

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: 34
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Sheila P. NICKNAME LAST SUFFIX Taylor	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 913 Fenimore Dr Lewisville, TX 75077	Date Received Received MAR 31 2021 LISD / Supt Ofc	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 288-9176	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Derrick T. NICKNAME LAST SUFFIX Gay	Receipt #	Amount \$
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	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (330) 219-6192	Date Imaged	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
10 PERIOD COVERED	Month Day Year Month Day Year 02 / 01 / 2021 03 / 22 / 2021		
11 ELECTION	ELECTION DATE Month Day Year 05 / 01 / 2021	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Lewisville ISD, Board of Trustees, Place 2	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. 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"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

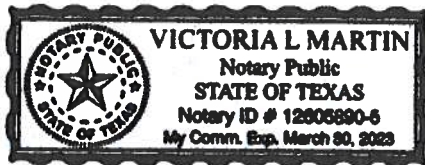
FORM C/OH
COVER SHEET PG 2

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)	\$ 6,096.94
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,452.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,644.40
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.

Sheila Taylor
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 31st day of March, 2021, to certify which, witness my hand and seal of office.

Victoria L Martin Printed name of officer administering oath
Victoria L Martin Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

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	\$ 5,296.84
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 800.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,452.54
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 25
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrick Gay	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 2300 Westlake Court Carrollton TX 75010		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Ryan Law Firm, PLLC
Date 2/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antoinette Adkins	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code 509 Valley View Drive Lewisville, TX 75067		
Principal occupation / Job title (See Instructions) E-commerce Retail Sales		Employer (See Instructions) Self-employed
Date 2/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila Taylor	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 913 Fenimore Lewisville, TX 75077		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self-employed
Date 2/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JoAnn Powell	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1364 Calvert Dr Cedar Hill, TX 75104		
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions)

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 25
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Meridith	7 Amount of contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code 1309 Bogard Ln, Lewisville, TX 75077	
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions)
Date 2/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) April Royster	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1667 Campau Farms Cir Detroit, MI 48207	
Principal occupation / Job title (See Instructions) Internal Audit		Employer (See Instructions) University of Michigan
Date 2/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enrico Sherman	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 915 Silver Spring Ave, Apt 925, Silver Spring, MD 20910	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 2/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leah Montez	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1101 Apache Lake Drive Carrollton, TX 75010	
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed

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2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taryn Lee	7 Amount of contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code 1348 Wentworth Dr Lewisville, TX 75067	
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Sei
Date 2/24/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela Morris	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 2150 Kessler Court Dallas, TX 75208	
Principal occupation / Job title (See Instructions) Senior Director		Employer (See Instructions) Healthcare
Date 2/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathie Walthall	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Human Resources		Employer (See Instructions) FedEx Services
Date 2/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katrina Thompson	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 1808 Raton Dr Arlington, TX 76018	
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deidrea Collins	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 910 Torrey Pines Court McDonough, GA 30253		
8 Principal occupation / Job title (See Instructions) Business Consulting		9 Employer (See Instructions) Self-employed
Date 2/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zuleika Moore	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 405 Subbs Vinson Rd Monroe, LA 71203		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) High School
Date 2/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dionne Cole	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 6145 Abigail Bluffs Drive Bartlett, TN 38135		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Collierville ISD
Date 2/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alana McCants	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 4005 Milan Dr Irving, TX 75038		
Principal occupation / Job title (See Instructions) Meteorologist		Employer (See Instructions) NWS

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2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Caterisano	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 2020 Kipling Dr Flower Mound, TX 75022		
8 Principal occupation / Job title (See Instructions) Service Manager		9 Employer (See Instructions) Juniper Networks
Date 2/25/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan Villarreal	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code 5500 Del Rey Dr Denton TX 76208		
Principal occupation / Job title (See Instructions) Associate		Employer (See Instructions) Genco Strategies
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorothy Dunn	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callie Bradford	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 5661 Apple Grove Road Buford, GA 30519		
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed

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2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Dean	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 6768 Longhorn Trail Frisco, TX 75034		
8 Principal occupation / Job title (See Instructions) Sr Director of Human Resources		9 Employer (See Instructions) Homepoint Financial
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enez Brashear	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 513 Rockcreek Drive Desoto, TX 75115		
Principal occupation / Job title (See Instructions) Paraprofessional		Employer (See Instructions) Deloitte
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Nichols	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 9225 E 6th Pl Gary, IN 46403		
Principal occupation / Job title (See Instructions) QA Tech		Employer (See Instructions) MonoSol
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah DeLeon	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 402 Fountain Side Drive Euless, TX 76039		
Principal occupation / Job title (See Instructions) Capital Planning		Employer (See Instructions) Lockheed Martin

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2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Redmond	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 2507 Oak Creek Lane Conyers, GA 30094		
8 Principal occupation / Job title (See Instructions) Compliance Director		9 Employer (See Instructions) GreenSky
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chazara Clark-Smith	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 10909 Ambergate Ln Frisco, TX 75035		
Principal occupation / Job title (See Instructions) IT Specialist		Employer (See Instructions) Federal Government
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Genine Riley	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code Unemployed Unemployed		
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dexter Griffin	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 707 Taylor Court NE Atlanta, GA 30324		
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Zurich

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2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kia Shaw	7 Amount of contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code 1088 Stable Run Dr, Cordova TN 38018		
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) FedEx
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denise Hooks Anderson	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1034 S Brentwood Blvd, St. Louis, MO 63117		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) SLU
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitney Davidson	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 101 Timber Creek Dr. Argyle, TX 76226		
Principal occupation / Job title (See Instructions) Comms		Employer (See Instructions) CBRE
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaWanna Willis	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 7920 Collin David South Apt. 469, McKinney, TX 75070		
Principal occupation / Job title (See Instructions) Governance & Compliance		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uso Sayers	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 4610 Regency Trce SW Atlanta, GA 30331	
8 Principal occupation / Job title (See Instructions) Managing Director		9 Employer (See Instructions) JL
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shae Bailey	Amount of contribution (\$) \$10.00
	Contributor address; City; State; Zip Code 2807 Chandler Court Mansfield, TX 76063	
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) FedEx
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne Jackson	Amount of contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 8605 Doral Court West Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions) VP of Operations		Employer (See Instructions) HCA
Date 2/26/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Rule	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code P.O. Box 352 Tunica, MS 38676	
Principal occupation / Job title (See Instructions) Slot Supervisor		Employer (See Instructions) Horseshoe Casino

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2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Herring	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 5490 Mallard Park Blvd Walls, MS 38680		
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 2/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tina Jones-White	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code 5225 Bloomfield Pl, South Bend, IN 46619		
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 2/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandy Swan	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1413 Cambridge Ln Denton TX 76209		
Principal occupation / Job title (See Instructions) Case worker		Employer (See Instructions) Interfaith Ministries
Date 2/27/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shauna Biscette	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1622 Waterford Dr. Lewisville, TX 75077		
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jasmine Alexander	7 Amount of contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code 102 Lauren Lane Boerne, TX 78006		
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) USAA
Date 2/28/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davina Johnson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5412 Worley Drive The Colony, TX 75056		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Citi
Date 3/2/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chelle Johnson	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) Regional Intake Screener		Employer (See Instructions) State of Texas
Date 3/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyla Rankin	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1605 Knoll Ridge Circle Corinth, TX 76210		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Parkland

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine StClair	7 Amount of contribution (\$) \$65.00
6 Contributor address; City; State; Zip Code 3604 Cedar Ln Farmers Branch, TX 75234		
8 Principal occupation / Job title (See Instructions) Director of Finance		9 Employer (See Instructions) Cristo Rey Dallas
Date 3/5/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Brown	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 108 Copley Avenue Teaneck, NJ 07666		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self
Date 3/5/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherrelle Evans-Jones	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 936 S. Old Orchard Lane, Lewisville, TX 75067		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Accountant
Date 3/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicole Sibley	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 5832 Stratford Ln The Colony, TX 75056		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self

