FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 17 00016594 3 COMMITTEE NAME **OFFICE USE ONLY** Taylor County Democratic PAC (CEC) Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 3595 Date Hand-delivered or Date Postmarked Abilene, TX 79604 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dianne NAME NICKNAME LAST **SUFFIX** Morphew STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2401 S. 25th St. #215 STREET **ADDRESS** (Residence or Business) Abilene, TX 79605 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2526 Bennett Drive MAILING **ADDRESS** Abilene, TX 79605 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (325) 513-2582 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 05/05/2025 χ General Special

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Taylor County Democratic PAC (CEC) 000.			0001659	4
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ZED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	1,661.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,914.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES	\$	9,554.51
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	1,672.17
OUTSTANDING LOAN TOTALS		IL AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		·	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Dianne	Morphew	
		Signature of Car	mpaign Treas	surer
AFFIX NOTARY	STAMP / SEAL ABOV	E		
Sworn to and subscribed	before me, by the said	, tł	nis the	day
of	_, 20, to certi	fy which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of of	ficer administering oath

SUBTOTALS - CEC FORM CEC COVER SHEET PG 3 3 of 17 COMMITTEE NAME (Ethics Commission Filers)

17 C	OMMITTI	18 Filer ID	(Ethics	Commission Filers)	
Ta	aylor Co	00016594			
		E SUBTOTALS		SI	JBTOTAL AMOUNT
N/	AME OF	SCHEDULE		30	OBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,914.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	9,554.51	
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 I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
10. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	900.00	

	MONEI	ARY POLITICAL (SCHEDU	LE A1		
	The Instruc	ction Guide explains how	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/17			
2	FILER NAME					Filer ID (Ethics Commissi	on Filers)
		nty Democratic PAC (CEC)				00016594	
4	Date 06/25/2025) 7	Amount of Contribution (\$)	\$223.00	
•	Dringing aggr	Abilene, TX 79605	a 1	O Employer/Coolingt	ruotiono		
8	Not Employe	pation / Job title (See Instructionsed	5)	9 Employer (See Inst N/A	ructions)		
	Date Full name of contributor out-of-state PAC (ID#:) O6/22/2025 Garcia, Samuel (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$450.00		
		Abilene, TX 79603	. 1				
	Principal occu Insurance Sa	pation / Job title (See Instructions ales	5)	Employer (See Inst Self Employed	ructions)		
	Date	Full name of contributor	out-of-state PAC (ID#:_) [Amount of Contribution (\$)	
	03/07/2025 Goolsbee, Linda (Mrs.) Contributor address; City; State; Zip Code					Amount of Continuation (4)	\$1,000.00
		Abilene, TX 79606					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Inst	ructions)		
	Retired			N/A			
	Date 06/12/2025	Full name of contributor Goolsbee, Linda (Mrs.) Contributor address; City; S Abilene, TX 79606	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$150.00
Principal occupation / Job title (See Instructions) Employer Retired N/A			Employer (See Inst N/A	ructions)			
	Date 06/25/2025	Full name of contributor Perkins, Linda (Mrs.) Contributor address; City; S Abilene, TX 79602	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$430.00
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Inst N/A	ructions)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	Guide explains how to	ompl	ete this form.		
1	Total pages Schedule F1:	2 FILER	NAME			3 Filer I	D	(Ethics Commission Filers)
	Sch: 1/12 Rpt: 5/17	Taylor	County Democrati	ic PAC (CEC)		0001	6594	
4	Date	Payee	name			•		
	01/21/2025	AT&T	Mobile					
6	Amount (\$)	7 Payee	address; City;	State; Zip C	ode			
	\$68.86	PO Bo	ox 6463					
		Carol :	Stream, IL 60197-6	6463				
8	PURPOSE	a) Catego	Ory (See Categories listed	at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Office	Overhead/Rental E	Expense		Check if travel outside of Te.		
						CEC monthly cell pho		
						CLC monthly cell prio	10 301	TVICE
9	Complete ONLY if direct	Candida	te/Officeholder name	Office so	llaht		office h	eld
	expenditure to benefit C/O	Carraida	to, o moonoider riame	Omos oc	, agric			old
_	Date	Payee	nama					
	02/21/2025	•	Mobile					
	Amount (\$)		address; City;	State; Zip C	ode.			
	\$68.86	-	ox 6463	State, Zip C	Joue			
	Ψ00.00	1000	/X 0403					
		Carol	Stream, IL 60197-6	3/63				
	PURPOSE				(b)	December 2		
	OF		Ory (See Categories listed Overhead/Rental E		(0)	Description Check if travel outside of Te.	xas. Cor	nplete Schedule T.
	EXPENDITURE	Office	Overneau/Rentai i	Expense		Check if Austin, TX, officeho		
						CEC cell phone service	e pro	vider billing
	Complete ONLY if direct expenditure to benefit C/O	Candida	te/Officeholder name	Office so	ught	C	office h	eld
	experioriture to beriefit C/O							
	Date	Payee	name					
	03/21/2025	AT&T	Mobile					
	Amount (\$)	Payee	address; City;	State; Zip C	ode			
	\$68.91	PO Bo	ox 6463					
		Carol :	Stream, IL 60197-6	6463				
	PURPOSE	a) Catego	Ory (See Categories listed	at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Office	Overhead/Rental E	Expense		Check if travel outside of Te		•
						CEC cell phone service		
						CLC cell priorie servic	e pro	vider billing
	Complete ONLY if direct	Candida	te/Officeholder name	Office so	llaht		office h	eld
	expenditure to benefit C/Ol	Januida	to, omeendider name	Onice st	agni		11	olu -

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 Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 2/12 Rpt: 6/17	Taylor County Democratic PAC (CEC) 00016594
4	Date	5 Payee name
	04/21/2025	AT&T Mobile
6	Amount (\$) \$68.91	7 Payee address; City; State; Zip Code PO Box 6463 Carol Stream, IL 60197-6463
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense CEC cell phone service provider billing
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/21/2025	AT&T Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.91	AT&T Mobile
		AT&T Mobile
		Carol Stream, IL 60197-6463
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CEC cell phone service provider billing
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/21/2025	AT&T Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.91	AT&T Mobile
		AT&T Mobile
		Carol Stream, IL 60197-6463
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LA LIBITORE	Check if Austin, TX, officeholder living expense
		CEC cell phone service provider billing
	Complete ONLY if direct expenditure to benefit C/Ol	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 Commit

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: 3/12 Rpt: 7/17	Taylor County Democratic PAC (CEC) 00016594
4	Date	5 Payee name
	04/21/2025	Abilene Arts Alliance
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1101 No. 1st Street
		Abilene, TX 79601
8	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 Memorial honoring long-time member & contributor
		of Taylor County Democratic Party Mary Lou
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/31/2025	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.33	P O Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees charged on contribution collections
		rees charged on contribution concettoris
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/28/2025	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.51	P O Box 441146
	,	
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Fees charged on contribution collections
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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 co	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission F
Sch: 4/12 Rpt: 8/17	Taylor County Democratic PAC (CEC)		00016594
4 Date	5 Payee name		
03/31/2025	ActBlue		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$13.66	P O Box 441146		
	Somerville, MA 02144		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Solicitation/Fundraising Expense		l outside of Texas. Complete Schedule T.
EXPENDITORE		. —	in, TX, officeholder living expense
		Fees charge	ed for contributions collection
O Complete ONLY if direct	Condidate/Office helder name Office co.	laht.	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	igni	Office held
Date	Payee name		
04/30/2025	ActBlue		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$23.18			
	TX		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Solicitation/Fundraising Expense	ı —	I outside of Texas. Complete Schedule T. in, TX, officeholder living expense
			ed for collection of contributions
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ıght	Office held
expenditure to benefit C/O			
Date	Payee name		
05/31/2025	ActBlue		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$26.71	P O Box 441146		
	Somerville, MA 02144		
PURPOSE		(b) Description	
OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		l outside of Texas. Complete Schedule T.
EXPENDITURE	Conditation, and all and Expense	Check if Austi	in, TX, officeholder living expense
		Fees charge	ed for collection of contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office held
experialities to beliefit C/O			

