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) 00088174 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Holly E. 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** 1101 W. 34th St. #119 MAILING Amount Receipt # **ADDRESS** Austin, TX 78705 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Holly E. NAME NICKNAME LAST **SUFFIX** Taylor STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 1101 W. 34th St. #119 **ADDRESS** (Residence or Business) Austin, TX 78705 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 643-3637 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day 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 Court Of Criminal Appeals, Judge Place 9

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Taylor, Holly E. (Ms.)			14 Filer ID 00088174	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political expenditures may have been made without trequired to report this information	he candidate's or off	ficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NA	ME			
	GENERAL					
		COMMITTEE AD	DRESS			
	SPECIFIC					
		COMMITTEE CA	MPAIGN TREASURER NAME			
		COMMITTEE CA	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			CONTRIBUTIONS (OTHER THAN R CONTRIBUTIONS MADE ELEC		\$	53.26
		ICAL CONTRIBI	UTIONS S, OR GUARANTEES OF LOANS	3)	\$	2,303.26
EXPENDITURE TOTALS	+ `	IZED POLITICAL E		5)	\$	0.00
	4. TOTAL POLIT	ICAL EXPENDIT	TURES		\$	1,330.01
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE LA	AST DAY OF THE	\$	30,269.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	20,250.00
17 AFFIDAVIT						
			I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.	of perjury, that the a	accompanying d to be reporte	report is ed by me
			Ms	Holly E. Taylor		
				Candidate or Officel	nolder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	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 office	cer administer	ing oath

SUBTOTALS - JC/OH

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

				3 of 15
18 FILER NAME Taylor, Holly	E. (Ms.)	19 Filer ID 00088174	(Ethics Comm	nission Filers)
20 SCHEDULE S NAME OF SCI	SUBTOT	AL AMOUNT		
1. X S	CHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	2,250.00
2. X S	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	53.26
3. S	CHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4. S	CHEDULE E(J): LOANS (JUDICIAL)		\$	
5. X S	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	123.10
6. S	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. S	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X S	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,061.54
9. X S	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	145.37
10. S	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. S	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS O FILER	RETURNED	\$	5.60

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/15		
2	FILER NAME Taylor, Holly	FILER NAME Taylor, Holly E. (Ms.)			3	Filer ID (Ethics Commission Filers) 00088174
4	Date 06/28/2025			7	Amount of Contribution (\$) \$500.00	
		Austin, TX 78759				
8		Principal Occupation		9 Contributor's Job Title		
_	Retired			n/a		
10	n/a	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (i	f any)			
12	in contributor is	s a crind, law iiiiii or parerii(s) (i	i arry)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	06/25/2025 Bharucha, Cyrus Contributor address; City; State; Zip Code				\$1,000.00	
		San Diego, CA 92129				
		Principal Occupation		Contributor's Job Title		
	Attorney			Patent Attorney		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	06/24/2025	Marriott, Sue	_			\$250.00
		Contributor address; City;	State; Zip Code			
		Austin, TX 78751				
		Principal Occupation		Contributor's Job Title		
	Therapist			Therapist		
Contributor's employer/law firm Law firm of contributor's sp				oous	se (if any)	
	Self					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/15
2	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Taylor, Holly E. (Ms.)	00088174
4	Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code	
	South Hadley, MA 01075-1116	
8	Contributor's Principal Occupation 9 Contributor's Job Title	
	Retired n/a	
10	Contributor's employer/law firm 11 Law firm of contributor n/a	's spouse (if any)
12	the contributor is a child, law firm of parent(s) (if any)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 com	plete	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/1 Rpt: 6/15	Taylor, Holly E. (Ms.)		00088174
4	Date	5 Payee name		
	02/11/2025	Patrick Huang		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$25.00	6727 Glissando Ct.		
		Las Vegas, NV 89139		
8	PURPOSE	-	b) [Description
	OF EXPENDITURE	CONTRIBUTION REFUND	<u> </u>	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Contribution retains
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
Г	Date	Payee name		
	01/02/2025	Stonewall Democrats of Dallas		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$35.00	P.O. Box 192305		
		Dallas TV 75040		
L		Dallas, TX 75219		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense] (מ]	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Ī	Check if Austin, TX, officeholder living expense
			r	membership
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·		Siliso lista
F	Date	Payee name		
	06/30/2025	Stripe, Inc.		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$63.10	185 Berry St		
		San Francisco, CA 94107		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	D) [П	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	rees	Ė	Check if Austin, TX, officeholder living expense
			C	credit card processing fees
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI		ııı	Onice neiu