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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bronwyn Justice	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 2968 Salina Drive Grand Prairie, TX 75054		
8 Principal occupation / Job title (See Instructions) Program Manager		9 Employer (See Instructions) CBRE
Date 3/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joy Young	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1001 4th St. SW, 1134 Washington D.C. 20024		
Principal occupation / Job title (See Instructions) VP, People Operations		Employer (See Instructions) AiCure
Date 3/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila Taylor	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code 913 Fenimore Lewisville, TX 75077		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self-employed
Date 3/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zuri Baker	Amount of contribution (\$) \$10.00
Contributor address; City; State; Zip Code 2330 W. Melody Dr. Phoenix, AZ 85041		
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) Opendoor

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: 25
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherri Ballard	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 2705 N. UMBERLAND DR. LEWISVILLE, TX 75056		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 3/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Rosenthal	Amount of contribution (\$) \$180.00
Contributor address; City; State; Zip Code 39381 Medallion Court, Apt 4103, Farmington Hills, MI 48311		
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 3/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesurobo Enobakhare	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 305 W Commerce St, #476, Dallas, TX 75208		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) GM Financial
Date 3/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Meridith	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1309 Bogard Ln, Lewisville, TX 75077		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

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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: 25
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Portier	7 Amount of contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 407 Kirkwood Dr. Lewisville, TX 75067	
8 Principal occupation / Job title (See Instructions) IS		9 Employer (See Instructions) Children's Health System of Texas
Date 3/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Brewer	Amount of contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 2700 Atwood Drive Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) WebRevelation
Date 3/10/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leah Montez	Amount of contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 1101 Apache Lake Drive Carrollton, TX 75010	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Children's Health
Date 3/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antoinette Adkins	Amount of contribution (\$) \$30.00
	Contributor address; City; State; Zip Code 509 Valley View Drive Lewisville, TX 75067	
Principal occupation / Job title (See Instructions) E-commerce Retail Sales		Employer (See Instructions) Self-employed

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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: 25
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chrystal Mincey	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 8744 Grasmere Court, Fort Washington, MD 20744		
8 Principal occupation / Job title (See Instructions) Tech Writer		9 Employer (See Instructions) Eagle
Date 3/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torrey Littlejohn	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 628 Sword Bridge Dr Lewisville, TX 75056		
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) JLL
Date 3/11/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie Locket	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1260 Logan Dr Lewisville, TX 75077		
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Humphreys & Partners Architects
Date 3/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiffany Cherry	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 295 Swedesford Road Wayne, PA 19087		
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed

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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: 25
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erum Ali <hr/> 6 Contributor address; City; State; Zip Code 1456 Ashby Drive Lewisville, TX 75067	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Loves Realty
Date 3/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheri Catron Cooper <hr/> Contributor address; City; State; Zip Code 1380 Island Town Drive Memphis, TN 38103	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 3/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shabla Dorsey <hr/> Contributor address; City; State; Zip Code 5511 Ranchview Cove Horn Lake, MS 38637	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Compliance Associate		Employer (See Instructions) AutoZone, Inc
Date 3/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kira McCoy <hr/> Contributor address; City; State; Zip Code 3015 Lockwood Circle Carrollton, TX 75007	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sales Effectiveness Consultant		Employer (See Instructions) TransUnion

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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: 25
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freida Toles	7 Amount of contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code 5509 Williamstown Road Dallas, TX 75230		
8 Principal occupation / Job title (See Instructions) Counselor		9 Employer (See Instructions) DISD
Date 3/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terri Jones	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1465 Redmond Circle West Cordova, TN 38016		
Principal occupation / Job title (See Instructions) UniServ Coordinator		Employer (See Instructions) TN Education Association
Date 3/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenai Bass	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 3601 Grapevine Mills Pkwy 10 Grapevine, TX 76051		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Santander
Date 3/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amelia Flowers	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 733 South Poydras Street Lewisville, TX 75057		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Oncor Electric Delivery Company

