FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVER SHEET PG 1 Filer ID Total pages filed The JC/OH Instruction Guide explains how to complete this form. 106 CANDIDATE / MS/MRS/MR FIRST MI OFFICE USE ONLY OFFICEHOLDER Nicole NAME NICKNAME LAST SUFFIX Taylor ADDRESS / PO BOX: CANDIDATE / APT / SUITE #; ZIP CODE OFFICEHOLDER Post Office Box 2121 MAILING Receipt # **ADDRESS** Change of Address Cedar Hill, TX 75106 W CAMPAIGN MS / MRS / MR FIRST MI TREASURER NAME NICKNAME LAST SUFFIX CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE TREASURER ADDRESS (Residence or Business) PHONE NUMBER EXTENSION CAMPAIGN AREA CODE TREASURER PHONE REPORT TYPE 15th day after campaign treasurer appointment (officeholder only) January 15 30th day before election Runoff Exceeded modified Final Report (Attach C/OH-FR) 8th day before election July 15 reporting limit Month Day Year 9 PERIOD Month Day Year COVERED THROUGH 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Other Year Primary Runoff General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) County Court at Law 5 No. 5 Dallas GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 106

| 13 C / OH NAME | Taylor, Nicole | | 14 Filer ID | |
|--|--|--|----------------------------|----------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures | | | older's knowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | COMMITTEE ADDRESS | | |
| | SPECIFIC | oommittee Abbrica | | |
| | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | S | |
| | | | | |
| 16 CONTRIBUTION TOTALS | | IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC | | \$ 0.00 |
| | | ICAL CONTRIBUTIONS | | \$ 37,462.13 |
| EXPENDITURE TOTALS | - | PLEDGES, LOANS, OR GUARANTEES OF LOANS IZED POLITICAL EXPENDITURES | 5) | \$ 0.00 |
| | 4. TOTAL POLIT | ICAL EXPENDITURES | | \$ 31,567.25 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE LA | AST DAY OF THE | \$ 27,596.68 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD | OF THE LAST DAY | \$ 0.00 |
| 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. KAREN L SIMS Notary ID #133321528 My Commission Expires September 8, 2025 Signature of Candidate or Officeholder | | | | |
| Sworn to and subscribed before me, by the said Nicole Taylor this the 18th day of My . 2023 to certify which, witness my hand and seal of office. | | | | |
| Signature of office | cer administering oath | Printed name of officer administering oath | Notary Title of officer | dministering oath |

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

| | 3 of 1 | | | | | | |
|-----|--|---|-------------|-----------|-----------|--|--|
| | 8 FILER NAME Taylor, Nicole 19 Filer ID | | | | | | |
| | HEDULE ME OF | SUBTO | DTAL AMOUNT | | | | |
| 1. | 1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | \$ | 37,462.13 | | | |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | | |
| 3. | | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | s | | | |
| 4. | | SCHEDULE E(J): LOANS (JUDICIAL) | | \$ | | | |
| 5. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 5 | \$ | 31,567.25 | | |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | DNS | \$ | | | |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | | |
| 9. | | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | | | |
| 10. | | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | | | |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | SNC | \$ | | | |
| 12. | X | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | s | 2,790.60 | | |
| | | | | | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1 The Instruction Guide explains how to complete this form. Sch: 1/14 Rpt: 4/106 2 FILER NAME 3 Filer ID Taylor, Nicole 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/07/2023 Ackels, Joseph \$250.00 6 Contributor address; City; State; Zip Code 3030 LBJ Fwy Ste. 1550 Dallas, TX 75234 9 Contributor's Job Title 8 Contributor's Principal Occupation Attorney Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Ackels & Ackels LLP 12 If contributor is a child, law firm of parent(s) (if any) Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) Date 03/01/2023 \$500.00 Alexander, Jerry Contributor address; City; State; Zip Code 2500 Renaissance Tower Dallas, TX 75270 Contributor's Job Title Contributor's Principal Occupation Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Passman & Jones If contributor is a child, law firm of parent(s) (if any) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 02/03/2023 Anderson, Peter \$100.00 Contributor address; City; State; Zip Code 12400 Coit Road Suite 570 Dallas, TX 75251 Contributor's Job Title Contributor's Principal Occupation Attorney Attorney Law firm of contributor's spouse (if any) Contributor's employer/law firm Kershaw Anderson PLLC Clark Hill Strasburger If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 2/14 Rpt: 5/106 2 FILER NAME 3 Filer ID Taylor, Nicole 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 02/28/2023 BARRON, THOMAS \$250.00 6 Contributor address; City; State; Zip Code 3030 McKinney No. 1603 DALLAS, TX 75204 9 Contributor's Job Title 8 Contributor's