

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00088174	2 Total pages filed: 106		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Holly E.	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Taylor	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1101 W. 34th St. #119  Austin, TX 78705			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Holly E.	MI			
	NICKNAME	LAST Taylor	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1101 W. 34th St. #119  Austin, TX 78705		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (512) 643-3637					
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 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) Court Of Criminal Appeals, Judge Place 9		

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**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

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13 C / OH NAME	Taylor, Holly E. (Ms.)		14 Filer ID (Ethics Commission Filers) 00088174
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>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.</p>		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		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)		\$ 241.63
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 31,817.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 68,731.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 11,583.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 20,250.00

**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.

Ms. Holly E. 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 oath

Printed name of officer administering oath

Title of officer administering oath

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

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<b>18</b> FILER NAME	<b>19</b> Filer ID (Ethics Commission Filers) 00088174
Taylor, Holly E. (Ms.)	
<b>20</b> SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 31,111.29
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 706.21
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 49,675.53
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2,523.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 8,566.32
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 7,966.59
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 125.00
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 3.94

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/43 Rpt: 4/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 10/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adair, Frances <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77581	<b>7</b> Amount of Contribution (\$) \$5,000.00
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/06/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Philip Contributor address; City; State; Zip Code  Leander, TX 78641		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/27/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird Law Firm, PLLC Contributor address; City; State; Zip Code  Austin, TX 78748		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/43 Rpt: 5/106	
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174	
<b>4</b> Date 10/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnard, William <b>6</b> Contributor address; City; State; Zip Code  Wichita Falls, TX 76306	<b>7</b> Amount of Contribution (\$)  \$100.00	
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title  n/a	
<b>10</b> Contributor's employer/law firm  n/a		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 10/23/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Cassandra Contributor address; City; State; Zip Code  Austin, TX 78705	Amount of Contribution (\$)  \$200.00
Contributor's Principal Occupation Service Industry		Contributor's Job Title  Service Industry	
Contributor's employer/law firm  Sodexo		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/27/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco County Democratic Party Contributor address; City; State; Zip Code  Johnson City, TX 78636	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation		Contributor's Job Title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/43 Rpt: 6/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 11/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booth, Edie <b>6</b> Contributor address; City; State; Zip Code  Canton, TX 75103	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borowicz, Patricia  Contributor address; City; State; Zip Code  Austin, TX 78751		Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Architect		Contributor's Job Title Architect
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/14/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boykin, Leslie  Contributor address; City; State; Zip Code  Austin, TX 78748		Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Criminal Defense Attorney		Contributor's Job Title Criminal Defense Attorney
Contributor's employer/law firm Law Office of Leslie J. Boykin		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/43 Rpt: 7/106	
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174	
<b>4</b> Date 08/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Sheldon <b>6</b> Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	<b>7</b> Amount of Contribution (\$)  \$100.00	
<b>8</b> Contributor's Principal Occupation Radiology		<b>9</b> Contributor's Job Title Director	
<b>10</b> Contributor's employer/law firm St Luke's		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 12/18/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Sheldon Contributor address; City; State; Zip Code  Lake Jackson, TX 77566	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a	
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/20/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Pamela Contributor address; City; State; Zip Code  Austin, TX 78722	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm Texas RioGrande Legal Aid Inc.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/43 Rpt: 8/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 07/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Alicia  <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Weitz & Luxenberg		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Alicia  Contributor address; City; State; Zip Code  Austin, TX 78704		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Weitz & Luxenberg		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/26/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, VonDell  Contributor address; City; State; Zip Code  Brookside Village, TX 77581		Amount of Contribution (\$) \$20.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/43 Rpt: 9/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 11/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Sally <b>6</b> Contributor address; City; State; Zip Code  Pleasant Hill, OR 97455	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation Recruiter		<b>9</b> Contributor's Job Title Recruiter
<b>10</b> Contributor's employer/law firm Assured		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capps, Emerson Contributor address; City; State; Zip Code  Wichita Falls, TX 76308		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/11/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capps, Emerson Contributor address; City; State; Zip Code  Wichita Falls, TX 76308		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/43 Rpt: 10/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 12/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Salvador	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76111	
<b>8</b> Contributor's Principal Occupation Tax accounting		<b>9</b> Contributor's Job Title Tax accounting
<b>10</b> Contributor's employer/law firm STF Services		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Greg	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78746	
Contributor's Principal Occupation CTO		Contributor's Job Title CTO
Contributor's employer/law firm Texas Mutual Insurance		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cetina, Charles	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  San Marcos, TX 78666	
Contributor's Principal Occupation Grassroots Organizer		Contributor's Job Title Grassroots Organizer
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 8/43 Rpt: 11/106	
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174	
<b>4</b> Date 10/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapin, Jessica <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78751	<b>7</b> Amount of Contribution (\$) \$250.00	
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a	
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 10/23/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chovanec, Wanda Contributor address; City; State; Zip Code  Fulshear, TX 77441	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Principal		Contributor's Job Title Principal	
Contributor's employer/law firm MRE-Consulting		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/17/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, William Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm Graves Dougherty Hearon & Moody		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 9/43 Rpt: 12/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 10/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuter, Chris <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Contributor's Principal Occupation Engineer		<b>9</b> Contributor's Job Title Engineer
<b>10</b> Contributor's employer/law firm Gala Games		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/17/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotham, Cara  Contributor address; City; State; Zip Code  Austin, TX 78751		Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotham, Cara  Contributor address; City; State; Zip Code  Austin, TX 78751		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 10/43 Rpt: 13/106	
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174	
<b>4</b> Date 11/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cusack, Frances <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78732	<b>7</b> Amount of Contribution (\$)  \$35.00	
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title  n/a	
<b>10</b> Contributor's employer/law firm  n/a		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 12/30/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dagel, Mark Contributor address; City; State; Zip Code  Seattle, WA 98117	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Not employed		Contributor's Job Title  n/a	
Contributor's employer/law firm  n/a		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 12/30/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Benjamin Contributor address; City; State; Zip Code  Bethesda, MD 20817	Amount of Contribution (\$)  \$8.33
Contributor's Principal Occupation Civil servant		Contributor's Job Title  Civil servant	
Contributor's employer/law firm  Federal government		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 11/43 Rpt: 14/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dias Crosara, Livia L. ..... <b>6</b> Contributor address; City; State; Zip Code  Pflugerville, TX 78660	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Contributor's Principal Occupation Restaurant manager		<b>9</b> Contributor's Job Title Restaurant manager
<b>10</b> Contributor's employer/law firm Taco Joint		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/31/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doscher, David ..... Contributor address; City; State; Zip Code  Cedar Park, TX 78613		Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Computer Programmer		Contributor's Job Title Computer Programmer
Contributor's employer/law firm AMD		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/24/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dundov, Liz ..... Contributor address; City; State; Zip Code  Austin, TX 78704		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 12/43 Rpt: 15/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 10/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunham, Angela ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78739	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation Chief Operating Officer		<b>9</b> Contributor's Job Title Chief Operating Officer
<b>10</b> Contributor's employer/law firm Lower		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/28/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fatherree, Carol ..... Contributor address; City; State; Zip Code  San Marcos, TX 78666		Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Emma ..... Contributor address; City; State; Zip Code  Seattle, WA 98107		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Software Engineer		Contributor's Job Title Software Engineer
