

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:								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR MS</div> <div>FIRST SHEILA</div> <div>MI P</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST TAYLOR</div> <div>SUFFIX</div> </div>	OFFICE USE ONLY <div style="font-size: 1.2em; color: blue; margin: 10px 0;">Received</div> <div style="font-size: 1.2em; color: blue; margin: 5px 0;">APR 28 2025</div> <div style="font-size: 1.2em; color: blue; margin: 5px 0;">LISD / Supt Ofc</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; 3213 NORTHWOOD DRIVE HIGHLAND VILLAGE, TX 75077</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div>	<div style="border: 1px solid black; padding: 2px;">Date Received</div> <div style="border: 1px solid black; padding: 2px;">Date Hand-delivered or Date Postmarked</div>									
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (214)</div> <div>PHONE NUMBER 288-9176</div> <div>EXTENSION</div> </div>	<div style="border: 1px solid black; padding: 2px;">Receipt #</div> <div style="border: 1px solid black; padding: 2px;">Amount \$</div>									
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR MRS</div> <div>FIRST SUSAN</div> <div>MI</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST MCGOWAN</div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 2px;">Date Processed</div> <div style="border: 1px solid black; padding: 2px;">Date Imaged</div>									
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); 2300 FOSSETT DRIVE FLOWER MOUND, TX 75028</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (817)</div> <div>PHONE NUMBER 291-2948</div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 3 / 30 / 25 </div> <div>THROUGH</div> <div> Month Day Year 4 / 20 / 25 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 5 / 3 / 25 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any) LISD BOARD TRUSTEE PLC 7	13 OFFICE SOUGHT (if known) LISD BOARD TRUSTEE PLC 7									
14 NOTICE FROM POLITICAL COMMITTEE(S) <div style="text-align: right; margin-top: 10px;">Additional Pages</div>	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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

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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6525
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7586.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 525
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4000

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 _____ 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

OR

(2) Unsworn Declaration

My name is SHEILA TAYLOR, and my date of birth is 07/07/197X.
My address is 3213 NORTHWOOD DRIVE, HIGHLAND VLG, TX, 75077, USA.
(street) (city) (state) (zip code) (country)
Executed in DENTON County, State of TX, on the 26 day of APRIL, 2025.
(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.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6525
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 5000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7586.75
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 4
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/25	5 Full name of contributor Patrick McGearty out-of-state PAC (ID#):	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 420 Red Castle Dr Lewisville TX 75077		
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions)
Date 3/30/25	Full name of contributor Mary Sample out-of-state PAC (ID#):	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4408 Scott Drive Flower Mound TX 75022		
Principal occupation / Job title (See Instructions) HR Manager		Employer (See Instructions) Herdelberg Materials
Date 3/31/25	Full name of contributor Clare Harris out-of-state PAC (ID#):	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 445 Surrey Ln Flower Mound TX 75022		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions)
Date 4/1/25	Full name of contributor Steve Southwell out-of-state PAC (ID#):	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 9915 Downey Drive Lewisville TX 75077		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Progress
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 4
2 FILER NAME <i>Sheila Tauber</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/7/25</i>	5 Full name of contributor <i>Alex Buck</i> out-of-state PAC (ID#: 6 Contributor address; <i>806 Lake Breeze Dr HV TX 75077</i> City; State; Zip Code	7 Amount of contribution (\$) <i>1,000</i>
8 Principal occupation / Job title (See Instructions) <i>Property Manager</i>		9 Employer (See Instructions)
Date <i>4/7/25</i>	Full name of contributor <i>Heidi Wicker</i> out-of-state PAC (ID#: Contributor address; <i>2813 Spring Hollow Ct HV 75077</i> City; State; Zip Code	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions) <i>None</i>		Employer (See Instructions)
Date <i>4/8/25</i>	Full name of contributor <i>Eric Johnson</i> out-of-state PAC (ID#: Contributor address; <i>2733 Cape Myrtle Dr Flower Mound TX</i> City; State; Zip Code	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions) <i>None</i>		Employer (See Instructions)
Date <i>4/8/25</i>	Full name of contributor <i>Beth Bodenheimer</i> out-of-state PAC (ID#: Contributor address; <i>5505 Burkridge Trail Flower Mound TX</i> City; State; Zip Code	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions) <i>None</i>		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 4
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers) L
4 Date 4/19/25	5 Full name of contributor Ransom Funches out-of-state PAC (ID#):	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 1750 Elizabeth Dr Carrollton TX 75007		
8 Principal occupation / Job title (See Instructions) LE		9 Employer (See Instructions) Dallas City
Date 4/20/25	Full name of contributor Julie Martin out-of-state PAC (ID#):	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2808 Woodlake Ct Highland Wb TX		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions)
Date 4/20/25	Full name of contributor Kneal Winters out-of-state PAC (ID#):	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 1813 Calide Prosper TX 75078		
Principal occupation / Job title (See Instructions) VP- Asset mgmt		Employer (See Instructions)
Date 4/21/25	Full name of contributor Kristina Payne out-of-state PAC (ID#):	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3828 Valley View Ln Flower Ml TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: <u>4</u>
2 FILER NAME <u>Sheila Taylor</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/20/25</u>	5 Full name of contributor <u>Miscellaneous donations</u> out-of-state PAC (ID#: <u>≤ \$25</u>	7 Amount of contribution (\$) <u>625.00</u>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>4/20/25</u>	Full name of contributor <u>Sheila Taylor</u> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <u>3213 Northwood Dr Highlandville</u>	Amount of contribution (\$) <u>3,000.00</u>
Principal occupation / Job title (See Instructions) <u>CPA</u>		Employer (See Instructions) <u>Self employed</u>
Date <u>4/20/25</u>	Full name of contributor <u>Sheila Taylor</u> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <u>3213 Northwood Dr HV TX</u>	Amount of contribution (\$) <u>1,000</u>
Principal occupation / Job title (See Instructions) <u>CPA</u>		Employer (See Instructions) <u>Self</u>
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		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.

LOANS**SCHEDULE E**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 E: 1
2 FILER NAME SHEILA TAYLOR		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 04/15/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) SHEILA TAYLOR	9 Loan Amount (\$) 5000
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 3213 NORTHWOOD DRIVE HIGHLAND VILLAGE, TX 75077	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) CPA/BUSINESS OWNER		13 Employer (See Instructions) SELF
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction 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
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:		2 FILER NAME SHEILA TAYLOR		3 Filer ID (Ethics Commission Filers)	
4 Date 04/04/2025		5 Payee name VISTA PRINT			
6 Amount (\$) 5125.46		7 Payee address; City; State; Zip Code 275 Wyman St, Waltham, MA 02451			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSES		(b) Description MAILERS AND LITERATURE		
	(c) Check if travel outside of Texas. Complete Schedule T.		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 04/04/2025		Payee name SUPERCHEAP SIGNS			
Amount (\$) 2461.29		Payee address; City; State; Zip Code 9200 WATERFORD CTR AUSTIN TX 78758			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSES		Description YARD SIGNS AND ROAD SIGNS		
	Check if travel outside of Texas. Complete Schedule T.		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		
	Check if travel outside of Texas. Complete Schedule T.		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