Principal Occupation ATTORNEY ATTORNEY 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) SELF 12 If contributor is a child, law firm of parent(s) (if any) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 02/28/2023 \$1.000.00 Barber, scott Contributor address; City; State; Zip Code 2908 Masters Cir Plano, TX 75093 Contributor's Job Title Contributor's Principal Occupation Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$5,000.00 03/06/2023 Beckham Portela Contributor address; City; State; Zip Code 3400 Carlisle Street Ste. 550 Dallas, TX 75204 Contributor's Job Title Contributor's Principal Occupation Law firm of contributor's spouse (if any) Contributor's employer/law firm If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 3/14 Rpt: 6/106 2 FILER NAME 3 Filer ID Taylor, Nicole 4 Date out-of-state PAC (ID# 7 Amount of Contribution (\$) 5 Full name of contributor 02/28/2023 Bobier, Kila \$100.00 6 Contributor address; City; State; Zip Code 1800 Main Street 2501 Dallas, TX 75201 Contributor's Job Title 8 Contributor's Principal Occupation Attorney Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Staff Counsel/Fred Loya 12 If contributor is a child, law firm of parent(s) (if any) out-of-state PAC (ID#: Amount of Contribution (\$) Date Full name of contributor 02/15/2023 Cox, Sean \$500.00 Contributor address; City; State; Zip Code 400 N. Ervay St. #130864 Dallas, TX 75313 Contributor's Principal Occupation Contributor's Job Title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Law Offices of Sean Cox If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$85.00 02/28/2023 D'Metria Benson Campaign Contributor address; City; State; Zip Code 7324 Gaston Avenue Dallas, TX 75214 Contributor's Job Title Contributor's Principal Occupation Law firm of contributor's spouse (if any) Contributor's employer/law firm If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 4/14 Rpt: 7/106 2 FILER NAME 3 Filer ID Taylor, Nicole 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/01/2023 Dianne Kathryn Jones Campaign \$81.46 6 Contributor address; City; State; Zip Code 201 Landry Ct. Irving, TX 75063 9 Contributor's Job Title 8 Contributor's Principal Occupation 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 02/17/2023 Dunn Sheehan LLP \$1.000.00 Contributor address; City; State; Zip Code 5910 N Central Expressway Suite 1310 Dallas, TX 75206 Contributor's Job Title Contributor's Principal Occupation Law firm of contributor's spouse (if any) Contributor's employer/law firm If contributor is a child, law firm of parent(s) (if any) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$1,000.00 02/21/2023 Frank L Branson PC Contributor address; City; State; Zip Code 4514 Cole Avenue Dallas, TX 75205 Contributor's Job Title Contributor's Principal Occupation Law firm of contributor's spouse (if any) Contributor's employer/law firm If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1 The Instruction Guide explains how to complete this form. Sch: 5/14 Rpt: 8/106 2 FILER NAME 3 Filer ID Taylor, Nicole 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 03/07/2023 \$500.00 Grau Law Group 6 Contributor address; City; State; Zip Code 500 Akard St. Ste. 1825 Dallas, TX 75201 9 Contributor's Job Title 8 Contributor's Principal Occupation 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 02/05/2023 \$100.00 Kent, David Contributor address; City; State; Zip Code 6 Twin Bridge Ct. DALLAS, TX 75243 Contributor's Principal Occupation Contributor's Job Title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Faegre Drinker Biddle & Reath LLP If contributor is a child, law firm of parent(s) (if any) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$2,500.00 03/08/2023 Khirallah, Rachel Contributor address; City; State; Zip Code 325 North Saint Paul Street Suite 3400 Dallas, TX 75201 Contributor's Job Title Contributor's Principal Occupation Attorney Attorney Law firm of contributor's spouse (if any) Contributor's employer/law firm Khirallah PLLC If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 6/14 Rpt: 9/106 2 FILER NAME 3 Filer ID Taylor, Nicole 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 03/08/2023 Lynn Pinker Hurst & Schwegmann LLP \$1,000.00 6 Contributor address; City; State; Zip Code 2100 Ross Ave. Ste. 2700 Dallas, TX 75201 9 Contributor's Job Title 8 Contributor's Principal Occupation 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID# 02/13/2023 \$5.000.00 Lyons, Michael Contributor address; City; State; Zip Code 2101 Cedar Springs Rd Ste 1900 Suite 1900 Dallas, TX 75201 Contributor's Principal Occupation Contributor's Job Title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Lyons & Simmons, LLP If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/01/2023 \$100.00 McAllister, Greg Contributor address; City; State; Zip Code 6905 SOUTHRIDGE DR DALLAS, TX 75214 Contributor's Job Title Contributor's Principal Occupation Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Rogge Dunn Group If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 7/14 Rpt: 10/106 2 FILER NAME 3 Filer ID Taylor, Nicole 