Contributor's employer/law firm Snowflake		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 13/43 Rpt: 16/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Rebecca <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Rebecca Contributor address; City; State; Zip Code  Austin, TX 78731		Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/07/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fladmark, Michael J. Contributor address; City; State; Zip Code  Tool, TX 75143		Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Consultant DE		Contributor's Job Title Consultant DE
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 14/43 Rpt: 17/106	
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174	
<b>4</b> Date 12/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallagher, Dan ..... <b>6</b> Contributor address; City; State; Zip Code  Lancaster, PA 17603	<b>7</b> Amount of Contribution (\$) \$8.33	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney	
<b>10</b> Contributor's employer/law firm Chubb Insurance Company		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 10/17/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Leslie ..... Contributor address; City; State; Zip Code  Dallas, TX 75218	Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation Executive Director		Contributor's Job Title Executive Director	
Contributor's employer/law firm HFF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 07/17/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gemar, Edward ..... Contributor address; City; State; Zip Code  Austin, TX 78704	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Engineering Manager		Contributor's Job Title Senior Manager	
Contributor's employer/law firm PMG		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A(J)1: Sch: 15/43 Rpt: 18/106</p>
<p><b>2</b> FILER NAME Taylor, Holly E. (Ms.)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00088174</p>
<p><b>4</b> Date 10/18/2025</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Ramanjeet ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78756</p>	<p><b>7</b> Amount of Contribution (\$) \$200.00</p>
<p><b>8</b> Contributor's Principal Occupation Assistant District Attorney</p>		<p><b>9</b> Contributor's Job Title Assistant District Attorney</p>
<p><b>10</b> Contributor's employer/law firm Travis County DA's Office</p>		<p><b>11</b> Law firm of contributor's spouse (if any)</p>
<p><b>12</b> If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 12/28/2025</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gottzman, Laura ..... Contributor address; City; State; Zip Code  San Carlos, CA 94070</p>
<p>Contributor's Principal Occupation Not employed</p>		<p>Contributor's Job Title n/a</p>
<p>Contributor's employer/law firm n/a</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 10/16/2025</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Eric ..... Contributor address; City; State; Zip Code  Austin, TX 78751</p>
<p>Contributor's Principal Occupation Director/Director of Photography</p>		<p>Contributor's Job Title Director/Director of Photography</p>
<p>Contributor's employer/law firm IC Pictures LLC</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 16/43 Rpt: 19/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 11/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Ron ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Contributor's Principal Occupation Software		<b>9</b> Contributor's Job Title Software
<b>10</b> Contributor's employer/law firm KUNGFU.AI		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/13/2025 ..... Contributor address; City; State; Zip Code  Fort worth, TX 76036-9448		Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/06/2025 ..... Contributor address; City; State; Zip Code  Austin, TX 78750		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 17/43 Rpt: 20/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 10/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Marguerite	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78633	
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Kevin	Amount of Contribution (\$) \$16.66
	Contributor address; City; State; Zip Code  Arlington, VA 22205	
Contributor's Principal Occupation Teacher		Contributor's Job Title Teacher
Contributor's employer/law firm Arlington Public Schools		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Claire	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code  Austin, TX 78723	
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 18/43 Rpt: 21/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Charlotte <b>6</b> Contributor address; City; State; Zip Code  Magnolia, TX 77355	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/10/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herring, Charles Contributor address; City; State; Zip Code  Austin, TX 78703		Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Herring & Panzer LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/08/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinton, Gregory Contributor address; City; State; Zip Code  Blanco, TX 78606		Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 19/43 Rpt: 22/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 11/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinton, Gregory ..... <b>6</b> Contributor address; City; State; Zip Code  Blanco, TX 78606	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/08/2025 ..... Contributor's Principal Occupation Not employed Contributor's employer/law firm n/a If contributor is a child, law firm of parent(s) (if any)		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinton, Gregory ..... Contributor's Job Title n/a Law firm of contributor's spouse (if any) ..... Contributor's Principal Occupation Retired Contributor's employer/law firm n/a If contributor is a child, law firm of parent(s) (if any)
Date 10/02/2025 ..... Contributor's Principal Occupation Retired Contributor's employer/law firm n/a If contributor is a child, law firm of parent(s) (if any)		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hohengarten, Nancy ..... Contributor's Job Title n/a Law firm of contributor's spouse (if any) ..... Contributor's Principal Occupation Retired Contributor's employer/law firm n/a If contributor is a child, law firm of parent(s) (if any)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 20/43 Rpt: 23/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 10/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huth, Theresa <b>6</b> Contributor address; City; State; Zip Code  Fort Collins, CO 80525	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Contributor's Principal Occupation Manager		<b>9</b> Contributor's Job Title Manager
<b>10</b> Contributor's employer/law firm Zillow		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/16/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huynh, Jessica  Contributor address; City; State; Zip Code  Austin, TX 78737		Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Smith and Vinson		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/20/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Insani, Patti  Contributor address; City; State; Zip Code  Houston, TX 77096		Amount of Contribution (\$)  \$10.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 21/43 Rpt: 24/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivester, Jonathan <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78626	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title  n/a
<b>10</b> Contributor's employer/law firm  n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> 10/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Junker, David <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78705	<b>Amount of Contribution (\$)</b>  \$55.00
<b>Contributor's Principal Occupation</b> Not employed		<b>Contributor's Job Title</b>  n/a
<b>Contributor's employer/law firm</b>  n/a		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> 10/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Junker, David <b>Contributor address; City; State; Zip Code</b>  Austin, TX 78705	<b>Amount of Contribution (\$)</b>  \$25.00
<b>Contributor's Principal Occupation</b> Educator		<b>Contributor's Job Title</b>  Educator
<b>Contributor's employer/law firm</b>  University of Texas		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 22/43 Rpt: 25/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahlor, Lee <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78705	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation Professor		<b>9</b> Contributor's Job Title Professor
<b>10</b> Contributor's employer/law firm UT Austin		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamin, Mark Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$300.00
Contributor's Principal Occupation CEO		Contributor's Job Title CEO
Contributor's employer/law firm MKA		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Allison Contributor address; City; State; Zip Code  Pflugerville, TX 78660	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Marketing		Contributor's Job Title Marketing
Contributor's employer/law firm Cumming Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 23/43 Rpt: 26/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 10/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Brian ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78751	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation Nurse practitioner		<b>9</b> Contributor's Job Title Nurse practitioner
<b>10</b> Contributor's employer/law firm Austin Palliative Care		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/30/2025 ..... Contributor address; City; State; Zip Code  Austin, TX 78653		Amount of Contribution (\$) \$5.00
Contributor's Principal Occupation Government		Contributor's Job Title Legislative Director
Contributor's employer/law firm Texas House of Representatives		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/20/2025 ..... Contributor address; City; State; Zip Code  Waco, TX 76710		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 24/43 Rpt: 27/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Jennifer ..... <b>6</b> Contributor address; City; State; Zip Code  Denton, TX 76205	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Contributor's Principal Occupation Professor		<b>9</b> Contributor's Job Title Professor
<b>10</b> Contributor's employer/law firm University of North Texas		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/27/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis, Joyce ..... Contributor address; City; State; Zip Code  Bryan, TX 77802-2003		Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Retired		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lukner, Carmen ..... Contributor address; City; State; Zip Code  Houston, TX 77089		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Pharmacist		Contributor's Job Title Pharmacist
Contributor's employer/law firm HEB		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 25/43 Rpt: 28/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 10/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lukner, Carmen ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77089	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Contributor's Principal Occupation Pharmacist		<b>9</b> Contributor's Job Title Pharmacist
<b>10</b> Contributor's employer/law firm HEB 540		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/06/2025 ..... Contributor address; City; State; Zip Code  Austin, TX 78751		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Therapist		Contributor's Job Title Therapist
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/24/2025 ..... Contributor address; City; State; Zip Code  Dallas, TX 75214		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Retired		Contributor's Job Title n/a
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 26/43 Rpt: 29/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Nancy <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78751	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation Education specialist		<b>9</b> Contributor's Job Title Education specialist
<b>10</b> Contributor's employer/law firm Gates Foundation		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Elizabeth Contributor address; City; State; Zip Code  San Antonio, TX 78264	Amount of Contribution (\$) \$30.00