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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: 25
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chrystal Mincey	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 8744 Grasmere Court, Fort Washington, MD 20744		
8 Principal occupation / Job title (See Instructions) Tech Writer		9 Employer (See Instructions) Eagle
Date 3/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carla Chaisson	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 6205 Prairie Vista Drive Arlington, TX 76001		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Stride, Inc.
Date 3/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonya Garrett	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4612 Gentle Glen Dr. Carrollton, TX 75010		
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 3/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila Taylor	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 913 Fenimore Lewisville, TX 75077		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Entrepreneur

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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: 25
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alissa Perry	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 4146 Appleton Terrace North Port, FL 34286		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 3/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanetra Brown Armstrong	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1128 Witherspoon Rd Cedar Hill, TX 75104		
Principal occupation / Job title (See Instructions) Lieutenant		Employer (See Instructions) Dallas Fire Rescue
Date 3/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Christie C. Smith	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 1910 Breaker Lane Flower Mound, TX 75022		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) AB
Date 3/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danielle Willis	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 717 Lakeshore Village Drive Slidell, LA 70461		
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) New Orleans East Hospital

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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: 25
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila Taylor	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 913 Fenimore Lewisville, TX 75077		
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions) Entrepreneur
Date 3/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clara Saafir	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3236 San Jacinto Street Dallas, TX 75204		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Dallas County
Date 3/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon Nash	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 970 Tournament Dr. Hillsborough, CA 94010		
Principal occupation / Job title (See Instructions) CAO		Employer (See Instructions) Reputation
Date 3/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Potter	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 1432 Brookside Drive Carrollton, TX 75007		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) BKD

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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: 25
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glynnis Swan	7 Amount of contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code 4201 Wordsworth Court Garland, TX 75043		
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 3/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noelle Gates, MD	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 5302 Park Side Circle Birmingham, AL 35244		
Principal occupation / Job title (See Instructions) Pediatrician		Employer (See Instructions) JCHD
Date 3/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila Taylor	Amount of contribution (\$) \$40.00
Contributor address; City; State; Zip Code 913 Fenimore Lewisville, TX 75077		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Entrepreneur
Date 3/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delona Gaines	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 9125 Carriage House Lane Columbia, MD 21045		
Principal occupation / Job title (See Instructions) US Gov		Employer (See Instructions)

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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: 25
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn Cureton	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 3022 Stonehenge Lane Carrollton, TX 75006		
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) UT Southwestern
Date 3/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramona Hollie-Major	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 782 Public Road Bethlehem, PA 18015		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) School District of Philadelphia
Date 3/16/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landon Stone	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1456 Homans Avenue San Leandro, CA 94577		
Principal occupation / Job title (See Instructions) Tax Advisor		Employer (See Instructions) Chevron
Date 3/18/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terilyn Scott-Winful	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1608 Flowers Drive, Carrollton, TX 75007		
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) BSW HTPN

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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: 25
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenda Jackson 6 Contributor address; City; State; Zip Code 509 Water Oak Drive Garland, TX 75044	7 Amount of contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Compliance Associate		9 Employer (See Instructions) Wells Fargo
Date 3/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Badie Contributor address; City; State; Zip Code 14155 Magnolia Blvd. Sherman Oaks, CA 91423	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Robert Half
Date 3/20/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley Lowery Contributor address; City; State; Zip Code 7524 Harvest Park Cove, Memphis, TN 38125	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) School Counselor		Employer (See Instructions) Shelby County Schools
Date 3/21/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jameela Scanlan Contributor address; City; State; Zip Code 4315 Sharpton Park Drive, Auburn, GA 30011	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Software Consultant		Employer (See Instructions) Wolters Kluwer

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

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SCHEDULE F1

OT include this page in the report.