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 7 Amount of Contribution (\$) 02/28/2023 \$100.00 McComber, Ryan 6 Contributor address; City; State; Zip Code 901 Main Street, Ste 3400 Dallas, TX 75202 9 Contributor's Job Title 8 Contributor's Principal Occupation Attorney Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Figari + Davenport, LLP 12 If contributor is a child, law firm of parent(s) (if any) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 02/27/2023 \$100.00 Meeks, Tamar Contributor address; City; State; Zip Code 4421 Hanover Street Dallas, TX 75225 Contributor's Job Title Contributor's Principal Occupation Attorney-mediator Attorney-mediator Contributor's employer/law firm Law firm of contributor's spouse (if any) Tamar L Meeks, P.C. If contributor is a child, law firm of parent(s) (if any) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$2,500.00 03/01/2023 Miller Weisbrod Olesky LLP Contributor address; City; State; Zip Code 11551 Forest Central Dr. Ste. 300 Dallas, TX 75243 Contributor's Job Title Contributor's Principal Occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 8/14 Rpt: 11/106 3 Filer ID 2 FILER NAME Taylor, Nicole 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 02/23/2023 \$1,000.00 Modjarrad, Sean 6 Contributor address; City; State; Zip Code 212 W Spring Valley Rd Richardson, TX 75081 9 Contributor's Job Title 8 Contributor's Principal Occupation Lawyer Lawyer 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) MAS Law 12 If contributor is a child, law firm of parent(s) (if any) Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#. Date \$250.00 03/01/2023 Nash, Lynne Contributor address; City; State; Zip Code 905 Rodeo Drive Colleyville, TX 76034 Contributor's Job Title Contributor's Principal Occupation Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Nash legal group If contributor is a child, law firm of parent(s) (if any) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID# Date \$100.00 02/02/2023 Nix, Mary Contributor address; City; State; Zip Code 8511 Blue Bonnet Rd Dallas, TX 75209 Contributor's Job Title Contributor's Principal Occupation Lawyer Lawyer Law firm of contributor's spouse (if any) Contributor's employer/law firm Lynn Pinker Hurst & Schwegmann If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 9/14 Rpt: 12/106 3 Filer ID 2 FILER NAME Taylor, Nicole 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 03/01/2023 \$1,000.00 Oberg Law Office 6 Contributor address; City; State; Zip Code 1239 Ridgeview Street Mesquite, TX 75149 9 Contributor's Job Title 8 Contributor's Principal Occupation 11 Law firm of contributor's spouse (if any) 10 Contributor's employer/law firm 12 If contributor is a child, law firm of parent(s) (if any) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$1,500.00 03/07/2023 Pettit, Julie Contributor address; City; State; Zip Code 2101 CEDAR SPRINGS RD STE 1540 Dallas, TX 75201 Contributor's Job Title Contributor's Principal Occupation Lawyer Lawyer Law firm of contributor's spouse (if any) Contributor's employer/law firm Norton Rose Fulbright The Pettit Law Firm If contributor is a child, law firm of parent(s) (if any) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$500.00 03/01/2023 Pevsner, Joseph Contributor address; City; State; Zip Code 2901 Chapman Rd. Plano, TX 75093 Contributor's Job Title Contributor's Principal Occupation Attorney Attorney Law firm of contributor's spouse (if any) Contributor's employer/law firm Holland & Knight If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 10/14 Rpt: 13/106 2 FILER NAME 3 Filer ID Taylor, Nicole 7 Amount of Contribution (\$) out-of-state PAC (ID#:_ 4 Date 5 Full name of contributor \$250.00 02/27/2023 Queenan, Kevin 6 Contributor address; City; State; Zip Code 731 Station Drive Arlington, TX 76015 9 Contributor's Job Title 8 Contributor's Principal Occupation Attorney Attorney 11 Law firm of contributor's spouse (if any) 10 Contributor's employer/law firm Queenan Law Firm, P.C. 12 If contributor is a child, law firm of parent(s) (if any) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$1,000.00 02/23/2023 Ramey, Hardin Contributor address; City; State; Zip Code 3890 West Northwest Highway Dallas, TX 75220 Contributor's Job Title Contributor's Principal Occupation Attorney Attorney Law firm of contributor's spouse (if any) Contributor's employer/law firm Ramey Law Firm If contributor is a child, law firm of parent(s) (if any) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$250.00 02/17/2023 Raphael, Ori Contributor address; City; State; Zip Code 13101 Preston Rd STE 501 13101 Preston Rd DALLAS, TX 75240 Contributor's Job Title Contributor's Principal Occupation Attorney Attorney Law firm of contributor's spouse (if any) Contributor's employer/law firm Mathias Raphael PLLC If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 11/14 Rpt: 14/106 2 FILER NAME 3 Filer ID Taylor, Nicole 4 Date 7 Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ 02/08/2023 \$1,000.00 Rawson, Brian 6 Contributor address; City; State; Zip Code 8750 North Central Expressway Suite 1600 Dallas, TX 