Contributor's Principal Occupation Market Rules Analyst		Contributor's Job Title Market Rules Analyst
Contributor's employer/law firm ERCOT		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moskow, Patrice Contributor address; City; State; Zip Code  South Hadley, MA 01075	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 27/43 Rpt: 30/106	
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174	
<b>4</b> Date 12/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Mike <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75706	<b>7</b> Amount of Contribution (\$)  \$50.00	
<b>8</b> Contributor's Principal Occupation Publishing		<b>9</b> Contributor's Job Title Publishing	
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 12/17/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nine, Chris Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Musician		Contributor's Job Title Musician	
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/16/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nine, Chris Contributor address; City; State; Zip Code  Austin, TX 78757	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Musician		Contributor's Job Title Musician	
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 28/43 Rpt: 31/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 11/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohrt, Frank ..... <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77018	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/30/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orlin, Eric ..... Contributor address; City; State; Zip Code  Manhattan, NY 10023		Amount of Contribution (\$)  \$16.66
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/09/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Teresa ..... Contributor address; City; State; Zip Code  Bulverde, TX 78163		Amount of Contribution (\$)  \$15.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A(J)1: Sch: 29/43 Rpt: 32/106</p>	
<p><b>2</b> FILER NAME Taylor, Holly E. (Ms.)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00088174</p>	
<p><b>4</b> Date 11/09/2025</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Teresa ..... <b>6</b> Contributor address; City; State; Zip Code  Bulverde, TX 78163</p>	<p><b>7</b> Amount of Contribution (\$) \$15.00</p>	
<p><b>8</b> Contributor's Principal Occupation Not employed</p>		<p><b>9</b> Contributor's Job Title n/a</p>	
<p><b>10</b> Contributor's employer/law firm n/a</p>		<p><b>11</b> Law firm of contributor's spouse (if any)</p>	
<p><b>12</b> If contributor is a child, law firm of parent(s) (if any)</p>			
<p>Date 10/18/2025</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Jerry &amp; Cherrill ..... Contributor address; City; State; Zip Code  Spicewood, TX 78669</p>	<p>Amount of Contribution (\$) \$100.00</p>
<p>Contributor's Principal Occupation Not employed</p>		<p>Contributor's Job Title n/a</p>	
<p>Contributor's employer/law firm n/a</p>		<p>Law firm of contributor's spouse (if any)</p>	
<p>If contributor is a child, law firm of parent(s) (if any)</p>			
<p>Date 12/30/2025</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payton, Elizabeth ..... Contributor address; City; State; Zip Code  Boulder, CO 80304</p>	<p>Amount of Contribution (\$) \$16.66</p>
<p>Contributor's Principal Occupation Writer</p>		<p>Contributor's Job Title Writer</p>	
<p>Contributor's employer/law firm University of Colorado</p>		<p>Law firm of contributor's spouse (if any)</p>	
<p>If contributor is a child, law firm of parent(s) (if any)</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 30/43 Rpt: 33/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinto, David <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Contributor's Principal Occupation ER doctor		<b>9</b> Contributor's Job Title ER doctor
<b>10</b> Contributor's employer/law firm Indep contractor		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/27/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Christopher Contributor address; City; State; Zip Code  The Woodlands, TX 77384		Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Marketing		Contributor's Job Title Marketing
Contributor's employer/law firm Hewlett Packard Enterprise (HPE)		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumfrey, William Contributor address; City; State; Zip Code  Austin, TX 78736		Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 31/43 Rpt: 34/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 10/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumfrey, William <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78736	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/19/2025		
Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quick, Holly <b>6</b> Contributor address; City; State; Zip Code  Nashville, TN 37204		Amount of Contribution (\$) \$7.00
Contributor's Principal Occupation Not employed		
Contributor's Job Title n/a		
Contributor's employer/law firm n/a		
Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/2025		
Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynoso, Beatriz <b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78552		Amount of Contribution (\$) \$5.00
Contributor's Principal Occupation Digital media Design		
Contributor's Job Title Digital media Design		
Contributor's employer/law firm Self		
Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 32/43 Rpt: 35/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Dianna ..... <b>6</b> Contributor address; City; State; Zip Code  West Lake Hills, TX 78746	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/28/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Carl ..... Contributor address; City; State; Zip Code  Jonestown, TX 78645		Amount of Contribution (\$) \$20.00
Contributor's Principal Occupation Engineer		Contributor's Job Title Vessel shift supervisor
Contributor's employer/law firm Subsea7		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/04/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Craig ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78418		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Webb Cason and Manning		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 33/43 Rpt: 36/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 09/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Craig ..... <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78418	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Webb Cason and Manning		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/24/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Lezlie ..... Contributor address; City; State; Zip Code  Waco, TX 76708		Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/15/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salas-Porras, Ana Luisa ..... Contributor address; City; State; Zip Code  Austin, TX 78756-2912		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 34/43 Rpt: 37/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 10/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Carolyn ..... <b>6</b> Contributor address; City; State; Zip Code  Palestine, TX 75801	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 08/24/2025 ..... Contributor's Principal Occupation Financial manager		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Donna ..... Contributor address; City; State; Zip Code  Abilene, TX 79602
Contributor's Principal Occupation Financial manager		Contributor's Job Title Financial manager
Contributor's employer/law firm Day Nursery of Abilene		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/10/2025 ..... Contributor's Principal Occupation Attorney		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarosdy, Randall ..... Contributor address; City; State; Zip Code  Austin, TX 78731
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 35/43 Rpt: 38/106	
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174	
<b>4</b> Date 12/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Michelle	<b>7</b> Amount of Contribution (\$) \$8.33	
	<b>6</b> Contributor address; City; State; Zip Code  Columbus OH, OH 43207		
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title n/a	
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 12/17/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seldin, Ellen Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a	
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/23/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Todd Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$) \$130.00
Contributor's Principal Occupation Utility Director		Contributor's Job Title Utility Director	
Contributor's employer/law firm UT Austin		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A(J)1: Sch: 36/43 Rpt: 39/106</p>												
<p><b>2</b> FILER NAME Taylor, Holly E. (Ms.)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00088174</p>												
<p><b>4</b> Date 11/07/2025</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sizemore, Deborah L.</p> <p><b>6</b> Contributor address; City; State; Zip Code ..... Crowley, TX 76036</p>	<p><b>7</b> Amount of Contribution (\$) \$25.00</p>												
<p><b>8</b> Contributor's Principal Occupation Not employed</p>		<p><b>9</b> Contributor's Job Title n/a</p>												
<p><b>10</b> Contributor's employer/law firm n/a</p>		<p><b>11</b> Law firm of contributor's spouse (if any)</p>												
<p><b>12</b> If contributor is a child, law firm of parent(s) (if any)</p>														
<table border="1"> <tr> <td> <p>Date 12/23/2025</p> </td> <td> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprute, Dana</p> <p>Contributor address; City; State; Zip Code ..... Austin, TX 78731</p> </td> <td> <p>Amount of Contribution (\$) \$250.00</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's Principal Occupation Physician</p> </td> <td> <p>Contributor's Job Title Physician</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm Ascension</p> </td> <td> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="3"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>			<p>Date 12/23/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprute, Dana</p> <p>Contributor address; City; State; Zip Code ..... Austin, TX 78731</p>	<p>Amount of Contribution (\$) \$250.00</p>	<p>Contributor's Principal Occupation Physician</p>		<p>Contributor's Job Title Physician</p>	<p>Contributor's employer/law firm Ascension</p>		<p>Law firm of contributor's spouse (if any)</p>	<p>If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 12/23/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprute, Dana</p> <p>Contributor address; City; State; Zip Code ..... Austin, TX 78731</p>	<p>Amount of Contribution (\$) \$250.00</p>												
<p>Contributor's Principal Occupation Physician</p>		<p>Contributor's Job Title Physician</p>												
<p>Contributor's employer/law firm Ascension</p>		<p>Law firm of contributor's spouse (if any)</p>												
<p>If contributor is a child, law firm of parent(s) (if any)</p>														
<table border="1"> <tr> <td> <p>Date 10/20/2025</p> </td> <td> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffacher, Michael</p> <p>Contributor address; City; State; Zip Code ..... Mandeville, LA 70448</p> </td> <td> <p>Amount of Contribution (\$) \$50.00</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's Principal Occupation Attorney</p> </td> <td> <p>Contributor's Job Title Attorney</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm Michael Stauffacher</p> </td> <td> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="3"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>			<p>Date 10/20/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffacher, Michael</p> <p>Contributor address; City; State; Zip Code ..... Mandeville, LA 70448</p>	<p>Amount of Contribution (\$) \$50.00</p>	<p>Contributor's Principal Occupation Attorney</p>		<p>Contributor's Job Title Attorney</p>	<p>Contributor's employer/law firm Michael Stauffacher</p>		<p>Law firm of contributor's spouse (if any)</p>	<p>If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 10/20/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stauffacher, Michael</p> <p>Contributor address; City; State; Zip Code ..... Mandeville, LA 70448</p>	<p>Amount of Contribution (\$) \$50.00</p>												
<p>Contributor's Principal Occupation Attorney</p>		<p>Contributor's Job Title Attorney</p>												
<p>Contributor's employer/law firm Michael Stauffacher</p>		<p>Law firm of contributor's spouse (if any)</p>												
<p>If contributor is a child, law firm of parent(s) (if any)</p>														