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: Sch: 5/12 Rpt: 9/17	2 FILER NAME Taylor County Democratic PAC (CEC) 3 Filer ID (Ethics Commission Filers) 00016594	_
4	Date 06/30/2025	5 Payee name ActBlue	
6	Amount (\$) \$26.52	7 Payee address; City; State; Zip Code P O Box 441146 Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fees charged for collection of contributions	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 02/24/2025	Payee name Best Buy	
	Amount (\$) \$194.84	Payee address; City; State; Zip Code 4310 Buffalo Gap Road Floor 1 Abilene, TX 79606	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Annual warranty expense for CEC laptop computer	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 05/05/2025	Payee name City of Abilene Police Dept	
	Amount (\$) \$158.00	Payee address; City; State; Zip Code 4655 S. 1st Street	
		Abilene, TX 79605	
	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 Security for Public Forum 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 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: 6/12 Rpt: 10/17	Taylor County Democratic PAC (CEC) 00016594
4	Date	5 Payee name
	04/25/2025	Evanston Insurance Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,494.68	A.J.Gallagher Risk Mgmt. Svcs.,LLC
		1900 W. LOOP So., #1600
		Houston, TX 77027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gen Liability Insurance for CEC Headquarters office
L		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/06/2025	FL20, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$859.31	4633 S. 14TH ST.
		Abilene, TX 79605
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly rent for CEC Headquarters
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Davas nama
	02/05/2025	Payee name FL20, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$859.31	4633 S. 14TH ST.
		Abilene, TX 79605
	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 Monthly Rent for CEC Headquarters office
		monthly North of SES Houaquartors sines
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/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

Candidate/Officeholder/Political Committe Credit Card Payment		to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2 FIL	ER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 7/12 Rpt: 11/17 Tag	ylor County Democratic PAC (CEC)		00016594
4 Date 5 Pay	yee name		
03/04/2025 FL:	20, Inc		
6 Amount (\$) 7 Pay	yee address; City; State; Zi	o Code	
\$859.31 463	33 S. 14TH ST.		
Ab	ilene, TX 79605		
	tegory (See Categories listed at the top of this schedule		
OF Off EXPENDITURE	fice Overhead/Rental Expense		outside of Texas. Complete Schedule T. , TX, officeholder living expense
		ı –	for CEC Headquarters office
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Complete ONLY if direct Cand expenditure to benefit C/OH	didate/Officeholder name Office	sought	Office held
Date Pay	yee name		
	20, Inc		
		o Codo	
` ′	yee address;	Code	
\$659.51 40.	33 3. 14111 31.		
Ab	ilene, TX 79605		
PURPOSE (a) Cat	tegory (See Categories listed at the top of this schedule		
EXPENDITURE Off	fice Overhead/Rental Expense	· · ·	outside of Texas. Complete Schedule T. , TX, officeholder living expense
			for CEC Headquarters office
			·
Complete <u>ONLY</u> if direct Cand expenditure to benefit C/OH	didate/Officeholder name Office	e sought	Office held
Batta I a			
	yee name		
	20, Inc		
` '	yee address; City; State; Zi	o Code	
\$859.31 46	33 S. 14TH ST.		
Ab	ilene, TX 79605		
PURPOSE (a) Car	tegory (See Categories listed at the top of this schedule	(b) Description	
	fice Overhead/Rental Expense	Check if travel of	outside of Texas. Complete Schedule T.
EXI ENDITORE			TX, officeholder living expense
		ivionthly rent 1	for CEC Headquarters office
Complete ONLY if direct Cand	didate/Officeholder name Office	sought	Office held
expenditure to benefit C/OH	uluale/Officeriolder flame Office	s sought	Office field

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: 8/12 Rpt: 12/17	Taylor County Democratic PAC (CEC) 00016594
4	Date	5 Payee name
	06/02/2025	FL20, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$859.31	4633 S. 14TH ST.
		Abilene, TX 79605
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Monthly rent for CEC Headquarters office
_	0 1 0 0 1 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	01/06/2025	FL20, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$116.83	4633 S. 14TH ST.
		Abilene, TX 79605
	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
		utilities billed for CEC office headquarters
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	02/05/2025	FL20, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.69	4633 S. 14TH ST.
		Abilene, TX 79605
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Utilities billed for office headquarters
L	0 1: 0:::::::::::::::::::::::::::::::::	
	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 -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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: 9/12 Rpt: 13/17	Taylor County Democratic PAC (CEC) 00016594
4	Date	5 Payee name
	03/04/2025	FL20, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$276.91	4633 S. 14TH ST.
		Abilene, TX 79605
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. Check if Austin, TX, officeholder living expense
		Utilities billed for CEC headquarters
		Guillago Sillou 161 GEO Houaquaitoio
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Data	
	Date 04/05/2025	Payee name
		FL20, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$276.91	4633 S. 14TH ST.
		Abilene, TX 79605
	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.
	— /4: ————	Check if Austin, TX, officeholder living expense Utilities billed for CEC Headquarters
		Othlities billed for CEC Headquarters
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	05/02/2025	FL20, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$276.80	4633 S. 14TH ST.
		Abilene, TX 79605
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Utilities billed for CEC headquarters
	2 2	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