75231 9 Contributor's Job Title 8 Contributor's Principal Occupation Attorney Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Hartline Barger, LLP 12 If contributor is a child, law firm of parent(s) (if any) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 02/06/2023 Sampson, Edward \$1,000.00 Contributor address; City; State; Zip Code 4851 LBJ FWY Suite 710 Dallas, TX 75244 Contributor's Job Title Contributor's Principal Occupation lawver lawyer Contributor's employer/law firm Law firm of contributor's spouse (if any) Law Office of Edward W Sampson, PC If contributor is a child, law firm of parent(s) (if any) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$345.67 02/28/2023 Schorr, Geoffrey Contributor address; City; State; Zip Code 3114 saint johns dr., dallas, tx 75205 Dallas, TX 75205 Contributor's Job Title Contributor's Principal Occupation Attorney Attorney Law firm of contributor's spouse (if any) Contributor's employer/law firm Schorr Law Firm Schorr Law Firm If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 12/14 Rpt: 15/106 2 FILER NAME 3 Filer ID Taylor, Nicole 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 03/01/2023 \$1,000.00 Slack Davis Sanger LLP 6 Contributor address; City; State; Zip Code 6001 Bold Ruler Way Ste. 100 Austin, TX 78746 9 Contributor's Job Title 8 Contributor's Principal Occupation 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID# Date \$100.00 03/01/2023 Song Whiddon PLLC Contributor address; City; State; Zip Code 8111 LBJ Freeway Ste. 480 Dallas, TX 75251 Contributor's Job Title Contributor's Principal Occupation Contributor's employer/law firm Law firm of contributor's spouse (if any) If contributor is a child, law firm of parent(s) (if any) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$100.00 02/13/2023 Taylor, Ben Contributor address; City; State; Zip Code 2654 Lakeforest Court Dallas, TX 75214 Contributor's Job Title Contributor's Principal Occupation attorney attorney Law firm of contributor's spouse (if any) Contributor's employer/law firm Ted B. Lyon & Associates. P.C. If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 13/14 Rpt: 16/106 3 Filer ID 2 FILER NAME Taylor, Nicole 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ \$5,000.00 03/01/2023 The Law Office of Van Shaw 6 Contributor address; City; State; Zip Code 2723 Fairmount St. Dallas, TX 75201 9 Contributor's Job Title 8 Contributor's Principal Occupation 11 Law firm of contributor's spouse (if any) 10 Contributor's employer/law firm 12 If contributor is a child, law firm of parent(s) (if any) out-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor Date \$1,000.00 02/28/2023 Villegas, Albert Contributor address; City; State; Zip Code 1111 West Mockingbird Lane Suite 1200 Dallas, TX 75247 Contributor's Job Title Contributor's Principal Occupation attorney attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Domingo Garcia Law Office If contributor is a child, law firm of parent(s) (if any) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$100.00 02/13/2023 Washington, Karen Contributor address; City; State; Zip Code PO Box 837072 Richardson, TX 75083 Contributor's Job Title Contributor's Principal Occupation Mediator Law firm of contributor's spouse (if any) Contributor's employer/law firm If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 14/14 Rpt: 17/106 2 FILER NAME 3 Filer ID Taylor, Nicole 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 02/27/2023 Wiles, William \$100.00 6 Contributor address; City; State; Zip Code 750 North Saint Paul Street Suite 700 Dallas, TX 75201 9 Contributor's Job Title 8 Contributor's Principal Occupation Attorney Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Orsinger Nelson Downing and Anderson Mayer LLP 12 If contributor is a child, law firm of parent(s) (if any) Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: Date 02/23/2023 Williams, Tamra \$100.00 Contributor address; City; State; Zip Code 5518 Miller Heights Drive Rowlett, TX 75088 Contributor's Principal Occupation Contributor's Job Title Attorney Attorney Contributor's employer/law firm Law firm of contributor's spouse (if any) Law Office of Tamra Williams, P.C. If contributor is a child, law firm of parent(s) (if any)

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Food/Beverage Expense Gitt/Awards/Memorials Exp Legal Services The Instruction Guide | ense Print Salai | | e /Contract Labor | | Travel in District Travel Out of District OTHER (enter a category not listed above) | р |
|----------|---|-----------------------|---|----------------------|--------|--|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAM | IE . | | | | 3 | Filer ID | |
| | Sch: 1/86 Rpt: 18/106 | Taylor, Nic | cole | | | | | | |
| 4 | Date | 5 Payee nam | e | | | | | | |
| | 05/08/2023 | 2101 Ceda | ar Springs Parking G | arage | | | | | |
| 6 | Amount (\$) | 7 Payee addr | ess; City; | State; Zip | Code | | | | |
| | \$5.00 | 2101 Ceda | ar Springs Rd | | | | | | |
| | | | | | | | | | |
| | | Dallas, TX | 75201 | | | | | | |
