

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI SHEILA P	OFFICE USE ONLY Date Received Received APR 7 2022 LISD / Supt Ofc	
	NICKNAME LAST SUFFIX TAYLOR		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 913 FENIMORE DRIVE LEWISVILLE, TX 75077		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 288-9176		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI WYETTA	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX ROBINSON-OQUENDO		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4025 HUFFINES BLVD #2231 CARROLLTON, TX 75010		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (347) 325-3357		
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 1 / 1 / 22 THROUGH 4 / 6 / 22		
11 ELECTION	ELECTION DATE Month Day Year 5 / 7 / 22	ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special _____	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) LISD BOARD TRUSTEES PLACE 3	
14 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small>		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	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 <i>Sheila Taylor</i>		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)	\$ 7,565.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,326.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,516.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 7/7/70.
 My address is 913 Fenwick Dr, Lewisville, TX, 75077.
(street) (city) (state) (zip code) (country)
 Executed in Denton County, State of Texas, on the 7 day of April, 2022.
(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	\$ 7,565.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,326.00
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: 7
2 FILER NAME <i>Sheila Taylor</i>		3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2022	5 Full name of contributor out-of-state PAC (ID#: _____) BETH TUTTASS	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 3620 GRANT CT FM, TX 75022		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/07/2022	Full name of contributor out-of-state PAC (ID#: _____) SARA DODSON	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code BLUE GRASS CT FM, TX 75022		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/07/2022	Full name of contributor out-of-state PAC (ID#: _____) JANELLE OPPENHEIMER	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3801 RODNEY CIRC FM, TX 75022		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2022	Full name of contributor out-of-state PAC (ID#: _____) SUZANNE JACKSON	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 8605 DORAL CT FM, TX 75022		
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.

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 FILER NAME <i>Sheila Taylor</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/22/2022</i>	5 Full name of contributor <i>Marlissa Turner</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>3512 Oak Island Flower Md, TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/23/22</i>	Full name of contributor <i>Patrick McKehearty</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>420 Red Castle Lewisville TX 75056</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/24/2022</i>	Full name of contributor <i>Dr. Christie Smith</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1910 Breaker Flower Mound TX 75022</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/24/2022</i>	Full name of contributor <i>Torrey Littlejohn</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>1628 Sward Bridge Lewisville TX 75056</i>		
Principal occupation / Job title (See Instructions)		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:
2 FILER NAME <i>Sheila Tafae</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/6/22</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Sandra Weinstein</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>2420 Harvard Dr Frm TX 75022</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/18/2022</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Michelle Gaunding</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>4028 Jasmine Arlington, TX 76005</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/18/2022</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Julie Foughty</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>6624 Briar Ridge Plano TX 75024</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/22/22</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Wanda Bruce</i>	Amount of contribution (\$) <i>265.00</i>
Contributor address; City; State; Zip Code <i>PO Box 691043 Mint Hill, NC</i>		
Principal occupation / Job title (See Instructions)		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:
2 FILER NAME: <i>Sheila Taylor</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/28/2022</i>	5 Full name of contributor <i>Sandy Swad</i> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code <i>1413 Cambridge Denton TX 76209</i>	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/3/2022</i>	Full name of contributor <i>Koreal Winters</i> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <i>2323 Akard Dallas, TX 75209</i>	Amount of contribution (\$) <i>300.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/5/2022</i>	Full name of contributor <i>The Circle - Misc Donations</i> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <i>2150 Keester Ct Dallas, TX 75208</i>	Amount of contribution (\$) <i>1,200.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/11/2022</i>	Full name of contributor <i>Sheila Taylor</i> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <i>913 Femmore Dr Lewisville, TX 75077</i>	Amount of contribution (\$) <i>1,200.00</i>
Principal occupation / Job title (See Instructions)		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:
2 FILER NAME <i>Sheila Tarfon</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/17/22</i>	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <i>Barbara Stevens</i>	7 Amount of contribution (\$) <i>200.00</i>
6 Contributor address; City; State; Zip Code <i>509 Medina Dr Highland Village TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/17/22</i>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <i>Mary Sumyke</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>4408 Scott Dr Fm, TX 75022</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/18/22</i>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <i>Angelina Megahan</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>3306 Trevino Grand Prairie TX 75054</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <i>Joree Walton</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address; City; State; Zip Code <i>1546 Oaks Lakeland FL 33810</i>		
Principal occupation / Job title (See Instructions)		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:
2 FILER NAME <i>Sheila Taylor</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/24/22</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Shanda Wright</i>	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code <i>1405 Tennyson Fm, TX 75022</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/24/22</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Calestro Bigsbee Bradford</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>10117 Normandy Atlanta GA</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/24/22</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Tera Drana</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>543 North Ave Chicago, IL</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/1/22</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Nathaniel Clark</i>	Amount of contribution (\$) <i>345.00</i>
Contributor address; City; State; Zip Code <i>913 Fenmore Dr Lewisville TX 75077</i>		
Principal occupation / Job title (See Instructions)		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:
2 FILER NAME <i>Sheila Taffe</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>Various</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Miscellaneous Donations</i> <i>\$50.00</i>	7 Amount of contribution (\$) <i>555.00</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#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 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: 3	2 FILER NAME Sheila Taylor	3 Filer ID (Ethics Commission Filers)
4 Date 3/1/22	5 Payee name Ava Blaze Campaign Management Services	
6 Amount (\$) \$2,000	7 Payee address; City; State; Zip Code 509 Valley View Lewisville, TX 75077	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Campaign Mgmt
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/18/22	Payee name VistaPrint	
Amount (\$) 812.88	Payee address; City; State; Zip Code VistaPrint.Com Boston, MA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Literature
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/1/22	Payee name Super Cheap Signs	
Amount (\$) 2370.97	Payee address; City; State; Zip Code Supercheapsigns.com Austin TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signage
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 2/17/22	5 Payee name Wix Inc
6 Amount (\$) 613.00	7 Payee address; City; State; Zip Code Wix.com San Francisco, CA

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website Services
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/16/22	Payee name Hustle Services
Amount (\$) 552.00	Payee address; City; State; Zip Code 1375 Smith Ave San Francisco, CA

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Phone Support
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/1/22	Payee name PB, Inc
Amount (\$) 1693.72	Payee address; City; State; Zip Code 575 10th Ave San Francisco, CA

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Software Support
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY 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

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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 4/1/22	5 Payee name SquareSpace	
6 Amount (\$) 73.46	7 Payee address; City; State; Zip Code SquareSpace Inc New York NY	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(b) Description maintenance (site)
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/17/22 356.89	Payee name Donor Box	
Amount (\$) 356.89	Payee address; City; State; Zip Code Donor Box, Com San Francisco CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising	Description Fundraising
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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