

COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC
COVER SHEET PG 1

The CEC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016594	2 Total pages filed: 20
3 COMMITTEE NAME Taylor County Democratic PAC (CEC)			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 3595 Abilene, TX 79604		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Dianne NICKNAME LAST SUFFIX Morphew		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2401 S. 25th St. #215 Abilene, TX 79605		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2526 Bennett Drive Abilene, TX 79605		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 513-2582		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final Report <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 07/01/2025 THROUGH 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 11/04/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC
COVER SHEET PG 2

12 COMMITTEE NAME Taylor County Democratic PAC (CEC)		13 Filer ID (Ethics Commission Filers) 00016594
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,577.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,835.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,610.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 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.

Dianne Morphew

Signature of Campaign Treasurer

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 oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - CEC**FORM CEC**
COVER SHEET PG 3
3 of 20

17 COMMITTEE NAME Taylor County Democratic PAC (CEC)		18 Filer ID (Ethics Commission Filers) 00016594
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,577.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7,835.30
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 5,300.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/8 Rpt: 4/20
2 FILER NAME Taylor County Democratic PAC (CEC)		3 Filer ID (Ethics Commission Filers) 00016594
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Terry (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Merkel, TX 79536	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Facility coordinator		9 Employer (See Instructions) First Baptist Church
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Sarah (Ms.) <hr/> Contributor address; City; State; Zip Code Sheppard, TX 76311	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Data Manager		Employer (See Instructions) Zacpubs
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolte, Megan (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Secretary		Employer (See Instructions) Hardin Simmons University
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruton, Dawn (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Texas Western Hospitality
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carson, Rebecca <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 5/20
2 FILER NAME Taylor County Democratic PAC (CEC)		3 Filer ID (Ethics Commission Filers) 00016594
4 Date 08/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Laurie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Eligibility Specialist		9 Employer (See Instructions) Boon Chapman
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coe, Michelle <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employes		Employer (See Instructions) N/A
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffee, Joshua <hr/> Contributor address; City; State; Zip Code Anson, TX 79501	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Kristy (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$460.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78764	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/20
2 FILER NAME Taylor County Democratic PAC (CEC)		3 Filer ID (Ethics Commission Filers) 00016594
4 Date 08/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Bethaline <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79605	7 Amount of Contribution (\$) \$155.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danlowski, Justine <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605	Amount of Contribution (\$) \$540.00
Principal occupation / Job title (See Instructions) School Psychologist		Employer (See Instructions) Abilene Ind. School Distract
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Morgan <hr/> Contributor address; City; State; Zip Code Abilene, TX 79603	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillman Ph.D, David <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Expo Center of Taylor County <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/20
2 FILER NAME Taylor County Democratic PAC (CEC)		3 Filer ID (Ethics Commission Filers) 00016594
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frawley, Carolyn 6 Contributor address; City; State; Zip Code Sweetwarer, TX 79556	7 Amount of Contribution (\$) \$280.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Samuel (Mr.) Contributor address; City; State; Zip Code Abilene, TX 79603	Amount of Contribution (\$) \$340.00
Principal occupation / Job title (See Instructions) Insurance Sales		Employer (See Instructions) Self Employed
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geeslin, Jill (Mrs.) Contributor address; City; State; Zip Code Abilene, TX 79605	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goolsbee, Linda (Mrs.) Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$190.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hacket DJ, Aleta (Mrs.) Contributor address; City; State; Zip Code Tuscola, TX 79562-3632	Amount of Contribution (\$) \$800.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/20
2 FILER NAME Taylor County Democratic PAC (CEC)		3 Filer ID (Ethics Commission Filers) 00016594
4 Date 08/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Crystal <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79605	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Arleta (Mrs.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy, David <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knox, Ed & Cindy <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$220.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NONE
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauer, Rachel <hr/> Contributor address; City; State; Zip Code Abilene, TX 79603	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) QMPH		Employer (See Instructions) Pathways

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 9/20
2 FILER NAME Taylor County Democratic PAC (CEC)		3 Filer ID (Ethics Commission Filers) 00016594
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Diana <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79605	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Technology		9 Employer (See Instructions) Hendrick Health Systems, Inc.
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyles, Rich <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Program Director		Employer (See Instructions) Texas Tech University
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Bella <hr/> Contributor address; City; State; Zip Code Abilene, TX 79605	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Christine <hr/> Contributor address; City; State; Zip Code Abilene, TX 79603	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$330.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/20
2 FILER NAME Taylor County Democratic PAC (CEC)		3 Filer ID (Ethics Commission Filers) 00016594
4 Date 12/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Julie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79605	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Specialist		9 Employer (See Instructions) Steritech
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Charles <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Donna (Mrs.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79602	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Financial Manager		Employer (See Instructions) Day Nursery of Abilene
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor Esq., Holly <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Travis County
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tidwell, >mma <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Neuropsychology		Employer (See Instructions) Texas Tech University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/20
2 FILER NAME Taylor County Democratic PAC (CEC)		3 Filer ID (Ethics Commission Filers) 00016594
4 Date 08/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Udaeta, Victor <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79602	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Target
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderhider, Frances (Ms.) <hr/> Contributor address; City; State; Zip Code Abilene, TX 79606	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Brett <hr/> Contributor address; City; State; Zip Code Clyde, TX 79510	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tattoo Artist		Employer (See Instructions) Self
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Jackson <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Project Assistant		Employer (See Instructions) Rosendin
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wylie, Nicole <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hendrick Medical Center

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.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 12/20	2 FILER NAME Taylor County Democratic PAC (CEC)	3 Filer ID (Ethics Commission Filers) 00016594
4 Date 08/21/2025	5 Payee name AT&T Mobile	
6 Amount (\$) \$68.91	7 Payee address; City; State; Zip Code AT&T Mobile AT&T Mobile Carol Stream, IL 60197-6463	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly service for Party telephone
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2025	Payee name AT&T Mobile	
Amount (\$) \$73.96	Payee address; City; State; Zip Code AT&T Mobile AT&T Mobile Carol Stream, IL 60197-6463	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly service for Party telephone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2025	Payee name AT&T Mobile	
Amount (\$) \$73.97	Payee address; City; State; Zip Code AT&T Mobile AT&T Mobile Carol Stream, IL 60197-6463	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly service for Party telephone
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.

1 Total pages Schedule F1: Sch: 2/7 Rpt: 13/20	2 FILER NAME Taylor County Democratic PAC (CEC)	3 Filer ID (Ethics Commission Filers) 00016594
4 Date 11/21/2025	5 Payee name AT&T Mobile	
6 Amount (\$) \$65.92	7 Payee address; City; State; Zip Code AT&T Mobile AT&T Mobile Carol Stream, IL 60197-6463	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly service for Party phone
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/21/2025	Payee name AT&T Mobile	
Amount (\$) \$58.83	Payee address; City; State; Zip Code AT&T Mobile AT&T Mobile Carol Stream, IL 60197-6463	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly service for Party phone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2025	Payee name AT&T Mobility	
Amount (\$) \$68.91	Payee address; City; State; Zip Code PO Box 6453 Carol Stream, IL 60197-6463	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly service for Party Telephone
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.

1 Total pages Schedule F1: Sch: 3/7 Rpt: 14/20	2 FILER NAME Taylor County Democratic PAC (CEC)	3 Filer ID (Ethics Commission Filers) 00016594
4 Date 12/28/2025	5 Payee name ActBlue	
6 Amount (\$) \$225.88	7 Payee address; City; State; Zip Code P O Box 44146 Sommerville, MO 02144	
8 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 Fees charged by ActBlue for collecting & paying contributions
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name FL20, Inc	
Amount (\$) \$964.62	Payee address; City; State; Zip Code 4633 S. 14TH ST. Abilene, TX 79605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly rent & utilities for Party headquarters office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/03/2025	Payee name FL20, Inc	
Amount (\$) \$918.24	Payee address; City; State; Zip Code 4633 S. 14TH ST. Abilene, TX 79605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly rent & utilities for Party headquarters office
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.

1 Total pages Schedule F1: Sch: 4/7 Rpt: 15/20	2 FILER NAME Taylor County Democratic PAC (CEC)	3 Filer ID (Ethics Commission Filers) 00016594
4 Date 09/04/2025	5 Payee name FL20, Inc	
6 Amount (\$) \$1,245.85	7 Payee address; City; State; Zip Code 4633 S. 14TH ST. Abilene, TX 79605	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent & utilities for Party headquarters office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2025	Payee name FL20, Inc	
Amount (\$) \$1,110.89	Payee address; City; State; Zip Code 4633 S. 14TH ST. Abilene, TX 79605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly rent & utilities for Party headquarters office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2025	Payee name FL20, Inc	
Amount (\$) \$1,093.37	Payee address; City; State; Zip Code 4633 S. 14TH ST. Abilene, TX 79605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly rent & utilities for Party headquarters office
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.

1 Total pages Schedule F1: Sch: 5/7 Rpt: 16/20	2 FILER NAME Taylor County Democratic PAC (CEC)	3 Filer ID (Ethics Commission Filers) 00016594
4 Date 12/03/2025	5 Payee name FL20, Inc	
6 Amount (\$) \$1,074.81	7 Payee address; City; State; Zip Code 4633 S. 14TH ST. Abilene, TX 79605	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly rent & utilities for Party headquarters
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2025	Payee name Fedex Office	
Amount (\$) \$24.32	Payee address; City; State; Zip Code 4133 S. Danville Drive Abilene, TX 79605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Copying monthly financial reports
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2025	Payee name Fedex Office	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 4133 S. Danville Drive Abilene, TX 79605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Copying of monthly financial reports
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.

1 Total pages Schedule F1: Sch: 6/7 Rpt: 17/20	2 FILER NAME Taylor County Democratic PAC (CEC)	3 Filer ID (Ethics Commission Filers) 00016594
4 Date 12/17/2025	5 Payee name Fedex Office	
6 Amount (\$) \$20.66	7 Payee address; City; State; Zip Code 4133 S. Danville Drive Abilene, TX 79605	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Copying of monthly financial reports
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2025	Payee name Jurkis, Marissa	
Amount (\$) \$373.00	Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Abilene, TX 79601	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cost of T-shirts for fundraising event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Mr. Jiffy Printing, LLC	
Amount (\$) \$265.00	Payee address; City; State; Zip Code 3490 N. 1st Street Abilene, TX 79603	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Guides for Nov. Constitutional Amendments election
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.

1 Total pages Schedule F1: Sch: 7/7 Rpt: 18/20	2 FILER NAME Taylor County Democratic PAC (CEC)	3 Filer ID (Ethics Commission Filers) 00016594
4 Date 07/28/2025	5 Payee name Optimum	
6 Amount (\$) \$98.16	7 Payee address; City; State; Zip Code 3558 S. Clack St. Abilene, TX 79606	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wifi for Party Headquarters
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 19/20
2 FILER NAME Taylor County Democratic PAC (CEC)		3 Filer ID (Ethics Commission Filers) 00016594
4 Date 10/10/2025	5 Name of person from whom amount is received 5L Properties, Inc.	8 Amount (\$) \$2,500.00
	6 Address of person from whom amount is received; City; State; Zip Code Breckenridge, TX 76424	
	7 Purpose for which amount is received Purchase of mineral lease <input type="checkbox"/> Check if political contribution returned to filer	
Date 07/08/2025	Name of person from whom amount is received Goolsbee, Linda for State Rep Dist 71	Amount (\$) \$1,000.00
	Address of person from whom amount is received; City; State; Zip Code Abilene, TX 79608-5108	
	Purpose for which amount is received Rent for campaign office in Party Headquarters <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/31/2025	Name of person from whom amount is received Goolsbee, Linda` (Mrs.)	Amount (\$) \$1,800.00
	Address of person from whom amount is received; City; State; Zip Code Abilene, TX 79608-5108	
	Purpose for which amount is received Rent <input type="checkbox"/> Check if political contribution returned to filer	

TEXT ANNOTATION

Sch: 1/1 Rpt: 20/20

FILER NAME

Taylor County Democratic PAC (CEC)

Filer ID (Ethics Commission Filers)

00016594

Schedule

A1

Information entered by filer as a memo:

Cash donations at Weat TX Fair booth less than \$220.