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Etl	3 Filer ID (Ethics Commission Filers)					
Sch: 1/4 Rpt: 7/15	Taylor, Holly E. (Ms.)			00088174				
4 CREDIT CARD ISSUER		ncial institution ase	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRECARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	\$125.00	05/28/2025						
7 PAYEE	(a) Payee name (b) Payee address;		City,	State,	Zip Code			
	Williamson County	Democratic	P.O. Box 1296					
			Georgetown, TX 7862	7				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodula)	(b) Description					
l <u> </u>	Advertising Expense	or tries scriedule)	event sponsorship					
X Political								
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		, TX, officeholder living e	xpense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Data of Chargo	(a) Data(a) Cradit Card In	ouer Deid				
PATMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	Suer Paiu				
	\$250.00	06/23/2025						
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code		
	Area 5 Democratic	Club	P.O. Box 608					
	7 6 5 6 6 6	0.00	Pasadena, TX 77501					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	event sponsorship					
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	xpense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is	suer Paid				
	\$100.00	06/26/2025						
DAVES								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Coastal Bend Texa	s Democratic	P.O. Box 8396					
			On the Charletin TV 704	100				
PURPOSE OF	(a) Category		Corpus Christi, TX 784 (b) Description	10 0				
EXPENDITURE	(See Categories listed at the top	of this schedule)	event sponsorship					
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	xpense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	Total pages Schedule F4: 2 FILER NAME					sion Filers)		
Sch: 2/4 Rpt: 8/15	Taylor, Holly E. (Ms.)			00088174				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRED CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid				
	\$45.00	06/26/2025						
7 PAYEE	(a) Payee name Coastal Bend Texa	s Democratic	(b) Payee address; P.O. Box 8396	City,	State,	Zip Code		
	() 5 :		Corpus Christi, TX 7846	8				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
l <u> </u>	Contributions/Donatio	ns Made By	donation					
X Political	Candidate/Officeholde	er/Political Committee						
Non-Political	(1)	of Texas. Complete Schedule T.		X, officeholder living expe	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH	()	T (1) = 1 (2)	1() = . () =					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ier Paid				
	\$270.00	06/26/2025						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Denton County Der	mocratic Party	2220 San Jacinto Blvd.,	Ste. 340				
			Denton, TX 76205					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description event sponsorship					
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ıer Paid				
	\$120.00	06/28/2025						
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code		
			PO Box 3863					
	Humble Area Demo	ocrats						
			Humble, TX 77347					
PURPOSE OF	(a) Category	-f.4b-ibd-1-)	(b) Description					
EXPENDITURE	(See Categories listed at the top Contributions/Donatio	•	event ticket					
X Political	Candidate/Officeholde							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expe	ense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 3/4 Rpt: 9/15	Taylor, Holly E. (Ms	S.)			00088174		
4	CREDIT CARD ISSUER		ncial institution clays	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$24.52	05/17/2025					
7	PAYEE	(a) Payee name SquareSpace, Inc.			ck St. 12th Fl.	City,	State,	Zip Code
L		() 2 :			k, NY 10014			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Advertising Expense	,	website h	iosung			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$28.25	05/22/2025					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Intuit Mailchimp		405 N. A	ngier Ave.			
				Atlanta, 0	GA 30324			
	PURPOSE OF	(a) Category		(b) Descrip				
	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	email pro	cessing			
	X Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid		
		\$24.52	06/17/2025					
Г	PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code
		6		225 Vario	ck St. 12th Fl.			
		SquareSpace, Inc.			_			
L		(-) O-t			k, NY 10014			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip website h				
	X Political	Advertising Expense		Website	iosting			
	Non-Political	(a) D (c) 1 (c) 1 (c)	-tT 0- 1: 0: ::		□ ob. 1 " · · · ·	-#6b11 P :		
\vdash	Ш	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense	
_ ا	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	Jouynt		Office field		
F								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to complete th	nis form.		,	,	
1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)			
Sch: 4/4 Rpt: 10/15	Taylor, Holly E. (Ms	s.)			00088174			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$20.00	06/21/2025						