CATEGORIES FOR BOX 8(a)

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)

Explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

City; State; Zip Code

San Francisco, CA 94103

(b) Description

Platform Fee

Complete Schedule T. Check if Austin, TX, officeholder living expense

Office sought Office held

City; State; Zip Code

San Jose, CA 95131

Description

Payment Processing Fee

Complete Schedule T. Check if Austin, TX, officeholder living expense

Office sought Office held

City; State; Zip Code

San Francisco, CA 94107

Description

Payment Processing Fee

Complete Schedule T. Check if Austin, TX, officeholder living expense

Office sought Office held

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ONS

SCHEDULE A1

include this page in the report.

1 Total pages Schedule A1:
25

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)
\$25.00

City; Zip Code

San Francisco, CA 94107

Employer (See Instructions)

Unemployed

Amount of contribution (\$)

City; Zip Code

\$100.00

San Francisco, CA 94107

Employer (See Instructions)

Entrepreneur

Amount of contribution (\$)

City; Zip Code

\$396.84

San Francisco, CA 94107

Employer (See Instructions)

Entrepreneur

Amount of contribution (\$)

City; Zip Code

Employer (See Instructions)

IS SCHEDULE AS NEEDED

guide for additional reporting requirements.

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: 5	2 FILER NAME Sheila Taylor	3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2021	5 Payee name Apple Pay	
6 Amount (\$) 3.20	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) Fundraising Expense	(b) Description Payment 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 2/7/2021	Payee name Fiverr	
Amount (\$) 24.90	Payee address; City; State; Zip Code 8 Eliezer Kaplan St., Tel Aviv 6473409, Israel	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Logo Design
	<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 2/12/2021	Payee name Wix	
Amount (\$) 116.91	Payee address; City; State; Zip Code 1691 Michigan Ave, Miami Beach, FL 33139	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 5	2 FILER NAME Sheila Taylor	3 Filer ID (Ethics Commission Filers)
4 Date 2/12/2021	5 Payee name Fiverr	
6 Amount (\$) 7.25	7 Payee address; City; State; Zip Code 8 Eliezer Kaplan St., Tel Aviv 6473409, Israel	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Tip for Logo
	(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 2/24/2021	Payee name VistaPrint	
Amount (\$) 396.84	Payee address; City; State; Zip Code 275 Wyman Street Waltham, MA 02451 USA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description 10,000 4x6 Campaign Literature Printing
	<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 3/3/2021	Payee name VistaPrint	
Amount (\$) \$173.08	Payee address; City; State; Zip Code 275 Wyman Street Waltham, MA 02451 USA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description 3,000 Flyers printing
	<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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 5	2 FILER NAME Sheila Taylor	3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2021	5 Payee name SuperCheapSigns	
6 Amount (\$) 370.14	7 Payee address; City; State; Zip Code 9200 Waterford Center Blvd. Suite 100 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing/Advertising	(b) Description 100 signs and stands
	(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 3/4/2021	Payee name Squarespace	
Amount (\$) 17.36	Payee address; City; State; Zip Code 225 Varick St, 12th Floor, New York, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website - Monthly Charge
	<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 3/8/2021	Payee name VistaPrint	
Amount (\$) 225.16	Payee address; City; State; Zip Code 275 Wyman Street Waltham, MA 02451 USA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense/Printing	Description 13 Masks with logo
	<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: 5	2 FILER NAME Sheila Taylor	3 Filer ID (Ethics Commission Filers)
4 Date 3/8/2021	5 Payee name VistaPrint	
6 Amount (\$) 492.51	7 Payee address; City; State; Zip Code 275 Wyman Street Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/Printing Expense	(b) Description Tote bag, 100 buttons, 14 shirts, 2 polo shirts, and 250 business cards
	(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 3/8/2021	Candidate / Officeholder name Eagle Postal Center	Office sought Office held
Amount (\$) 102.43	Payee address; City; State; Zip Code 1301 Justin Rd #201, Lewisville, TX 75077	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead	Description Campaign Mailing Address
	<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 3/20/2021	Candidate / Officeholder name SuperCheapSigns	Office sought Office held
Amount (\$) 285.30	Payee address; City; State; Zip Code 9200 Waterford Center Blvd. Suite 100 Austin, TX 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Printing Expense	Description 100 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		

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