

**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)		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/15/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  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  Dianne			MI		
	NICKNAME  Morphew	LAST  SUFFIX				
6 CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2401 S. 25th St. #215  Abilene, TX 79605	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; 2526 Bennett Drive  Abilene, TX 79605	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (325) 513-2582	PHONE NUMBER	EXTENSION			
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 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month 11/04/2025	Day	Year	ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

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**COUNTY EXECUTIVE COMMITTEE REPORT:  
PURPOSE & TOTALS**

**FORM CEC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Taylor County Democratic PAC (CEC)		<b>13 FILER ID</b> (Ethics Commission Filer) 00016594
<b>14 COMMITTEE ACTIVITY</b>  (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.)	
<b>15 CONTRIBUTION TOTALS</b>	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	\$ 1,337.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,577.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 7,835.30
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,610.14
<b>OUTSTANDING LOAN TOTALS</b>	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

<b>17</b> COMMITTEE NAME Taylor County Democratic PAC (CEC)	<b>18</b> Filer ID (Ethics Commission Filers) 00016594
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
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	
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	
SUBTOTAL AMOUNT	
\$ 6,577.00	
\$	
\$	
\$	
\$	
\$ 7,835.30	
\$	
\$	
\$	
\$	
\$	
\$ 5,300.00	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 1/8 Rpt: 4/20
<b>2</b> FILER NAME Taylor County Democratic PAC (CEC)			<b>3</b> Filer ID (Ethics Commission Filers) 00016594
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Terry (Mrs.)	<b>6</b> Contributor address; City; State; Zip Code  Merkel, TX 79536	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Facility coordinator		<b>9</b> 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.)	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.)	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.)	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	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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/8 Rpt: 8/20
<b>2</b> FILER NAME Taylor County Democratic PAC (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00016594
<b>4</b> Date 08/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Crystal	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79605	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) N/A
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Arleta (Mrs.)	Amount of Contribution (\$) \$160.00
	Contributor address; City; State; Zip Code  Abilene, TX 79606	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Abilene, TX 79605	
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	Amount of Contribution (\$) \$220.00
	Contributor address; City; State; Zip Code  Abilene, TX 79602	
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	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code  Abilene, TX 79603	
Principal occupation / Job title (See Instructions) QMPH		Employer (See Instructions) Pathways

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/8 Rpt: 9/20
<b>2</b> FILER NAME Taylor County Democratic PAC (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00016594
<b>4</b> Date 08/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Diana	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79605	
<b>8</b> Principal occupation / Job title (See Instructions) Technology		<b>9</b> 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	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Abilene, TX 79606	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Abilene, TX 79605	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Abilene, TX 79603	
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.)	Amount of Contribution (\$) \$330.00
	Contributor address; City; State; Zip Code  Abilene, TX 79602	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/8 Rpt: 10/20
<b>2</b> FILER NAME Taylor County Democratic PAC (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00016594
<b>4</b> Date 12/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Julie (Ms.)	<b>7</b> Amount of Contribution (\$) \$30.00
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79605	
<b>8</b> Principal occupation / Job title (See Instructions) Specialist		<b>9</b> Employer (See Instructions) Steritech
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Charles	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Abilene, TX 79602	
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.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Abilene, TX 79602	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Austin, TX 78705	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Plano, TX 75023	
Principal occupation / Job title (See Instructions) Neuropsychology		Employer (See Instructions) Texas Tech 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: 8/8 Rpt: 11/20
<b>2</b> FILER NAME Taylor County Democratic PAC (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00016594
<b>4</b> Date 08/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Udaeta, Victor	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Abilene, TX 79602	
<b>8</b> Principal occupation / Job title (See Instructions) Manager		<b>9</b> Employer (See Instructions) Target
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderhider, Frances (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Abilene, TX 79606	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Clyde, TX 79510	
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	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Abilene, TX 79601	
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 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 ONLY 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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 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 ONLY 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  REDACTED PER 254.0401, ELEC. CODE  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 ONLY 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: 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 ONLY 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**

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