	Payee address; City; State; Zip C	Codo		
	\$28.13		4010 N. Collins St	Coue		
	Ψ20.13					
			Suite 140			
			Arlington, TX 76005			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b	Description	Courselate Calcadula T
	EXPENDITURE		Food/Beverage Expense		Check if Austin, TX, officeh	exas. Complete Schedule T.
					Intern Lunch	lolder living expense
	Complete ONLY if direct		Candidate/Officeholder name Office so	ough:	į (Office held
	expenditure to benefit C/O	Н		-		
L Cor	rms provided by Tayas F	thic	es Commission www.athics.stata.tv			Version V/I 1 0 f10d0fd9

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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai		/ages	s/Contract Labor (Travel Out of Dist OTHER (enter a d	rict category not listed above)
1	Total pages Schedule F1: Sch: 26/26 Rpt: 31/34	ı	<u> </u>			3 F	Filer ID 00084332	(Ethics Commission Filers)
4	Date 04/11/2025	5	Payee name Winslow's Wine Bar					
6	Amount (\$) \$142.00	ı	Payee address; City; Sta 4101 Camp Bowie Blvd.	ate; Zip Co	de			
			Fort Worth, TX 76107					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Event Expense	schedule)	(b)	Description Check if travel outside Check if Austin, TX, o Campaign Event		
9	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Officeholder name	Office sou	ght		Office he	ld
	Date	ı	Payee name					
	06/26/2025	Ь—	Wishbone & Flynt					
	Amount (\$) \$140.00	ı	Payee address; City; Sta 334 Bryan Ave	ate; Zip Co	de			
			Fort Worth, TX 76104					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Event Expense	schedule)	(b)	Description Check if travel outside Check if Austin, TX, o Meet and Greet		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	ght		Office he	ld

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

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.		1		pages Schedule K: 1/2 Rpt: 32/34	
2	FILER NAME						C (Ethics Commission F	lers)
	Taylor, Chris	stop	oher L. (The Honorable)			00084	1332	
4	Date 01/24/2025	5	Name of person from whom amount is received Frost Bank				8 Amount (\$)	\$0.65
		6	Address of person from whom amount is received; City; State; Zip Code					
		L	San Antonio, TX 78296					
		7	Purpose for which amount is received Bank Interest	Check if po	litic	al cont	ribution returned to filer	
	Date	Г	Name of person from whom amount is received				Amount (\$)	
	02/25/2025		Frost Bank					\$0.57
		ļ	Address of person from whom amount is received; City; State; Zip Code					
			San Antonio, TX 78296					
			Purpose for which amount is received	Check if po	litic	al cont	ribution returned to filer	
			Bank Interest					
	Date		Name of person from whom amount is received				Amount (\$)	
	03/24/2025		Frost Bank					\$0.42
		ļ	Address of person from whom amount is received; City; State; Zip Code					
			San Antonio, TX 78296					
			 -	Check if po	litic	al cont	ribution returned to filer	
			Bank Interest					
	Date		Name of person from whom amount is received				Amount (\$)	
	04/22/2025		Frost Bank					\$0.42
			Address of person from whom amount is received; City; State; Zip Code					
			San Antonio, TX 78296					
			 -	Check if po	litic	al cont	ribution returned to filer	
			Bank Interest					
	Date		Name of person from whom amount is received				Amount (\$)	
	05/22/2025		Frost Bank					\$0.39
			Address of person from whom amount is received; City; State; Zip Code		••••			
			San Antonio, TX 78296					
			Purpose for which amount is received	Check if po	litic	al cont	ribution returned to filer	
			Bank Interest	-				
_								

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: 33/34 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Taylor, Christopher L. (The Honorable) 00084332 5 Name of person from whom amount is received 8 Amount (\$) 06/24/2025 \$0.03 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**

OUTSTA	ANDING LOANS	SCHEDULE L
The Instruc	tion Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 34/34
FILER NAME Taylor, Christo	opher L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00084332
LENDER INFORMATION	4 Name of lender	I
	5 Lender address; City; State; Zip Code	
	REDACTED PER 254.0313, GOV'T CODE	
GUARANTOR INFORMATION	6 Name of guarantor	
X not applicabl	7 Guarantor address; City; State; Zip Code	