

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 15	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Sheila	MI P.	OFFICE USE ONLY Date Received Received APR 23 2021 LISD / Supt Ofc
	NICKNAME	LAST Taylor	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE	
<input type="checkbox"/> Change of Address	913 Fenimore Dr		Lewisville, TX 75077	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
	(214)	288-9176		Receipt #
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Derrick	MI T.	Amount \$
	NICKNAME	LAST Gay	SUFFIX	Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:		CITY:	STATE: ZIP CODE
	2300 Westlake Court		Carrollton	TX 75010
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Imaged
	(330)	219-6192		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	THROUGH Month Day Year
	03	23	2021	04 / 13 / 2021
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	05	01	2021	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
			Lewisville ISD, Board of Trustees, Place 2	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

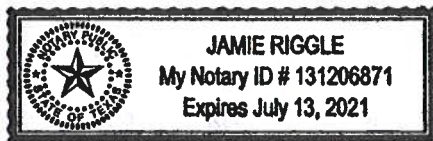
15 C/OH NAME Sheila Taylor		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,320.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,300.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,663.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sheila Taylor this the 23rd day of April, 2021, to certify which, witness my hand and seal of office.

Jamie Riggle Jamie Riggle Board Admin / Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Sheila Taylor, and my date of birth is 7/7/70
My address is 913 Fenimore Drive, Lewisville, TX, 75077.
(street) (city) (state) (zip code) (country)
Executed in Denton County, State of Texas, on the 22nd day of April, 2021.
(month) (year)

Sheila Taylor
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Sheila Taylor		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,320.08
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,300.63
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

2516 Republic Drive, Little Elm, TX 75888
 972-261-1100
 2007 Little Elm, Highway 78, TX 75007
 972-261-1100
 2007 Little Elm, Highway 78, TX 75007
 972-261-1100

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 9
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 3/23/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lot Swarns 6 Contributor address; City; State; Zip Code 1669 Lancaster Creek Circle Southwest, Conyers, GA 30094	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Management		9 Employer (See Instructions) Cox Automotive
Date 3/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antoinette Adkins Contributor address; City; State; Zip Code 509 Valley View Drive, Lewisville, TX 75067	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) E-Commerce Retail		Employer (See Instructions) Self-employed
Date 3/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tara Wells-Rhodes Contributor address; City; State; Zip Code 2116 Eppright Drive, Little Elm, TX 75068	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sr Hr Manager		Employer (See Instructions) AllState
Date 3/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonja Barber Contributor address; City; State; Zip Code 3205 Fairfield Lane, Highland Village, TX 75077	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 9
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 3/26/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geordana Dow ----- 6 Contributor address; City; State; Zip Code 319 Shorewood Court, Coppell, TX 75019	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Compliance		9 Employer (See Instructions)
Date 3/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myra McCaskill-Crenshaw ----- Contributor address; City; State; Zip Code 663 Winburn Drive, Collierville, TN 38017	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 3/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Francis ----- Contributor address; City; State; Zip Code 3703 Affirmed Drive, Florissant, MO 63034	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 3/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexandria Hatcher ----- Contributor address; City; State; Zip Code 1145 King George Lane, Savannah, TX 76227	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) HR Leadership		Employer (See Instructions) Globe Life

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 9
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alesha Russey 6 Contributor address; City; State; Zip Code 70 East Briar Hollow Lane #901, Houston, TX 77027	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 3/28/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yolanda Owens Contributor address; City; State; Zip Code 1401 Rosalie Street, Houston, TX 77004	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Contract Administrator		Employer (See Instructions) Kinder Morgan
Date 3/29/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiquita Martin Contributor address; City; State; Zip Code 11624 Cannington Circle, Fishers, IN 46037	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) US Bank
Date 4/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shemekia Lawrence Contributor address; City; State; Zip Code 2201 Cripple Creek Drive, Propser, TX 75078	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) AVP, Finance		Employer (See Instructions) Stearns Lending

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 9
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 4/2/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taryn Lee 6 Contributor address; City; State; Zip Code 1348 Wentworth Drive, Lewisville, TX 75067	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Sei
Date 4/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberley Buford Contributor address; City; State; Zip Code 4075 Auburn Road, Memphis, TN 38116	Amount of contribution (\$) \$50.08
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Shelby County Schools
Date 4/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marissa Turner Contributor address; City; State; Zip Code 3512 Oak Island Lane, Flower Mound, TX 75028	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Goldman Sachs
Date 4/2/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawanda Dunwell Contributor address; City; State; Zip Code 4205 North Avenida Del Cazador, Tucson, AZ 85718	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Raytheon

