

FORM C/OH
COVER SHEET PG 1

Revised 1/1/2025

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

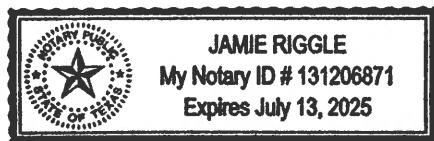
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2820
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	2329.7
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	490.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	

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 3rd day of April, 20 25, to certify which, witness my hand and seal of office.

Jamie Riggle Jamie Riggle Notary Public / Pro Sec
Signature of officer administering oath Printed name of officer administering oath 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**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2820
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2329.70
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: 5
2 FILER NAME Sheila Tangle		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/2025	5 Full name of contributor Fawn Munro out-of-state PAC (ID#: 6 Contributor address; 3600 Lofly Pines Fm TX City; State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Not reported		9 Employer (See Instructions)
Date 3/26/25	Full name of contributor Agatha Byars out-of-state PAC (ID#: Contributor address; 1275 Douglas Dallas TX City; State; Zip Code	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions) Not reported		Employer (See Instructions)
Date 3/25/25	Full name of contributor James Brown out-of-state PAC (ID#: Contributor address; 1111 Saint Albans Rd Baltimore MD City; State; Zip Code	Amount of contribution (\$) 50
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions)
Date 3/25	Full name of contributor Sara Dodson out-of-state PAC (ID#: Contributor address; 4200 Blue Grass Fm, TX City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Consultant		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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Sheila Taylor		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/25	5 Full name of contributor out-of-state PAC (ID#: Barbara Stevens	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 509 Medina Drive Highland Village TX 75077		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Robert Kindel	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1652 Niagara Blvd Lewisville TX		
Principal occupation / Job title (See Instructions) Not reported		Employer (See Instructions)
Date 3/23/25	Full name of contributor out-of-state PAC (ID#: Amanda Wright	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3316 Kelsey Ct Flower Mound TX		
Principal occupation / Job title (See Instructions) Not reported		Employer (See Instructions)
Date 3/23/25	Full name of contributor out-of-state PAC (ID#: Kathy St Claire	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3604 Cedar Lane Farmers Branch TX		
Principal occupation / Job title (See Instructions) CRA		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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Sheila Taylor</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/25/25</i>	5 Full name of contributor <i>Dr. Vivian Johnson</i> out-of-state PAC (ID#: 6 Contributor address; <i>GDDC Denton TX</i> City; State; Zip Code	7 Amount of contribution (\$) <i>200.00</i>
8 Principal occupation / Job title (See Instructions) <i>Pharmacist</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>3/25/25</i>	Full name of contributor <i>Beanna Wallace</i> Contributor address; <i>1232 Burnett Dr Lantana TX</i> City; State; Zip Code	Amount of contribution (\$) <i>300.00</i>
Principal occupation / Job title (See Instructions) <i>Self employed</i>		Employer (See Instructions)
Date <i>3/25/25</i>	Full name of contributor <i>Leslie Brewel</i> Contributor address; <i>2700 Atwood Ct Fm, TX</i> City; State; Zip Code	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions) <i>Not reported</i>		Employer (See Instructions)
Date <i>3/25/25</i>	Full name of contributor <i>Keundra Kirkendall</i> Contributor address; <i>6336 Berkley Dr Shreveport LA</i> City; State; Zip Code	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions) <i>Consultant</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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Sheila Taylor</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/20/25</i>	5 Full name of contributor <i>David Stanaway</i> out-of-state PAC (ID#): _____	7 Amount of contribution (\$) <i>200.00</i>
6 Contributor address; City; State; Zip Code <i>2741 Skinner Dr FM, TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/20/25</i>	Full name of contributor <i>Dnyine Akujus</i> out-of-state PAC (ID#): _____	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>Dallas, TX</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/9/25</i>	Full name of contributor <i>Sheila Taylor</i> out-of-state PAC (ID#): _____	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>3213 Northward Dr HV 75077</i>		
Principal occupation / Job title (See Instructions) <i>CPA</i>		Employer (See Instructions)
Date	Full name of contributor <i>Aggregate Contributions < \$30.00</i> out-of-state PAC (ID#): _____	Amount of contribution (\$) <i>170.00</i>
Contributor address; City; State; Zip Code		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Sheila Taylor</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Contributions < \$30.00</i>	7 Amount of contribution (\$) <i>170.00</i>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
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)
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)
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.		

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: <u>Shela Taylor</u>		3 Filer ID (Ethics Commission Filers)	
4 Date: <u>3/16/25</u>		5 Payee name: <u>VitePrint</u>			
6 Amount (\$): <u>789.00</u>		7 Payee address: <u>275 Wyman St</u>		City: <u>Waltham</u>	State: <u>MA</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>Literature and Buttons</u>		
	(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: <u>3/12/25</u>		Payee name: <u>Wix. com</u>			
Amount (\$): <u>425.00</u>		Payee address: <u>100 Gansevoort St</u>		City: <u>New York</u>	State: <u>Ny</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>Website Expenses</u>		
	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: <u>3/15/25</u>		Payee name: <u>Supercheap Signs</u>			
Amount (\$): <u>1115.70</u>		Payee address: <u>12800 Anderson Mill Rd</u>		City: <u>Cedar Park</u>	State: <u>TX</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>Signs</u>		
	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

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