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 37/43 Rpt: 40/106	
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174	
<b>4</b> Date 10/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strassburger, Trudy ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731	<b>7</b> Amount of Contribution (\$) \$100.00	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney	
<b>10</b> Contributor's employer/law firm Travis County		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 12/29/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tachyon, Tane ..... Contributor address; City; State; Zip Code  Santa Cruz, CA 95060	Amount of Contribution (\$) \$3.66
Contributor's Principal Occupation Software/Web Developer		Contributor's Job Title Software/Web Developer	
Contributor's employer/law firm Tachyon Labs		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 12/21/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Larry ..... Contributor address; City; State; Zip Code  Tyler, TX 75701	Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a	
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 38/43 Rpt: 41/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 10/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Sharon <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78751	<b>7</b> Amount of Contribution (\$) \$2,500.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/19/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Shawn Contributor address; City; State; Zip Code  Richmond, TX 77406		Amount of Contribution (\$) \$10.00
Contributor's Principal Occupation Claims adjuster		Contributor's Job Title Claims adjuster
Contributor's employer/law firm Claims Assist		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/19/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Shawn Contributor address; City; State; Zip Code  Richmond, TX 77406		Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation Claims adjuster		Contributor's Job Title Claims adjuster
Contributor's employer/law firm Claims Assist		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 39/43 Rpt: 42/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 10/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Shawn <b>6</b> Contributor address; City; State; Zip Code  Richmond, TX 77406	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Contributor's Principal Occupation Claims adjuster		<b>9</b> Contributor's Job Title Claims adjuster
<b>10</b> Contributor's employer/law firm Claims Assist		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/11/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Tony Contributor address; City; State; Zip Code  Austin, TX 78749		Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Software Engineer		Contributor's Job Title Software Engineer
Contributor's employer/law firm Tony Taylor		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/10/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vela, Jorge Contributor address; City; State; Zip Code  Austin, TX 78704		Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Law Office of Jorge Vela		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 40/43 Rpt: 43/106	
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174	
<b>4</b> Date 10/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verratti, David <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78730	<b>7</b> Amount of Contribution (\$) \$250.00	
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a	
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 10/23/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verratti, Elisa Contributor address; City; State; Zip Code  Austin, TX 78730	Amount of Contribution (\$) \$120.00
Contributor's Principal Occupation Nurse		Contributor's Job Title Nurse	
Contributor's employer/law firm Dell Children's Hospital		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/16/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Margaret Contributor address; City; State; Zip Code  Austin, TX 78737	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a	
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 41/43 Rpt: 44/106	
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174	
<b>4</b> Date 10/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West-Bray, Tamara ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746	<b>7</b> Amount of Contribution (\$) \$50.00	
<b>8</b> Contributor's Principal Occupation Educator		<b>9</b> Contributor's Job Title Educator	
<b>10</b> Contributor's employer/law firm Eanes ISD		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 10/23/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Destinee ..... Contributor address; City; State; Zip Code  Austin, TX 78747	Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney	
Contributor's employer/law firm Travis County		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/22/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth ..... Contributor address; City; State; Zip Code  Alamogordo, NM 88310	Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation Not employed		Contributor's Job Title n/a	
Contributor's employer/law firm n/a		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 42/43 Rpt: 45/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Janet ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78756	<b>7</b> Amount of Contribution (\$) \$200.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/20/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilt, Susan ..... Contributor address; City; State; Zip Code  Pomona, NY 10970		Amount of Contribution (\$) \$16.66
Contributor's Principal Occupation Medical Writer Contributor's Job Title Medical Writer		
Contributor's employer/law firm Regeneron Pharmaceuticals Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Amy ..... Contributor address; City; State; Zip Code  Austin, TX 78731		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Not employed Contributor's Job Title n/a		
Contributor's employer/law firm n/a Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 43/43 Rpt: 46/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, JP ..... <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78751	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Contributor's Principal Occupation Not employed		<b>9</b> Contributor's Job Title n/a
<b>10</b> Contributor's employer/law firm n/a		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/2025 ..... Contributor's Principal Occupation Attorney Contributor's employer/law firm Travis County If contributor is a child, law firm of parent(s) (if any)		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Saint Victor, Mia ..... Contributor address; City; State; Zip Code  Austin, TX 78751  Contributor's Job Title Attorney Law firm of contributor's spouse (if any)
Date 10/16/2025 ..... Contributor's Principal Occupation Retired Contributor's employer/law firm Retired If contributor is a child, law firm of parent(s) (if any)		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) mazero, John ..... Contributor address; City; State; Zip Code  Dallas, TX 75214  Contributor's Job Title n/a Law firm of contributor's spouse (if any)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p><b>The Instruction Guide explains how to complete this form.</b></p>				<p><b>1</b> Total pages Schedule A2: Sch: 1/4 Rpt: 47/106</p>
<p><b>2</b> FILER NAME Taylor, Holly E. (Ms.)</p>				<p><b>3</b> Filer ID (Ethics Commission Filers) 00088174</p>
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				<p><b>\$</b> 76.63</p>
<p><b>5</b> Date 08/12/2025</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brooks, Sheldon</p>			<p><b>8</b> Amount of contribution (\$) \$5.58</p> <p><b>9</b> In-kind contribution description Credit card processing fees</p>
	<p><b>7</b> Contributor address; City; State; Zip Code  Lake Jackson, TX 77566</p>			
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>				
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL) Radiology</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions) Director</p>		
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL) St Luke's</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 07/28/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Butler, Alicia</p>			<p>Amount of contribution (\$) \$5.58</p> <p>In-kind contribution description Credit card processing fees</p>
	<p>Contributor address; City; State; Zip Code  Austin, TX 78704</p>			
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>				
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL) Attorney</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions) Attorney</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL) Weitz &amp; Luxenberg</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 07/26/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Byrd, VonDell</p>			<p>Amount of contribution (\$) \$1.37</p> <p>In-kind contribution description Credit card processing fees</p>
	<p>Contributor address; City; State; Zip Code  Brookside Village, TX 77581</p>			
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>				
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL) Retired</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions) Retired</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL) Retired</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p><b>The Instruction Guide explains how to complete this form.</b></p>			
<p><b>1</b> Total pages Schedule A2: Sch: 2/4 Rpt: 48/106</p>			
<p><b>2</b> FILER NAME Taylor, Holly E. (Ms.)</p>			
<p><b>3</b> Filer ID (Ethics Commission Filers) 00088174</p>			
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS      \$ 76.63</p>			
<p><b>5</b> Date 07/17/2025</p>	<p><b>6</b> Full name of contributor      <input type="checkbox"/> out-of-state PAC (ID#: Gemar, Edward</p>	<p><b>8</b> Amount of contribution (\$) \$5.58</p>	<p><b>9</b> In-kind contribution description Credit card processing fees</p>
	<p><b>7</b> Contributor address; City; State; Zip Code  Austin, TX 78704</p>		
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>			
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)</p>	
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL) Engineering Manager</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions) Senior Manager</p>	
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL) PMG</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			
<p>Date 10/23/2025</p>	<p>Full name of contributor      <input type="checkbox"/> out-of-state PAC (ID#: Mosser, Chris</p>	<p>Amount of contribution (\$) \$350.00</p>	<p>In-kind contribution description event videography</p>
	<p>Contributor address; City; State; Zip Code  Austin, TX 78703</p>		
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>			
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>	
<p>Contributor's principal occupation (FOR JUDICIAL) Podcaster</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions) Podcasting Director/Producer</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL) Progress Texas</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			
<p>Date 08/04/2025</p>	<p>Full name of contributor      <input type="checkbox"/> out-of-state PAC (ID#: Rogers, Craig</p>	<p>Amount of contribution (\$) \$26.63</p>	<p>In-kind contribution description Credit card processing fees</p>
	<p>Contributor address; City; State; Zip Code  Corpus Christi, TX 78418</p>		
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>			
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>	
<p>Contributor's principal occupation (FOR JUDICIAL) Attorney</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions) Attorney</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL) Webb Cason and Manning</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p><b>The Instruction Guide explains how to complete this form.</b></p>				<p><b>1</b> Total pages Schedule A2: Sch: 3/4 Rpt: 49/106</p>
<p><b>2</b> FILER NAME Taylor, Holly E. (Ms.)</p>				<p><b>3</b> Filer ID (Ethics Commission Filers) 00088174</p>
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				<p><b>\$</b> 76.63</p>
<p><b>5</b> Date 08/24/2025</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sanders, Donna</p>			<p><b>8</b> Amount of contribution (\$) \$2.42</p>
	<p><b>7</b> Contributor address; City; State; Zip Code  Abilene, TX 79602</p>			<p><b>9</b> In-kind contribution description Credit card processing fees</p>
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>				
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL) Financial manager</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions) Financial manager</p>		
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL) Day Nursery of Abilene</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 11/23/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Voss, Brandy</p>			<p>Amount of contribution (\$) \$131.44</p>
	<p>Contributor address; City; State; Zip Code  Edinburg, TX 78539</p>			<p>In-kind contribution description signature collection party</p>
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>				
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL) Attorney</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions) Attorney</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL) Law Oces of Brandy Wingate Voss, PLLC</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 12/02/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Voss, Brandy</p>			<p>Amount of contribution (\$) \$4.98</p>
	<p>Contributor address; City; State; Zip Code  Edinburg, TX 78539</p>			<p>In-kind contribution description shipping of ballot petitions</p>
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>				
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL) Attorney</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions) Attorney</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL) Law Oces of Brandy Wingate Voss, PLLC</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A2: Sch: 4/4 Rpt: 50/106</p>	
<p><b>2</b> FILER NAME Taylor, Holly E. (Ms.)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00088174</p>	
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p><b>\$</b> 76.63</p>	
<p><b>5</b> Date 11/11/2025</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Williams, Janet</p>	<p><b>8</b> Amount of contribution (\$) \$96.00</p>	<p><b>9</b> In-kind contribution description season program ad</p>
	<p><b>7</b> Contributor address; City; State; Zip Code  Austin, TX 78756</p>	<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>	
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)</p>	
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL) Not employed</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions) n/a</p>	
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL) n/a</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			