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 9
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 4/3/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonya Garrett 6 Contributor address; City; State; Zip Code 4612 Gentle Glen Dr., Carrollton, TX 75010	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 4/4/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Sanders Contributor address; City; State; Zip Code 1220 Stonehedge Place, Flower Mound, TX 75028	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Product Manager		Employer (See Instructions) Fairway Independent Mtg
Date 4/5/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angelia Megahan Contributor address; City; State; Zip Code 3036 Trevino, Grand Prairie, TX 75054	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 4/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonya Broughton Contributor address; City; State; Zip Code PO Box 10772, Silver Spring, MD 20904	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Consultant

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 9
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 4/9/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila Taylor 6 Contributor address; City; State; Zip Code 913 Fenimore Dr., Lewisville, TX 75077	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley Milford Contributor address; City; State; Zip Code 380 Camden Cove Circle, Calera, AL 35040	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) UAB
Date 4/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenda Berry Contributor address; City; State; Zip Code 427 Williams Street, Cedar Hill, TX 75014	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 4/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SuDelta Henson Contributor address; City; State; Zip Code 9087 Country Mill Lane, Jacksonville, FL 32222	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) CSXT

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 9
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 4/9/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaShante Williams 6 Contributor address; City; State; Zip Code 406 Brook Meadow Drive, Midlothian, TX 76065	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) DDH
Date 4/9/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marilyn Reed Contributor address; City; State; Zip Code 2120 Central Street, Jackson, MS 39029	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Staff Officer		Employer (See Instructions) MDE
Date 4/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacqui Murphy Contributor address; City; State; Zip Code PO Box 764533, Dallas, TX 75376	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharonda Ransom Contributor address; City; State; Zip Code 2600 East Southlake Blvd., Southlake, TX 76092	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) IT Manager		Employer (See Instructions) Self

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 9
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 4/10/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuere Williams 6 Contributor address; City; State; Zip Code 11398 Snyder Dr., Frisco, TX 75035	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Program Manager		9 Employer (See Instructions) Raytheon Technologies
Date 4/11/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eureka Drayden Contributor address; City; State; Zip Code 509 Summertree Lane, DeSoto, TX 75115	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sr Project Manager		Employer (See Instructions) SWA
Date 4/11/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janis Pressley Contributor address; City; State; Zip Code 32242 Honeybee Drive, Winchester, CA 92596	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) CR England
Date 4/11/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heath Creech Contributor address; City; State; Zip Code 815 Brazos Street, Austin, TX 78701	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 9
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antron Johnson 6 Contributor address; City; State; Zip Code 1034 Sauliner St, Houston, TX 77019	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Legislative Director		9 Employer (See Instructions) Texas House of Representatives
Date 4/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela Morris Contributor address; City; State; Zip Code 2150 Kessler Court, Dallas, TX 75208	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) Hospital
Date 4/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kmeal Winters Contributor address; City; State; Zip Code 2323 N. Akard Street, Apt. 1205, Dallas, TX 75201	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP- Asset Management		Employer (See Instructions) Spirit Realty Capital
Date 4/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitima Troy Contributor address; City; State; Zip Code 5539 Walkerton Court, Haymarket, VA 20169	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 3	2 FILER NAME Sheila Taylor	3 Filer ID (Ethics Commission Filers)
4 Date 4/1/21	5 Payee name Hustle, Inc.	
6 Amount (\$) \$820.00	7 Payee address; City; State; Zip Code 595 Market St Ste 920, San Francisco, CA 94105-2814	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Voter Outreach - Texting Service
	(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		
Date 4/1/21	Candidate / Officeholder name Super Cheap Signs	
Amount (\$) \$350.37	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Signs
	<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		
Date 4/5/21	Candidate / Officeholder name Squarespace Inc.	
Amount (\$) \$17.32	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Website
	<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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 3		2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)	
4 Date Various		5 Payee name DonorBox			
6 Amount (\$) \$34.83		7 Payee address; City; State; Zip Code 5 3rd St, Suite 900, San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Platform Fee		
	(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	
Date Various		Payee name PayPal Express			
Amount (\$) \$16.49		Payee address; City; State; Zip Code 2211 North First Street, San Jose, CA 95131			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description Processing Fee		
	<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	
Date Various		Payee name Stripe			
Amount (\$) \$52.02		Payee address; City; State; Zip Code 185 Berry Street, Suite 550 San Francisco CA 94107			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description Processing Fee		
	<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	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 3 of 3	2 FILER NAME Sheila Taylor	3 Filer ID (Ethics Commission Filers)
4 Date Various	5 Payee name Apple Pay	
6 Amount (\$) \$7.85	7 Payee address; City; State; Zip Code One Apple Park Way, Cupertino, CA 95014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Processing Fee
	(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
Date Various	Payee name Google Pay	
Amount (\$) \$1.75	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Processing Fee
	<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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED