

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090358		2 Total pages filed: 17	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Amy		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/05/2026		
	NICKNAME LAST SUFFIX Taylor				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2026 Sauls Ln  Denton, TX 76209			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Karen Jill				
	NICKNAME LAST SUFFIX DeVinney				
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1820 West Oak St  Denton, TX 76201				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 231-4074				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 11/20/2025    12/31/2025				
10 ELECTION	ELECTION DATE Month Day Year 11/03/2025		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Board Of Education District 14		

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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13 C / OH NAME	Taylor, Amy	14 Filer ID	(Ethics Commission Filers)
		00090358	

15 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,833.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	644.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,779.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	606.56

## 17 AFFIDAVIT

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

Amy Taylor

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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<b>18 FILER NAME</b> Taylor, Amy		<b>19 Filer ID</b> (Ethics Commission Filers) 00090358
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,833.62
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 606.56
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 437.97
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 206.56
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 4/17
<b>2</b> FILER NAME Taylor, Amy		<b>3</b> Filer ID (Ethics Commission Filers) 00090358
<b>4</b> Date 11/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Melissa <b>6</b> Contributor address; City; State; Zip Code  Highland Village, TX 75077	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Realtor		<b>9</b> Employer (See Instructions) Melissa Adams Realtor
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Prentiss & Francey Contributor address; City; State; Zip Code  Denton, TX 76209	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Larry Contributor address; City; State; Zip Code  Denton, TX 76209	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bustos, Georgiana Contributor address; City; State; Zip Code  The Colony, TX 75056	Amount of Contribution (\$)  \$14.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Holly Contributor address; City; State; Zip Code  Needham, MA 02492-0000	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/17
<b>2</b> FILER NAME Taylor, Amy		<b>3</b> Filer ID (Ethics Commission Filers) 00090358
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Annick <hr/> <b>6</b> Contributor address; City; State; Zip Code  savannah, TX 76227	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Joan <hr/> Contributor address; City; State; Zip Code  Denton, TX 76205	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daly, Gina <hr/> Contributor address; City; State; Zip Code  Lantana, TX 76226	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daly, Gina <hr/> Contributor address; City; State; Zip Code  Lantana, TX 76226	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Kenneth <hr/> Contributor address; City; State; Zip Code  Denton, TX 76201	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) TWU

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 6/17
<b>2</b> FILER NAME Taylor, Amy		<b>3</b> Filer ID (Ethics Commission Filers) 00090358
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fecenko, Kathleen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Blackwood, NJ 08012-0000	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulgoni, Patricia <hr/> Contributor address; City; State; Zip Code  Vero Beach, FL 32960	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gottzman, Laura (Ms.) <hr/> Contributor address; City; State; Zip Code  San Carlos, CA 94070	Amount of Contribution (\$)  \$23.81
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gottzman, Laura (Ms.) <hr/> Contributor address; City; State; Zip Code  San Carlos, CA 94070	Amount of Contribution (\$)  \$24.81
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irish-Keffer, Stacey <hr/> Contributor address; City; State; Zip Code  Denton, TX 76201	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Denton

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/17
<b>2</b> FILER NAME Taylor, Amy		<b>3</b> Filer ID (Ethics Commission Filers) 00090358
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laird, Jennie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seattle, WA 98103	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions) Jennie Laird
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lam, Anna <hr/> Contributor address; City; State; Zip Code  Denton, TX 76205	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) DentonISD
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longo, Antonella <hr/> Contributor address; City; State; Zip Code  Highland Village, TX 75077	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Research Scientist		Employer (See Instructions) UNT
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longo, Antonella <hr/> Contributor address; City; State; Zip Code  Highland Village, TX 75077	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Research Scientist		Employer (See Instructions) UNT
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlowe, Thomas (Prof.) <hr/> Contributor address; City; State; Zip Code  Rahway, NJ 07065	Amount of Contribution (\$)  \$6.00
Principal occupation / Job title (See Instructions) Professor Emeritus		Employer (See Instructions) Seton Hall University

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/17
<b>2</b> FILER NAME Taylor, Amy		<b>3</b> Filer ID (Ethics Commission Filers) 00090358
<b>4</b> Date 12/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGrew, April <hr/> <b>6</b> Contributor address; City; State; Zip Code  The Colony, TX 75056	<b>7</b> Amount of Contribution (\$)  \$14.00
<b>8</b> Principal occupation / Job title (See Instructions) Project Manager		<b>9</b> Employer (See Instructions) Outreach Health
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKay, Grace Anne <hr/> Contributor address; City; State; Zip Code  Denton, TX 76205	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Denton ISD
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reaves, Caren <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Amy <hr/> Contributor address; City; State; Zip Code  Argyle, TX 76226	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Ramona <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75036-0892	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/17
<b>2</b> FILER NAME Taylor, Amy		<b>3</b> Filer ID (Ethics Commission Filers) 00090358
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Janice <hr/> <b>6</b> Contributor address; City; State; Zip Code  Loveland, CO 80538	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Dietitian/nutritionist		<b>9</b> Employer (See Instructions) Self
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waddell, Chris <hr/> Contributor address; City; State; Zip Code  Frisco, TX 75036	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yturri, Elizabeth <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75080-3709	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Communications Specialist		Employer (See Instructions) Corgan