# 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: 1/18 Rpt: 51/106	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
4 Date 12/31/2025	5 Payee name ActBlue	
6 Amount (\$) \$480.54	7 Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 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 credit card processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Bexar County Young Democrats	
Amount (\$) \$200.00	Payee address; City; State; Zip Code PO Box 830651  San Antonio, TX 78283	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/21/2025	Payee name Bexar County Young Democrats	
Amount (\$) \$150.00	Payee address; City; State; Zip Code PO Box 830651  San Antonio, TX 78283	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 event sponsorship
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: 2/18 Rpt: 52/106	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
4 Date 12/16/2025	5 Payee name Brazoria County Democratic Party	
6 Amount (\$) \$500.00	7 Payee address; City; 3215 Amerson Dr.  Pearland, TX 77584	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 dinner sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/26/2025	Payee name Brazoria County Democratic Party	
Amount (\$) \$100.00	Payee address; City; 3215 Amerson Dr.  Pearland, TX 77584	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lunch tickets
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/19/2025	Payee name Carroll Business Forms & Printing	
Amount (\$) \$391.87	Payee address; City; 2907 Canal St.  Houston, TX 77003	
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 push cards
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  
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: 3/18 Rpt: 53/106	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
4 Date 09/16/2025	5 Payee name Carroll Business Forms & Printing	
6 Amount (\$)  \$139.64	7 Payee address; City; State; Zip Code  2907 Canal St.  Houston, TX 77003	
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 business cards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name Carroll Business Forms & Printing	
Amount (\$)  \$1,773.95	Payee address; City; State; Zip Code  2907 Canal St.  Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 t-shirts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/22/2025	Payee name Collin County Democratic Party	
Amount (\$)  \$1,000.00	Payee address; City; State; Zip Code  6829 K Ave., Ste. 111  Plano, TX 75074	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 event sponsorship
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	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: 4/18 Rpt: 54/106	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
4 Date 10/28/2025	5 Payee name Dallas County Democratic Party	
6 Amount (\$) \$2,581.45	7 Payee address; City; State; Zip Code 1414 N. Washington Ave.  Dallas, TX 75204	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 event sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/13/2025	Payee name El Paso Young Dems	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 12727 Tierra Este, Ste. 110  El Paso, TX 79938	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Fairfield Inn & Suites Amarillo	
Amount (\$) \$297.50	Payee address; City; State; Zip Code 1740 Airport Blvd.  Amarillo, TX 79118	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel for campaign event
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: 5/18 Rpt: 55/106	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
4 Date 11/17/2025	5 Payee name Fairfield Inn & Suites El Paso Airport	
6 Amount (\$) \$259.04	7 Payee address; City; 6611 Edgemere Blvd.  El Paso, TX 79925	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel for campaign event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/25/2025	Payee name Fairfield Inn & Suites The Colony	
Amount (\$) \$286.35	Payee address; City; 5909 Stone Creek Dr.  The Colony, TX 75056	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel for campaign event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name Fairfield by Marriott Terrell	
Amount (\$) \$239.56	Payee address; City; 351 Market Center  Terrell, TX 75160	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel for campaign event
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: 6/18 Rpt: 56/106	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
4 Date 11/10/2025	5 Payee name Fort Bend County Democratic Party	
6 Amount (\$) \$115.00	7 Payee address; City; State; Zip Code 13515 Southwest Freeway, Ste. 204  Sugarland, TX 77478	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event ticket
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/24/2025	Payee name Gusto, Inc.	
Amount (\$) \$53.20	Payee address; City; State; Zip Code 525 20th St.  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tax on staff salaries
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/24/2025	Payee name Gusto, Inc.	
Amount (\$) \$264.12	Payee address; City; State; Zip Code 525 20th St.  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
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: 7/18 Rpt: 57/106	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
4 Date 11/05/2025	5 Payee name Gusto, Inc.	
6 Amount (\$) \$58.63	7 Payee address; City; 525 20th St.  San Francisco, CA 94107	
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 payroll processing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name Gusto, Inc.	
Amount (\$) \$27.62	Payee address; City; 525 20th St.  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tax on staff salaries
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name Gusto, Inc.	
Amount (\$) \$137.14	Payee address; City; 525 20th St.  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
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: 8/18 Rpt: 58/106	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
4 Date 11/20/2025	5 Payee name Gusto, Inc.	
6 Amount (\$) \$40.92	7 Payee address; City; 525 20th St.  San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tax on staff salaries
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/20/2025	Payee name Gusto, Inc.	
Amount (\$) \$203.17	Payee address; City; 525 20th St.  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name Gusto, Inc.	
Amount (\$) \$58.63	Payee address; City; 525 20th St.  San Francisco, CA 94107	
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 payroll processing
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: 9/18 Rpt: 59/106	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
4 Date 12/31/2025	5 Payee name Gusto, Inc.	
6 Amount (\$) \$4.08	7 Payee address; City; 525 20th St.  San Francisco, CA 94107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tax on staff salaries
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name Gusto, Inc.	
Amount (\$) \$20.32	Payee address; City; 525 20th St.  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense staff salaries
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/11/2025	Payee name Hampton Inn and Suites by Hilton - Fort Worth-West I30	
Amount (\$) \$206.76	Payee address; City; 2700 Green Oaks Rd.  Fort Worth, TX 76116	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel for campaign event
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: 10/18 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/25/2025	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$3,622.75	7 Payee address; City; State; Zip Code 4619 Lyons Ave., Ste. A  Houston, TX 77020	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 dinner sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name Hays County Democratic Party	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 204  San Marcos, TX 78667	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 dinner sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/08/2025	Payee name Hook, Kristin	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO Box 17834  San Antonio, TX 78217	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 strategy consulting
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: 11/18 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
4 Date 10/20/2025	5 Payee name Hook, Kristin	
6 Amount (\$) \$5,000.00	7 Payee address; City; PO Box 17834  San Antonio, TX 78217	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 strategy consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/28/2025	Payee name Hook, Kristin	
Amount (\$) \$2,500.00	Payee address; City; PO Box 17834  San Antonio, TX 78217	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 strategy consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name Hook, Kristin	
Amount (\$) \$5,000.00	Payee address; City; PO Box 17834  San Antonio, TX 78217	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 strategy consulting
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: 12/18 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
4 Date 08/18/2025	5 Payee name Jefferson County Democratic Party	
6 Amount (\$) \$52.00	7 Payee address; City; 2211 Calder Ave.  Beaumont, TX 77701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event tickets
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/28/2025	Payee name Musical Services Group of Austin	
Amount (\$) \$1,200.00	Payee address; City; 2400 E 6th St., Apt.124  Austin, TX 78702	
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 sound for campaign event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/06/2025	Payee name Potter County Democratic Party	
Amount (\$) \$200.00	Payee address; City; PO Box 82  Bushland, TX 79012	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 event sponsorship
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: 13/18 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174	
4 Date 10/24/2025	5 Payee name Prestige Printing, LLC		
6 Amount (\$) \$710.12	7 Payee address; City; 8 Burwood Ln.  San Antonio, TX 78216	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 buttons, stickers	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/22/2025	Payee name Residence Inn by Marriot Denton		
Amount (\$) \$269.24	Payee address; City; 3761 S. I-35 E.  Denton, TX 76210	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel for campaign event	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/17/2025	Payee name Springhill Suites Corpus Christi		
Amount (\$) \$125.51	Payee address; City; 4331 South Padre Island Dr.  Corpus Christi, TX 78411	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel for campaign event	
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: 14/18 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
4 Date 12/08/2025	5 Payee name SquareSpace, Inc.	
6 Amount (\$) \$60.00	7 Payee address; City; 225 Varick St. 12th Fl.  New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 domain hosting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name Stonewall Democrats of Dallas	
Amount (\$) \$125.00	Payee address; City; P.O. Box 192305  Dallas, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name Stripe, Inc.	
Amount (\$) \$371.42	Payee address; City; 185 Berry St  San Francisco, CA 94107	
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 credit card processing fees
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: 15/18 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
4 Date 09/05/2025	5 Payee name Sun City Democrats	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 1530 Sun City Blvd., Ste. 120 PMB 432 Georgetown, TX 78633	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 event sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name Taylor County Democratic Party	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 3595  Abilene, TX 79604	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event tickets
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name Texas Democratic Party	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 15707  Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 dinner sponsorship
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: 16/18 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174	
4 Date 12/05/2025	5 Payee name Texas Democratic Party		
6 Amount (\$) \$3,750.00	7 Payee address; City; P.O. Box 15707  Austin, TX 78761	State; Zip Code	
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 <b>filing fee</b>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/05/2025	Payee name Texas Democratic Party		
Amount (\$) \$7,700.00	Payee address; City; P.O. Box 15707  Austin, TX 78761	State; Zip Code	
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 <b>NGPVAN subscription for campaign database and voter outreach</b>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/14/2025	Payee name Texas Young Democrats PAC		
Amount (\$) \$250.00	Payee address; City; PO Box 82825  Austin, TX 78708	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 <b>event sponsorship</b>	
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: 17/18 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
4 Date 11/20/2025	5 Payee name Texas Young Democrats PAC	
6 Amount (\$) \$250.00	7 Payee address; City; PO Box 82825  Austin, TX 78708	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 event sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name Travis County Democratic Party	
Amount (\$) \$1,000.00	Payee address; City; PO Box 684263  Austin, TX 78768-4263	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 brunch sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/06/2025	Payee name University Democrats PAC	
Amount (\$) \$250.00	Payee address; City; 2819 Rio Grande St. #610  Austin, TX 78705	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 dinner sponsorship
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: 18/18 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
4 Date 10/21/2025	5 Payee name Williamson County Democratic Party	
6 Amount (\$) \$500.00	7 Payee address; City; 1915 S. Austin Ave.  Georgetown, TX 78626	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 event sponsorship
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Williamson County Democratic Party	Office sought Office held
Date 11/12/2025	Payee name Williamson County Democratic Party	
Amount (\$) \$200.00	Payee address; City; 1915 S. Austin Ave.  Georgetown, TX 78626	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Williamson County Democratic Party	Office sought Office held

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F2:	2 FILER NAME Sch: 1/1 Rpt: 69/106	3 Filer ID (Ethics Commission Filers) 00088174	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$	
5 Date 10/23/2025	6 Payee name Long Center for the Performing Arts		
7 Amount (\$) \$2,523.00	8 Payee address; City; State; Zip Code 701 W Riverside Dr.  Austin, TX 78704		
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense venue for campaign event</p>	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4:	2 FILER NAME Sch: 1/27 Rpt: 70/106 Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution Chase		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$144.38	(b) Date of Charge 11/05/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Courtyard by Marriott Lubbock		(b) Payee address; City, State, Zip Code 4011 S. Loop 289  Lubbock, TX 79423
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description hotel for campaign event  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$22.00	(b) Date of Charge 11/23/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Shell Oil #13076648016		(b) Payee address; City, State, Zip Code 4909 McHard Rd.  Pearland, TX 77581
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description gas to attend campaign event  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$189.59	(b) Date of Charge 07/01/2025	(c) Date(s) Credit Card Issuer Paid 08/04/2025
PAYEE	(a) Payee name Fairfield Inn & Suites Plano		(b) Payee address; City, State, Zip Code 4712 W. Plano Pkwy.  Plano, TX 75093
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(b) Description hotel for campaign event  <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 2/27 Rpt: 71/106	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$516.12	(b) Date of Charge 08/05/2025	(c) Date(s) Credit Card Issuer Paid 10/03/2025
7 PAYEE	(a) Payee name Holiday Inn Corpus Christi		(b) Payee address; City, State, Zip Code 707 N. Shoreline Blvd.  Corpus Christi, TX 78401
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description hotel for campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$170.00	(b) Date of Charge 07/21/2025	(c) Date(s) Credit Card Issuer Paid 09/03/2025
PAYEE	(a) Payee name Tarrant County Democratic Party		(b) Payee address; City, State, Zip Code 685 John B. Sias Memorial Pkwy. #400  Edgecliff Village, TX 76134
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description contribution
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$1,040.96	(b) Date of Charge 09/18/2025	(c) Date(s) Credit Card Issuer Paid 11/03/2025
PAYEE	(a) Payee name Travis County Democratic Party		(b) Payee address; City, State, Zip Code PO Box 684263  Austin, TX 78768-4263
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4:	2 FILER NAME Sch: 3/27 Rpt: 72/106 Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution Barclays		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$24.50	(b) Date of Charge 07/08/2025	(c) Date(s) Credit Card Issuer Paid 08/11/2025
7 PAYEE	(a) Payee name Shell Oil #425552941		(b) Payee address; City, State, Zip Code 380 Hwy. 46 S.  New Braunfels, TX 78130
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$150.00	(b) Date of Charge 08/11/2025	(c) Date(s) Credit Card Issuer Paid 09/11/2025
PAYEE	(a) Payee name Northeast Bexar County		(b) Payee address; City, State, Zip Code PO Box 700766  San Antonio, TX 78270-0766
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$24.52	(b) Date of Charge 07/17/2025	(c) Date(s) Credit Card Issuer Paid 09/11/2025
PAYEE	(a) Payee name SquareSpace, Inc.		(b) Payee address; City, State, Zip Code 225 Varick St. 12th Fl.  New York, NY 10014
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description website hosting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4: Sch: 4/27 Rpt: 73/106	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$23.25	(b) Date of Charge 07/19/2025	(c) Date(s) Credit Card Issuer Paid 09/11/2025
7 PAYEE	(a) Payee name Shell Oil #12862537011		(b) Payee address; City, State, Zip Code 105 N. NW Loop 323  Tyler, TX 75702
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$28.25	(b) Date of Charge 07/22/2025	(c) Date(s) Credit Card Issuer Paid 09/11/2025
PAYEE	(a) Payee name Intuit Mailchimp		(b) Payee address; City, State, Zip Code 405 N. Angier Ave.  Atlanta, GA 30324
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description email processing
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$33.25	(b) Date of Charge 08/02/2025	(c) Date(s) Credit Card Issuer Paid 09/11/2025
PAYEE	(a) Payee name Shell Oil #57544800204		(b) Payee address; City, State, Zip Code 4429 Duval St.  Austin, TX 78751
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4:	2 FILER NAME Sch: 5/27 Rpt: 74/106 Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$29.25	(b) Date of Charge 08/09/2025	(c) Date(s) Credit Card Issuer Paid 09/11/2025
7 PAYEE	(a) Payee name Shell Oil #57544800204		(b) Payee address; City, State, Zip Code 4429 Duval St. Austin, TX 78751
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$24.52	(b) Date of Charge 08/17/2025	(c) Date(s) Credit Card Issuer Paid 10/14/2025
PAYEE	(a) Payee name SquareSpace, Inc.		(b) Payee address; City, State, Zip Code 225 Varick St. 12th Fl. New York, NY 10014
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description website hosting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$30.50	(b) Date of Charge 08/17/2025	(c) Date(s) Credit Card Issuer Paid 10/14/2025
PAYEE	(a) Payee name Shell Oil #57544800204		(b) Payee address; City, State, Zip Code 4429 Duval St. Austin, TX 78751
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4: Sch: 6/27 Rpt: 75/106	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$28.25	(b) Date of Charge 08/22/2025	(c) Date(s) Credit Card Issuer Paid 10/14/2025
7 PAYEE	(a) Payee name Intuit Mailchimp		(b) Payee address; City, State, Zip Code 405 N. Angier Ave. Atlanta, GA 30324
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description email processing
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$17.50	(b) Date of Charge 08/22/2025	(c) Date(s) Credit Card Issuer Paid 10/14/2025
PAYEE	(a) Payee name Road Ranger #319		(b) Payee address; City, State, Zip Code 900 W. Water St. Milford, TX 76670
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$16.51	(b) Date of Charge 08/24/2025	(c) Date(s) Credit Card Issuer Paid 10/14/2025
PAYEE	(a) Payee name Shell Oil #57545597908		(b) Payee address; City, State, Zip Code 87125 I-20 Santo, TX 76472
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4:	2 FILER NAME Sch: 7/27 Rpt: 76/106 Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$29.00	(b) Date of Charge 08/29/2025	(c) Date(s) Credit Card Issuer Paid 10/14/2025
7 PAYEE	(a) Payee name Circle K #41588		(b) Payee address; City, State, Zip Code 12270 W. State Hwy. 29  Liberty Hill, TX 78642
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$23.75	(b) Date of Charge 08/30/2025	(c) Date(s) Credit Card Issuer Paid 10/14/2025
PAYEE	(a) Payee name Taylor Food #2008		(b) Payee address; City, State, Zip Code 2004 Ave. F NW  Childress, TX 79201
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$20.00	(b) Date of Charge 08/31/2025	(c) Date(s) Credit Card Issuer Paid 10/14/2025
PAYEE	(a) Payee name Toot n Totum #125		(b) Payee address; City, State, Zip Code 311 23rd St.  Canyon, TX 79015
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4:	2 FILER NAME Sch: 8/27 Rpt: 77/106 Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid 10/14/2025
7 PAYEE	(a) Payee name Shell Oil #10003931002		(b) Payee address; City, State, Zip Code 2625 N. Dallas Ave.  Lancaster, TX 75134
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$207.87	(b) Date of Charge 10/04/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name PhoneBurner		(b) Payee address; City, State, Zip Code 1968 S. Coast Hwy., Ste. 1800  Laguna Beach, CA 92651
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description phone support for fundraising
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$266.94	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name Towneplace Suites Plano		(b) Payee address; City, State, Zip Code 5005 Whitestone Ln.  Plano, TX 75024
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description hotel for campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4:	2 FILER NAME Sch: 9/27 Rpt: 78/106 Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$30.50	(b) Date of Charge 09/14/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name Broadway Food Citgo Mart		(b) Payee address; City, State, Zip Code 2682 SH 71  Columbus, TX 78934
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$24.52	(b) Date of Charge 09/17/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name SquareSpace, Inc.		(b) Payee address; City, State, Zip Code 225 Varick St. 12th Fl.  New York, NY 10014
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description website hosting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$23.75	(b) Date of Charge 09/18/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name Shell Oil #542954500		(b) Payee address; City, State, Zip Code 105 N. College Ave.  West, TX 76691
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 10/27 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$28.25	(b) Date of Charge 09/22/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name Intuit Mailchimp		(b) Payee address; City, State, Zip Code 405 N. Angier Ave. Atlanta, GA 30324
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description email processing
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$30.50	(b) Date of Charge 09/28/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name Shell Energy #40586		(b) Payee address; City, State, Zip Code 14500 S. I-35 Frontage Rd. Buda, TX 78610
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$31.25	(b) Date of Charge 09/29/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name Exxon La Banjees		(b) Payee address; City, State, Zip Code 1912 Hwy. 90A E. Richmond, TX 77469
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 11/27 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$30.25	(b) Date of Charge 10/04/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name Shell Oil #12741179001		(b) Payee address; City, State, Zip Code 420 University Dr.  Prairie View, TX 77445
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$24.00	(b) Date of Charge 10/07/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name Shell Oil #57544800204		(b) Payee address; City, State, Zip Code 4429 Duval St.  Austin, TX 78751
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$289.31	(b) Date of Charge 10/11/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name SquareSpace, Inc.		(b) Payee address; City, State, Zip Code 225 Varick St. 12th Fl.  New York, NY 10014
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description domain hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 12/27 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$30.50	(b) Date of Charge 10/12/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name A & P Food Mart		(b) Payee address; City, State, Zip Code 2905 Robinson Dr.  Waco, TX 76706
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$25.55	(b) Date of Charge 10/17/2025	(c) Date(s) Credit Card Issuer Paid 12/11/2025
PAYEE	(a) Payee name Pic n Pac #11		(b) Payee address; City, State, Zip Code 969 IH-10  Seguin, TX 78155
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$207.87	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid 12/11/2025
PAYEE	(a) Payee name PhoneBurner		(b) Payee address; City, State, Zip Code 1968 S. Coast Hwy., Ste. 1800  Laguna Beach, CA 92651
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description phone support for fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4: Sch: 13/27 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$24.98	(b) Date of Charge 11/07/2025	(c) Date(s) Credit Card Issuer Paid 12/11/2025
7 PAYEE	(a) Payee name Shell Oil #12780813007		(b) Payee address; City, State, Zip Code 10805 Grand Pkwy. Richmond, TX 77407
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$27.50	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 12/11/2025
PAYEE	(a) Payee name Shell Oil #13076648016		(b) Payee address; City, State, Zip Code 4909 McHard Rd. Pearland, TX 77581
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$28.25	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 12/11/2025
PAYEE	(a) Payee name Intuit Mailchimp		(b) Payee address; City, State, Zip Code 405 N. Angier Ave. Atlanta, GA 30324
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description email processing
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4: Sch: 14/27 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$33.25	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid 12/11/2025
7 PAYEE	(a) Payee name Shell Oil #57544800204		(b) Payee address; City, State, Zip Code 4429 Duval St. Austin, TX 78751
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$18.00	(b) Date of Charge 11/02/2025	(c) Date(s) Credit Card Issuer Paid 12/11/2025
PAYEE	(a) Payee name Shell Oil #12979928012		(b) Payee address; City, State, Zip Code 740 Katy Fort Bend Rd. Katy, TX 77494
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$27.75	(b) Date of Charge 11/06/2025	(c) Date(s) Credit Card Issuer Paid 12/11/2025
PAYEE	(a) Payee name Shell Oil #12375367005		(b) Payee address; City, State, Zip Code 7717 Wesley St. Greenville, TX 75402
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 15/27 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$27.25	(b) Date of Charge 11/09/2025	(c) Date(s) Credit Card Issuer Paid 12/11/2025
7 PAYEE	(a) Payee name Exxon Tiger Mart #16		(b) Payee address; City, State, Zip Code 100 Harris Ave.  Red Oak, TX 75154
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$24.25	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid 12/11/2025
PAYEE	(a) Payee name Love's #542		(b) Payee address; City, State, Zip Code 2723 E. U.S. Hwy. 290  Fort Stockton, TX 79735
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$27.75	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid 12/11/2025
PAYEE	(a) Payee name Hwy. 290 General Store		(b) Payee address; City, State, Zip Code 1301 W. Hwy. 290  Dripping Springs, TX 78620
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4: Sch: 16/27 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$27.36	(b) Date of Charge 11/14/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Little Store		(b) Payee address; City, State, Zip Code 504 14th St. Ozona, TX 76943
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$28.99	(b) Date of Charge 11/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Exxon Tiger Mart #85		(b) Payee address; City, State, Zip Code 1020 S. 5th St. Waco, TX 76706-1416
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$50.00	(b) Date of Charge 11/27/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Cowtown Democrats		(b) Payee address; City, State, Zip Code PO Box 470421 Fort Worth, TX 76147
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description contribution
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 17/27 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$207.87	(b) Date of Charge 12/04/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name PhoneBurner		(b) Payee address; City, State, Zip Code 1968 S. Coast Hwy., Ste. 1800  Laguna Beach, CA 92651
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description phone support for fundraising
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$136.73	(b) Date of Charge 12/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Fairfield Inn & Suites Hurst		(b) Payee address; City, State, Zip Code 643 NE Loop 820  Hurst, TX 76118
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description hotel for campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$19.50	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Copia Shamrock		(b) Payee address; City, State, Zip Code 511 N. Copia St.  El Paso, TX 79903
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4: Sch: 18/27 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$25.25	(b) Date of Charge 11/15/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Corner Store #1500		(b) Payee address; City, State, Zip Code 102 S. Sunset Strip St.  Kenedy, TX 78119
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$60.00	(b) Date of Charge 11/17/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SquareSpace, Inc.		(b) Payee address; City, State, Zip Code 225 Varick St. 12th Fl.  New York, NY 10014
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description domain hosting
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$30.25	(b) Date of Charge 11/17/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Exxon #200328389 Food Bucket		(b) Payee address; City, State, Zip Code 2145 US Hwy. 290 W.  Brenham, TX 77833
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4: Sch: 19/27 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$41.84	(b) Date of Charge 11/22/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Intuit Mailchimp		(b) Payee address; City, State, Zip Code 405 N. Angier Ave. Atlanta, GA 30324
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description email processing
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$40.00	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SquareSpace, Inc.		(b) Payee address; City, State, Zip Code 225 Varick St. 12th Fl. New York, NY 10014
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description domain hosting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$25.89	(b) Date of Charge 12/03/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Shell Oil #542954500		(b) Payee address; City, State, Zip Code 105 N. College Ave. West, TX 76691
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4: Sch: 20/27 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$16.00	(b) Date of Charge 12/04/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Exxon Quick Track #12		(b) Payee address; City, State, Zip Code 1321 S. Broadway St.  Sulphur Springs, TX 75482
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$40.00	(b) Date of Charge 08/11/2025	(c) Date(s) Credit Card Issuer Paid 09/11/2025
PAYEE	(a) Payee name Northeast Bexar County		(b) Payee address; City, State, Zip Code PO Box 700766  San Antonio, TX 78270-0766
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description contribution
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$28.57	(b) Date of Charge 09/02/2025	(c) Date(s) Credit Card Issuer Paid 10/14/2025
PAYEE	(a) Payee name Spring Market Fuel #720		(b) Payee address; City, State, Zip Code 416 N. 3rd St.  Grandview, TX 76050
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4: Sch: 21/27 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$29.00	(b) Date of Charge 08/31/2025	(c) Date(s) Credit Card Issuer Paid 10/14/2025
7 PAYEE	(a) Payee name Chevron #390125		(b) Payee address; City, State, Zip Code 903 Fisher St. Goldthwaite, TX 76844
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$300.00	(b) Date of Charge 10/07/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name State Tejano Democrats		(b) Payee address; City, State, Zip Code 909 Theresa Ave. Austin, TX 78703
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$27.50	(b) Date of Charge 07/09/2025	(c) Date(s) Credit Card Issuer Paid 08/11/2025
PAYEE	(a) Payee name Love's #327		(b) Payee address; City, State, Zip Code 1451 N. U.S. Hwy. 77 Byp. Kingsville, TX 78363
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4: Sch: 22/27 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$30.25	(b) Date of Charge 08/10/2025	(c) Date(s) Credit Card Issuer Paid 09/11/2025
7 PAYEE	(a) Payee name Phillips 66 - Hop In #430453		(b) Payee address; City, State, Zip Code 3901 S. 1st St.  Abilene, TX 79605
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$18.50	(b) Date of Charge 09/20/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name Chevron #385318		(b) Payee address; City, State, Zip Code 351 S. Glenwood Blvd.  Tyler, TX 75702
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 09/23/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name Harris County Tejano Democrats		(b) Payee address; City, State, Zip Code 414 Cherry Springs Ln.  Spring, TX 77373-8185
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4: Sch: 23/27 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name Hays County Young Democrats		(b) Payee address; City, State, Zip Code PO Box 1391  Kyle, TX 78640
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$29.50	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name Phillips 66 - Garrison Food Mart 2		(b) Payee address; City, State, Zip Code 911 Kemp Blvd.  Wichita Falls, TX 76301
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$28.75	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid 12/11/2025
PAYEE	(a) Payee name Allsup's #2416		(b) Payee address; City, State, Zip Code 2001 Lamar St.  Sweetwater, TX 79556
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4: Sch: 24/27 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 12/10/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Houston Black American		(b) Payee address; City, State, Zip Code 4806 Edfield  Houston, TX 77033
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description contribution
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$158.21	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Austin Tejano Democrats PAC		(b) Payee address; City, State, Zip Code 307 Cottonwood Ln.  Pflugerville, TX 78660
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$34.47	(b) Date of Charge 08/04/2025	(c) Date(s) Credit Card Issuer Paid 09/11/2025
PAYEE	(a) Payee name Exxon Speedy Express #38		(b) Payee address; City, State, Zip Code 10538 N. Hwy. 359  Mathis, TX 78368
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 25/27 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 09/21/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name Liberal Austin Democrats		(b) Payee address; City, State, Zip Code PO Box 49712  Austin, TX 78765-9712
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 09/27/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name North Texas Asian Democrats		(b) Payee address; City, State, Zip Code 2201 Main St., Ste. 1140  Dallas, TX 75201
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 09/27/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name Coastal Bend Tejano Democrats		(b) Payee address; City, State, Zip Code PO Box 60402  Corpus Christi, TX 78466
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 26/27 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$10.75	(b) Date of Charge 11/05/2025	(c) Date(s) Credit Card Issuer Paid 12/11/2025
7 PAYEE	(a) Payee name Empire #3563		(b) Payee address; City, State, Zip Code 5002 Slide Rd. Lubbock, TX 79414
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 11/09/2025	(c) Date(s) Credit Card Issuer Paid 12/11/2025
PAYEE	(a) Payee name University Democrats PAC		(b) Payee address; City, State, Zip Code 2819 Rio Grande St. #610 Austin, TX 78705
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$527.00	(b) Date of Charge 11/29/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Black Austin Democrats		(b) Payee address; City, State, Zip Code PO Box 300142 Austin, TX 78703
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 27/27 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00088174
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$200.00	(b) Date of Charge 10/14/2025	(c) Date(s) Credit Card Issuer Paid 12/11/2025
7 PAYEE	(a) Payee name Katy Area Democrats		(b) Payee address; City, State, Zip Code PO Box 6952  Katy, TX 77491
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description event sponsorship
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$63.00	(b) Date of Charge 10/17/2025	(c) Date(s) Credit Card Issuer Paid 12/11/2025
PAYEE	(a) Payee name Guadalupe County Democratic		(b) Payee address; City, State, Zip Code PO Box 2501  Seguin, TX 78156-2501
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description contribution
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$25.00	(b) Date of Charge 07/05/2025	(c) Date(s) Credit Card Issuer Paid 08/11/2025
PAYEE	(a) Payee name Shell Oil #57541891701		(b) Payee address; City, State, Zip Code 8155 S. RL Thornton Fwy.  Dallas, TX 75232
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description gas to attend campaign event
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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	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 G: Sch: 1/4 Rpt: 97/106	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174	
4 Date 07/11/2025	5 Payee name Barclays		
6 Amount (\$) \$52.77	7 Payee address; City; State; Zip Code PO Box 60517  City of Industry, CA 91716-0517		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/11/2025	Payee name Barclays		
Amount (\$) \$175.77	Payee address; City; State; Zip Code PO Box 60517  City of Industry, CA 91716-0517		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/11/2025	Payee name Barclays		
Amount (\$) \$393.24	Payee address; City; State; Zip Code PO Box 60517  City of Industry, CA 91716-0517		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures	
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	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 G: Sch: 2/4 Rpt: 98/106	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174	
4 Date 10/14/2025	5 Payee name Barclays		
6 Amount (\$) \$277.60	7 Payee address; City; State; Zip Code PO Box 60517  City of Industry, CA 91716-0517		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/12/2025	Payee name Barclays		
Amount (\$) \$2,965.64	Payee address; City; State; Zip Code PO Box 60517  City of Industry, CA 91716-0517		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/11/2025	Payee name Barclays		
Amount (\$) \$1,274.90	Payee address; City; State; Zip Code PO Box 60517  City of Industry, CA 91716-0517		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures	
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.