| 8 | PURPOSE | (a) Category | See Categories listed at the to | p of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | CONTRACTOR CONTRACTOR | rhead/Rental Expen | | | | | e of Texas. Complete Schedule T. | |
| | | | | | | Parking | 1, TX, (| officeholder living expense | |
| | | | | | | Citary | | | |
| 9 | Complete ONLY if direct | Candidate/O | fficeholder name | Office | sought | | | Office held | |
| | expenditure to benefit C/O | | nooriologi namo | | | | | | |
| | Date | Payee nam | е | | | | | | |
| | 05/11/2023 | ATT | | | | | | | |
| | Amount (\$) | Payee addr | ess; City; | State; Zip | Code | | | | |
| | \$81.00 | 211 S Aka | rd St | | | | | | |
| | | | | | | | | | |
| | | Dallas, TX | 75202 | | | | | | |
| | PURPOSE | (a) Category | See Categories listed at the to | op of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Office Ove | erhead/Rental Expen | ise | | | | e of Texas. Complete Schedule T. officeholder living expense | |
| | | | | | | Internet Serv | | and the state of t | |
| | | | | | | | | | |
| | Complete ONLY if direct | Candidate/O | fficeholder name | Office | sought | | | Office held | |
| | expenditure to benefit C/O | Н | | | | | | | |
| | Date | Payee nam | e | | | | | | |
| | 04/17/2023 | Adobe, Inc | 3. | | | | | | |
| Г | Amount (\$) | Payee addr | ess; City; | State; Zip | Code | | | | |
| | \$21.64 | 245 Park | Avenue | | | | | | |
| | | | | | | | | | |
| | | San Jose, | CA 95123 | | | | | | |
| | PURPOSE | (a) Category | See Categories listed at the to | op of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Office Ove | erhead/Rental Exper | ise | | The second secon | | e of Texas. Complete Schedule T. officeholder living expense | |
| | | | | | | Software | I, IA, | officerolder living expense | |
| | | | | | | | | | |
| \vdash | Complete ONLY if direct | Candidate/O | fficeholder name | Office | sought | | | Office held | |
| | expenditure to benefit C/O | | | | 3 | | | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Rembursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense
Gitt/Awards/Memorials Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Grit/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Travel Out of District OTHER (enter a category not listed above) |
|---|--|--|--|
| 1 | Total pages Schedule F1: Sch: 2/86 Rpt: 19/106 | 2 FILER NAME Taylor, Nicole | Filer ID |
| 4 | Date 01/27/2023 | 5 Payee name Alankar Food Court | |
| 6 | Amount (\$) \$18.34 | 7 Payee address; City; State; Zip Code 600 Commerce Street Dallas, TX 75202 | |
| 8 | PURPOSE OF EXPENDITURE | 1 God/Deverage Experise | side of Texas. Complete Schedule T. C. officeholder living expense Allen |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | Office held |
| | Date 01/30/2023 | Payee name Alankar Food Court | |
| | Amount (\$) \$14.26 | Payee address; City; State; Zip Code 600 Commerce Street Dallas, TX 75202 | |
| | PURPOSE OF EXPENDITURE | 1 Ood/Develage Expense | side of Texas. Complete Schedule T. C. officeholder living expense Allen |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | Date 03/08/2023 | Payee name Alankar Food Court | |
| | Amount (\$) \$26.46 | Payee address; City; State; Zip Code 600 Commerce Street Dallas, TX 75202 | |
| | PURPOSE OF EXPENDITURE | FUUU/Deverage Expense | side of Texas. Complete Schedule T. K. officeholder living expense Allen |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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 |
| | Sch: 3/86 Rpt: 20/106 | Taylor, Nicole |
| 4 | Date | 5 Payee name |
| | 04/11/2023 | Alankar Food Court |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$9.00 | 600 Commerce Street |
| | | |
| | | Dallas, TX 75202 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, T.X., officeholder living expense Meal in George Allen |
| | | Medi iii oosiga riidii |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | н |
| | Date | Payee name |
| | 04/20/2023 | Alankar Food Court |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$22.96 | 600 Commerce Street |
| | | |
| | | Dallas, TX 75202 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, T.X. officeholder living expense Meal in George Allen |
| | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | H |
| F | Date | Payee name |
| | 04/21/2023 | Alankar Food Court |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$4.25 | 600 Commerce Street |
| | | |
| | | Dallas, TX 75201 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Meal in George Allen |
| | | The difference of the control of the |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| - | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| 1 | Total pages Schedule F1: Sch: 4/86 Rpt: 21/106 | 2 FILER NAME Taylor, Nicole 3 Filer ID |
| 4 | Date 04/21/2023 | 5 Payee name Alankar Food Court |
| 6 | Amount (\$) \$30.01 | 7 Payee address; City; State; Zip Code 600 Commerce Street Dallas, TX 75202 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal in George Allen |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date 04/24/2023 | Payee name Alankar Food Court |
| | Amount (\$) \$23.50 | Payee address; City; State, Zip Code 600 Commerce Street Dallas, TX 75202 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal in George Allen |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 04/26/2023 | Payee name Alankar Food Court |
| | Amount (\$) \$4.50 | Payee address; City; State; Zip Code 600 Commerce Street Dallas, TX 75201 |
| | PURPOSE OF EXPENDITURE | (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Meal in George Allen |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Folling Expense
Gift/Awards/Memorials Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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 |
| | Sch: 5/86 Rpt: 22/106 | Taylor, Nicole |
| 4 | Date | 5 Payee name |
| | 01/04/2023 | Amazon |
| 6 | Amount (\$) \$39.60 | 7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/04/2023 | Amazon |
| | Amount (\$) \$238.40 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/09/2023 | Amazon |
| | Amount (\$) \$8.65 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 |
| L | DUBBOOS | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Pol Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F | 1: 2 FILER NAME 3 Filer ID |
| Sch: 6/86 Rpt: 23/10 | Taylor, Nicole |
| 4 Date | 5 Payee name |
| 01/09/2023 | Amazon |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$81.1 | 8 410 Terry Ave N |
| | |
| | Seattle, WA 98109 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas, Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | Courtroom Supplies |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C | |
| experialture to benefit C | |
| Date | Payee name |
| 01/10/2023 | Amazon |
| Amount (\$) | Payee address; City: State; Zip Code |
| \$146.7 | |
| 42.011 | |
| | Seattle, WA 98109 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | Courtroom Supplies |
| | |
| Complete ONLY if direct expenditure to benefit C | |
| | |
| Date | Payee name |
| 01/11/2023 | Amazon |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$75.8 | 7 411 Terry Ave N |
| | |
| | Seattle, WA 98110 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Courtroom Supplies |
| | |
| Complete ONLY if direc | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C | |
| | |
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| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | | | | |
|---|--|---|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID | | | |
| | Sch: 7/86 Rpt: 24/106 | Taylor, Nicole | | | |
| 4 | Date | 5 Payee name | | | |
| | 01/17/2023 | Amazon | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$24.89 | 410 Terry Ave N | | | |
| | | | | | |
| | | Seattle, WA 98109 | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | | Courtroom Supplies | | | |
| | | Countoon Supplies | | | |
| _ | Complete Ornitria | Office cought | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | |
| | experience to benefit or or | | | | |
| | Date | Payee name | | | |
| | 01/17/2023 | Amazon | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$36.77 | 410 Terry Ave N | | | |
| | | | | | |
| | | Seattle, WA 98109 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense Courtroom Supplies | | | |
| | | Courtoom Supplies | | | |
| _ | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | |
| | | | | | |
| | Date | Payee name | | | |
| | 01/17/2023 | Amazon | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$51.51 | 410 Terry Ave N | | | |
| | | | | | |
| | | Seattle, WA 98109 | | | |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | Check if Austin, TX. officeholder living expense | | | |
| | | Courtroom Supplies | | | |
| | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/O | н | | | |
| | | | | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Gitt/Awards/Memorials Expense Printing E Legal Services Salaries The Instruction Guide explains how to co | Wages/Contract Labor OTHER (enter a category not listed above) |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 8/86 Rpt: 25/106 | 2 FILER NAME Taylor, Nicole | 3 Filer ID |
| 4 Date 01/17/2023 | 5 Payee name Amazon | |
| 6 Amount (\$) \$55.17 | 7 Payee address; City; State; Zip Co 410 Terry Ave N Seattle, WA 98109 | ode |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sou | ught Office held |
| Date 01/19/2023 | Payee name Amazon | |
| Amount (\$) \$25.05 | Payee address; City; State; Zip Ci 410 Terry Ave N Seattle, WA 98109 | ode |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sort | ught Office held |
| Date 01/23/2023 | Payee name Amazon | |
| Amount (\$) \$10.81 | Payee address; City; State; Zip C 410 Terry Ave N Seattle, WA 98109 | ode |
| PURPOSE OF EXPENDITURE | (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office so | ught Office held |
| | | |

SCHEDULE F1

Advertising Expense Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