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/3 Rpt: 10/17	
<b>2</b> FILER NAME Taylor, Amy		<b>3</b> Filer ID (Ethics Commission Filers) 00090358	
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$</b>
<b>5</b> Date of loan 11/22/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Amy (Ms.)		<b>9</b> Loan Amount (\$) \$40.93
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Denton, TX 76209		<b>10</b> Interest Rate 0
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Teacher		<b>13</b> Employer (See Instructions) Denton ISD	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 12/24/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Amy (Ms.)		Loan Amount (\$) \$51.17
Is lender a financial institution? No	Lender address; City; State; Zip Code  Denton, TX 76209		Interest Rate 0
			Maturity Date
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Denton ISD	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 2/3 Rpt: 11/17	
<b>2</b> FILER NAME Taylor, Amy		<b>3</b> Filer ID (Ethics Commission Filers) 00090358	
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$</b>
<b>5</b> Date of loan 11/25/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Amy (Ms.)		<b>9</b> Loan Amount (\$) \$114.46
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Denton, TX 76209		<b>10</b> Interest Rate 0
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Teacher		<b>13</b> Employer (See Instructions) Denton ISD	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 12/02/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Amy (Ms.)		Loan Amount (\$) \$300.00
Is lender a financial institution? No	Lender address; City; State; Zip Code  Denton, TX 76209		Interest Rate 0
			Maturity Date
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Denton ISD	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 3/3 Rpt: 12/17
<b>2</b> FILER NAME Taylor, Amy		<b>3</b> Filer ID (Ethics Commission Filers) 00090358
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 11/25/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Amy (Ms.)	<b>9</b> Loan Amount (\$) \$100.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Denton, TX 76209	<b>10</b> Interest Rate 0
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Teacher		<b>13</b> Employer (See Instructions) Denton ISD
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/4 Rpt: 13/17	<b>2</b> FILER NAME Taylor, Amy	<b>3</b> Filer ID (Ethics Commission Filers) 00090358
<b>4</b> Date 11/30/2025	<b>5</b> Payee name ActBlue, LLC	
<b>6</b> Amount (\$) \$54.93	<b>7</b> Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees for accepting donation
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2025	Payee name ActBlue, LLC	
Amount (\$) \$0.35	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card acceptance fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/14/2025	Payee name ActBlue, LLC	
Amount (\$) \$2.81	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee to accept online donations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 14/17	<b>2</b> FILER NAME Taylor, Amy	<b>3</b> Filer ID (Ethics Commission Filers) 00090358
<b>4</b> Date 12/21/2025	<b>5</b> Payee name ActBlue, LLC	
<b>6</b> Amount (\$) \$1.79	<b>7</b> Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee to accept credit card donations
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue, LLC		
Amount (\$) \$4.13	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee to accept credit cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue, LLC		
Amount (\$) \$0.21	Payee address; City; State; Zip Code P.O. Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee to accept donations via credit cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 15/17	<b>2</b> FILER NAME Taylor, Amy	<b>3</b> Filer ID (Ethics Commission Filers) 00090358
<b>4</b> Date 12/03/2025	<b>5</b> Payee name FedEx Office	
<b>6</b> Amount (\$) \$10.95	<b>7</b> Payee address; City; State; Zip Code 415 E. State Hwy 114  Grapevine, TX 76051	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) 2-day fedex of application to appear on the ballot	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2-day fedex of application to appear on the ballot
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Frost Bank	
Amount (\$) \$14.00	Payee address; City; State; Zip Code PO Box 16509  Fort Worth, TX 76162	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dec. account fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2025	Payee name Texas Democratic Party	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 314 E HIGHLAND MALL BLVD, STE 508 Austin, TX 78752	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense filing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 16/17	<b>2</b> FILER NAME Taylor, Amy	<b>3</b> Filer ID (Ethics Commission Filers) 00090358
<b>4</b> Date 12/03/2025	<b>5</b> Payee name USPS	
<b>6</b> Amount (\$) \$15.60	<b>7</b> Payee address; City; State; Zip Code 1251 William D Tate Ave.  Grapevine, TX 76051	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) stamps for thank you notes	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense stamps for thank you notes
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 12/31/2025	Payee name USPS	
Amount (\$) \$33.20	Payee address; City; State; Zip Code 475 L Enfant Plaza SW Washington, DC 20260	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) 2 books of stamps	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense stamps
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held



# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 17/17	<b>2</b> FILER NAME Taylor, Amy	<b>3</b> Filer ID (Ethics Commission Filers) 00090358
<b>4</b> Date 11/25/2025	<b>5</b> Payee name Vista Print	
<b>6</b> Amount (\$) \$114.46  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 75 Wyman St  Waltham, MA 02451	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense thank you notes and envelopes
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2025	Payee name WordPress	
Amount (\$) \$40.93  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 60 29th Street #343  San Francisco, CA 94110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense domain registration annual
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name WordPress	
Amount (\$) \$51.17  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 60 29th Street #343  San Francisco, CA 94110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hosting of website for 1 year
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held