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 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: 10/12 Rpt: 14/17	Taylor County Democratic PAC (CEC) 00016594						
4	Date	5 Payee name						
	06/02/2025	FL20, Inc						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$58.78	4633 S. 14TH ST.						
		Abilene, TX 79605						
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. Check if Austin, TX, officeholder living expense						
		Utilities billed for CEC Headquarters						
		Cumuoo Simou 161 GEO 110aaqaaa to10						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
_	Date	Payee name						
	02/25/2025	Microsoft						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$108.24							
		TX						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Annual charge for Microsoft Office software for						
		laptop computer						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	01/21/2025	ОРТІМИМ						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$97.73	3558 S. Clack Street						
		Abilene, TX 79606						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense						
		Check if Austin, TX, officeholder living expense						
		WIFI for CEC Headquarters						
	Complete ONLY if direct	Condidate/Office helder no rec						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								

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: 11/12 Rpt: 15/17	Taylor County Democratic PAC (CEC) 00016594
4	Date	5 Payee name
	02/20/2025	OPTIMUM
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$97.73	3558 S. Clack Street
		Abilana TV 70606
Ļ	DUDDOSE	Abilene, TX 79606
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		WIFI for CEC headquarters
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
L	03/21/2025	OPTIMUM
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.16	3558 S. Clack Street
		Abilene, TX 79606
	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
		WIFI for CEC headquarters
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
F	Date	Payee name
	04/21/2025	OPTIMUM
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$98.16	3558 S. Clack Street
		Abilene, TX 79606
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense WIFI for CEC headquarters
		Will Flor OLO Headquarters
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C 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: 12/12 Rpt: 16/17	Taylor County Democratic PAC (CEC) 00016594
4	Date	5 Payee name
	05/21/2025	OPTIMUM
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$98.16	3558 S. Clack Street
		Abilene, TX 79606
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.
		Check if Austin, TX, officeholder living expense WIFI for CEC headquarters
		Will Flor GEO Headquarters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	06/21/2025	OPTIMUM
H	Amount (\$)	Payee address; City; State; Zip Code
	\$98.16	3558 S. Clack Street
		Abilene, TX 79606
	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
		WIFI for CEC headquarters
		Will file one modulations
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	02/07/2025	US Postal Service
H	Amount (\$)	Payee address; City; State; Zip Code
	\$14.60	2501 Buffalo Gap Road
		Abilene, TX 79605
	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
		Postage for mailing from CEC
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
I		

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

SCHEDULE K

L					
	The Instruction Guide explains how to complete this form			ages Schedule K:	
				/1 Rpt: 17/17	
2	FILER NAME		3 Filer ID	(Ethics Commissi	on Filers)
	Taylor Coun	ty Democratic PAC (CEC)	00016	594	
4	Date	tte 5 Name of person from whom amount is received		8 Amount (\$)	
	05/15/2025	Goolsbee, Linda for State Senate (Mrs.)			\$300.00
		6 Address of person from whom amount is received; City; State; Zip Code			
		, , . , . , . , . , . , . , .			
		Abilene, TX 79608-5108			
		7 Purpose for which amount is received	olitical contr	ribution returned to fil	er
		Monthly rent of office space in CEC Hdqtrs for campaign for State Senate se	eat		
	Date	Name of person from whom amount is received		Amount (\$)	
	04/15/2025	Goolsbee, Linda for State Senate Seat (Mrs.)		γ unodit (Φ)	\$300.00
	0 1/20/2020	Address of person from whom amount is received; City; State; Zip Code			4000.00
		Address of person from whom amount is received, City, State, 21p Code			
		Abilene, TX 79608-5108			
			olitical contr	<u>I</u> ribution returned to fil	er
		or			
F	Date	Name of person from whom amount is received		Amount (\$)	
	06/15/2025	Goolsbee, Linda for State Senate Seat (Mrs.)		Amount (ϕ)	\$300.00
	00/10/2020	Address of person from whom amount is received; City; State; Zip Code		!	4000.00
		Address of person from whom amount is received, City, State, 21p Code			
		Abilene, TX 79608-5108			
		Purpose for which amount is received	olitical conti	ribution returned to fi	er
		Monthly rent for office space in CEC Headqtrs. for campaign for State Senat	te seat		