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 Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1 2 FILER NAME 3 Filer ID Sch: 9/86 Rpt: 26/106 Taylor, Nicole 4 Date Payee name 02/03/2023 Amazon Amount (\$) Payee address State; Zip Code City: \$99.77 410 Terry Ave N Seattle, WA 98109 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Courtroom Supplies Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/09/2023 Amazon Amount (\$) Payee address; City; State; Zip Code \$8.76 410 Terry Ave N Seattle, WA 98109 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense EXPENDITURE Check if Austin, TX, officeholder living expense Courtroom Supplies Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/10/2023 Amazon State; Zip Code Amount (\$) Payee address; \$361.23 410 Terry Ave N Seattle, WA 98109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense EXPENDITURE Check if Austin, TX, officeholder living expense Courtroom Supplies Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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 Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 10/86 Rpt: Taylor, Nicole 4 Date Payee name 03/13/2023 Amazon 6 Amount (\$) Payee address City: State: Zip Code \$27.10 410 Terry Ave N Seattle, WA 98109 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Courtroom Supplies Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 03/13/2023 Amazon Amount (\$) Payee address; City; State; Zip Code \$45.29 410 Terry Ave N Seattle, WA 98109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Courtroom Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/13/2023 Amazon Amount (\$) Payee address; State; Zip Code 410 Terry Ave N \$135.05 Seattle, WA 98109 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Courtroom Supplies Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
ense Polling Expense
ls Expense Printing Expense
Salarge (Manger/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| Sch: 11/86 Rpt: | Taylor, Nicole |
| 4 Date | 5 Payee name |
| 03/13/2023 | Amazon |
| 6 Amount (\$) \$156.68 | 7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OR | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 03/13/2023 | Amazon |
| Amount (\$) \$214.05 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 03/14/2023 | Payee name Amazon |
| Amount (\$) \$53.12 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 |
| PURPOSE OF EXPENDITURE | (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Pinting Expense
Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Committee 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 Taylor Nicole 3 Filer ID |
| | Sch: 12/86 Rpt: | Taylor, Nicole |
| 4 | Date | 5 Payee name |
| | 03/15/2023 | Amazon |
| 6 | Amount (\$) \$37.86 | 7 Payee address; City; State; Zip Code 410 Terry Ave N |
| | | |
| | | Seattle, WA 98109 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Courtroom Supplies |
| | | Courtion Supplies |
| 940 | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| 1 | Date | Payee name |
| | 03/16/2023 | Amazon |
| _ | Amount (\$) | Payee address; City; State; Zip Code |
| | \$34.98 | 410 Terry Ave N |
| | \$54.50 | 410 Telly Ave IV |
| | | Seattle, WA 98109 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas, Complete Schedule T. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense Courtroom Supplies |
| | | Courtroom Supplies |
| L | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| | Date | Payee name |
| | 03/17/2023 | Amazon |
| - | Amount (\$) | Payee address; City; State; Zip Code |
| | \$45.58 | 410 Terry Ave N |
| | \$45.50 | 410 Terry Ave N |
| | | |
| | | Seattle, WA 98109 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Courtroom Supplies |
| L | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | Н |
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| | | |
| 1 | | |

SCHEDULE F1

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memonals Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: Sch: 13/86 Rpt: | 2 FILER NAME Taylor, Nicole | | | | |
| 4 Date 04/26/2023 | 5 Payee name Amazon | | | | |
| 6 Amount (\$) \$75.97 | 7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H | | | | |
| Date 04/27/2023 | Payee name Amazon | | | | |
| Amount (\$) \$51.95 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | | | | |
| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Sch Check if Austin, TX, officeholder living expense Courtroom Supplies | | | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | |
| Date 05/01/2023 | Payee name Amazon | | | | |
| Amount (\$) \$8.61 | Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held OH | | | | |
| | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

EXPENDITURE CATEGORIES FOR BOX 8(a) 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)

| Credit Card Payment | The Instruction Guide explains how to co | omplet | e this form. | | | |
|--|---|--------|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID | | | | | |
| Sch: 14/86 Rpt: | Taylor, Nicole | | | | | |
| 4 Date | 5 Payee name | | | | | |
| 05/01/2023 | Amazon | | | | | |
| 6 Amount (\$) \$29.94 | 7 Payee address; City; State; Zip C 410 Terry Ave N Seattle, WA 98109 | Code | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sor | ught | Office held | | | |
| Date | Payee name | | | | | |
| 05/01/2023 | Amazon | | | | | |
| Amount (\$) \$41.94 | Payee address; City; State; Zip C 410 Terry Ave N Seattle, WA 98109 | Code | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. Courtroom Supplies | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office so | ought | Office held | | | |