1 Total pages Schedule G: Sch: 3/4 Rpt: 99/106	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174	
4 Date 07/03/2025	5 Payee name Chase Bank		
6 Amount (\$) \$125.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 15298  Wilmington, DE 19850-5298		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/04/2025	Payee name Chase Bank		
Amount (\$) \$974.59  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 15298  Wilmington, DE 19850-5298		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/03/2025	Payee name Chase Bank		
Amount (\$) \$170.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 15298  Wilmington, DE 19850-5298		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures	
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.

1 Total pages Schedule G: Sch: 4/4 Rpt: 100/106	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174	
4 Date 10/03/2025	5 Payee name Chase Bank		
6 Amount (\$) \$516.12  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 15298  Wilmington, DE 19850-5298		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/03/2025	Payee name Chase Bank		
Amount (\$) \$1,040.96  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 15298  Wilmington, DE 19850-5298		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment of credit card bill for credit card expenditures	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Taylor, Holly E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00088174
4 Date 09/05/2025	5 Payee name Planned Parenthood Texas Votes PAC	
6 Amount (\$) 125.00	7 Payee Address; City; State; Zip P.O. Box 192305  Dallas, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) disallowed	(b) Description (See instructions regarding type of information required.) inadvertent disallowed contribution, see memo

**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: 1/2 Rpt: 102/106</p>
<p><b>2</b> FILER NAME Taylor, Holly E. (Ms.)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00088174</p>
<p><b>4</b> Date 07/25/2025</p>	<p><b>5</b> Name of person from whom amount is received Frost Bank</p> <p>.....</p> <p><b>6</b> Address of person from whom amount is received; City; State; Zip Code Austin, TX 78767</p>	<p><b>8</b> Amount (\$) \$0.96</p>
	<p><b>7</b> Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/26/2025</p>	<p>Name of person from whom amount is received Frost Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Austin, TX 78767</p>	<p>Amount (\$) \$1.03</p>
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/25/2025</p>	<p>Name of person from whom amount is received Frost Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Austin, TX 78767</p>	<p>Amount (\$) \$0.72</p>
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/27/2025</p>	<p>Name of person from whom amount is received Frost Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Austin, TX 78767</p>	<p>Amount (\$) \$0.66</p>
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/28/2025</p>	<p>Name of person from whom amount is received Frost Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Austin, TX 78767</p>	<p>Amount (\$) \$0.44</p>
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer

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

## SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 2/2 Rpt: 103/106
<b>2</b> FILER NAME  Taylor, Holly E. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers)  00088174	
<b>4</b> Date  12/24/2025	<b>5</b> Name of person from whom amount is received  Frost Bank .....  <b>6</b> Address of person from whom amount is received; City; State; Zip Code  Austin, TX 78767	<b>8</b> Amount (\$)  \$0.13
	<b>7</b> Purpose for which amount is received  Interest	<input type="checkbox"/> Check if political contribution returned to filer

# OUTSTANDING LOANS

## SCHEDULE L

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule L: Sch: 1/1 Rpt: 104/106
<b>2</b> FILER NAME Taylor, Holly E. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088174
LENDER INFORMATION	<b>4</b> Name of lender Holly, Taylor	
	<b>5</b> Lent address; City; State; Zip Code  Austin, TX 78705	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>6</b> Name of guarantor	
	<b>7</b> Guarantor address; City; State; Zip Code	

## TEXT ANNOTATION

Sch: 1/2 Rpt: 105/106

FILER NAME Taylor, Holly E. (Ms.)	Filer ID (Ethics Commission Filers) 00088174
Schedule A(J)1	

Information entered by filer as a memo:

Credit card processing fees are reported either as a lump-sum in-kind donation (for donors who chose to pay the fees on top of their desired donation amount), or as a lump-sum expense per credit card processor (for donors who chose to have the fees deducted from their contribution).

The exception to this is that there was no option to do lump-sum donations for the special session reports, so for those contributions that were automatically imported into this report from those reports, the in-kind contributions are still itemized.

## TEXT ANNOTATION

Sch: 2/2 Rpt: 106/106

FILER NAME Taylor, Holly E. (Ms.)	Filer ID (Ethics Commission Filers) 00088174
Schedule I	

Information entered by filer as a memo:

On 09/04/2025, I made a \$250 sponsorship donation for an event using the campaign debit card, which was processed on 09/05/2025. While preparing this report on 01/13/2026, after the reporting period had ended, I discovered a previously overlooked email from 09/04/2025 informing me that the event was a joint fundraiser and that my donation had been split equally between two organizations, one of which was a 501(c)(4) that engages in electoral activity, which is not eligible for an expenditure of political contributions from my judicial campaign account. As required, I am reporting both the valid expenditure (on Schedule F1) and the disallowed expenditure (here), but I will refund the \$125.00 to the campaign account immediately and report a negative expenditure on my next semi-annual report.