7 PAYEE	(a) Payee name 7-Eleven #42305		(b) Payee a 2108 Hous		City,	State,	Zip Code	
			Victoria, T					
8 PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Descript					
EXPENDITURE X Political	Transportation Equipr		gas to atte	end campaign e	vent			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living ex	kpense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
	\$26.00	06/21/2025						
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
	7-Eleven #42104		1400 S. W	/are Rd.				
			McAllen, T	ΓX 78501				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense		gas to atte	end campaign e	vent			
Non-Political		of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living ex	kpense		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held	<u> </u>		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$28.25	(b) Date of Charge 06/22/2025	(c) Date(s)	Credit Card Issue	r Paid			
PAYEE	(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code	
			405 N. An	gier Ave.				
	Intuit Mailchimp							
			Atlanta, G	A 30324				
PURPOSE OF	(a) Category		(b) Descript	ion				
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	email prod	essing				
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>.</u> Г	Check if Austin, TX,	officeholder living ex	kpense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	-	Office held			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 11/15 Taylor, Holly E. (Ms.) 00088174 Date Payee name 01/10/2025 Barclays 6 Amount (\$) Payee address; City; State; Zip Code PO Box 60517 \$145.37 Reimbursement from political contributions intended Х City of Industry, CA 91716-0517 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** payment of credit card bill for credit card expenditures Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 1/2 Rpt: 12/15	
2	FILER NAME		3	Filer I	D (Ethics Commission Fi	lers)
	Taylor, Holly	r E. (Ms.)		0008	8174	
<u>_</u>	Date	5 Name of person from whom amount is received			8 Amount (\$)	
ľ	01/28/2025	Frost Bank			σ Amount (φ)	\$1.02
	01/20/2023					Φ1.02
		6 Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78767				
		7 Purpose for which amount is received	olitic	cal con	tribution returned to filer	
		Interest				
F	Date	Name of person from whom amount is received			Amount (\$)	
	02/27/2025	Frost Bank			γ unount (Φ)	\$0.92
	02/21/2025	L				Ψ0.32
		Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78767				
		Purpose for which amount is received Check if po	olitic	cal con	tribution returned to filer	
		Interest				
	Date	Name of person from whom amount is received			Amount (\$)	
	03/26/2025	Frost Bank				\$0.83
		Address of person from whom amount is received; City; State; Zip Code				
		Address of person from whom amount is received, City, State, 21p Code				
		Austin, TX 78767				
			litic	sal con	I tribution returned to filer	
		Interest	JIILIC	ai cui	inbution returned to life	
┕		microst				
	Date	Name of person from whom amount is received			Amount (\$)	
	04/24/2025	Frost Bank				\$0.89
		Address of person from whom amount is received; City; State; Zip Code			"	
		Austin, TX 78767				
		Purpose for which amount is received Check if po	olitic	al con	tribution returned to filer	
		Interest				
F	Data	Name of payon from whom amount is received			Amount (ft)	
	Date	Name of person from whom amount is received			Amount (\$)	\$1.02
	05/27/2025	Frost Bank				\$1.02
		Address of person from whom amount is received; City; State; Zip Code				
		Austin, TX 78767				
		Purpose for which amount is received	olitic	cal con	tribution returned to filer	· <u> </u>
		Interest				
Г		1				

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: 13/15 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Taylor, Holly E. (Ms.) 00088174 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 06/26/2025 \$0.92 Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78767 Purpose for which amount is received Check if political contribution returned to filer Interest

	OUTSTAN	NDING LOANS	SCHEDULE L
	The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 14/15
2	FILER NAME Taylor, Holly E.	(Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
	LENDER INFORMATION	4 Name of lender Taylor, Holly (Ms.)	•
		5 Lender address; City; State; Zip Code	
		Austin, TX 78705	
	GUARANTOR INFORMATION	6 Name of guarantor	
	X not applicable	7 Guarantor address; City; State; Zip Code	

TEXT ANNOTATION	
	Sch: 1/1 Rpt: 15/15
FILER NAME	Filer ID (Ethics Commission Filers)
Taylor, Holly E. (Ms.)	00088174
Schedule A(J)1	
Information entered by filer as a memo:	
Credit card processing fees are reported either as a lump-sum in-kind donation (for donors desired donation amount), or as a lump-sum expense per credit card processor (for donor their contribution).	s who chose to pay the fees on top of their s who chose to have the fees deducted from