| Date | Payee name | | | | | |
| 05/10/2023 | Amazon | | | | | |
| Amount (\$) \$169.76 | Payee address; City; State; Zip C 410 Terry Ave N Seattle, WA 98109 | Code | | | | |
| PURPOSE OF EXPENDITURE | OF Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office so | ought | Office held | | | |
| | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | | | | |
|---|---|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID | | | |
| | Sch: 15/86 Rpt: | Taylor, Nicole | | | |
| 4 | Date | 5 Payee name | | | |
| | 05/30/2023 | Amazon | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$10.68 | 410 Terry Ave N | | | |
| | | | | | |
| | | Seattle, WA 98109 | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense Courtroom Supplies | | | |
| | | Coditionii Supplies | | | |
| 0 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| 9 | expenditure to benefit C/O | | | | |
| | Data | | | | |
| | Date 05/30/2023 | Payee name Amazon | | | |
| _ | | | | | |
| | Amount (\$) \$30.83 | Payee address; City; State; Zip Code | | | |
| | Ф30.03 | 410 Terry Ave N | | | |
| | | C | | | |
| L | | Seattle, WA 98109 | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead (Pental Expense) Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas, Complete Schedule 1. Check if Austin, TX, officeholder living expense | | | |
| | | Courtroom Supplies | | | |
| | | | | | |
| Г | Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/O | н | | | |
| | Date | Payee name | | | |
| | 06/07/2023 | Amazon | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$87.61 | 410 Terry Ave N | | | |
| | | | | | |
| | | Seattle, WA 98109 | | | |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. | | | |
| | | Courtroom Supplies | | | |
| | | | | | |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/O | | | | |
| - | | | | | |
| | | | | | |
| I | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Food/Beverage Expense

| Candidate/Officeholder/Politica Credit Card Payment | Committee 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: Sch: 16/86 Rpt: | 2 FILER NAME Taylor, Nicole | | | |
| 4 Date 06/26/2023 | 5 Payee name Amazon | | | |
| 6 Amount (\$) \$61.68 | 7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | |
| Date 01/31/2023 | Payee name American Airlines | | | |
| Amount (\$) \$204.25 | Payee address; City; State; Zip Code 1 Skyview Fort Worth, TX 76155 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | |
| Date 04/26/2023 | Payee name American Airlines | | | |
| Amount (\$) \$99.17 | Payee address; City; State; Zip Code 1 Skyview Fort Worth, TX 76155 | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Travel | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | |
| | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Git/Awards/Memorials Expense
Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Il Committee 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: Sch: 17/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID | |
| 4 | Date 04/26/2023 | 5 Payee name American Airlines | |
| 6 | Amount (\$) \$204.25 | 7 Payee address; City; State; Zip Code 1 Skyview Fort Worth, TX 76155 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Travel | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | Date 02/21/2023 | Payee name Apple | |
| | Amount (\$) \$2.99 | Payee address; City; State; Zip Code One Apple Park Way Cupertino, CA 95014 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Data Plan | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | Date 02/27/2023 | Payee name Apple | |
| | Amount (\$) \$14.31 | Payee address; City; State; Zip Code One Apple Park Way Cupertino, CA 95014 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. Data Plan | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla | | ages | /Contract Labor | Travel Out OTHER (er | of District inter a category not listed above) |
|---|--|-----------------|--|---------------|-------|---------------------|-------------------------|---|
| 1 | Total pages Schedule F1: | 2 FILER NAM | E | | | 3 | Filer ID | |
| | Sch: 18/86 Rpt: | Taylor, Nic | ole | | | | | |
| 4 | Date | 5 Payee name | 9 | | | • | | |
| | 03/21/2023 | Apple | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; St | tate; Zip Co | de | | | |
| | \$2.99 | One Apple | Park Way | | | | | |
| | | | | | | | | |
| | | Cupertino, | CA 95014 | | | | | |
| 8 | PURPOSE | (a) Category (s | See Categories listed at the top of thi | s schedule) | (b) | Description | | |
| | OF EXPENDITURE | Office Ove | rhead/Rental Expense | | | | | Complete Schedule T. |
| | | | | | | Data Plan | C officeholder | living expense |
| | | | | | | Dala Flair | | |
| 9 | Complete ONLY if direct | Candidate/Of | ficeholder name | Office sour | aht | | Offic | ce held |
| 9 | expenditure to benefit C/O | | inceriolider flame | Office sout | gi it | | Onic | e rielu |
| | Date | Payee name | 9 | | | | | |
| | 03/27/2023 | Apple | | | | | | |
| | Amount (\$) | Payee addre | ess; City; St | tate; Zip Cod | de | | | |
| | \$14.31 | One Apple | Park Way | | | | | |
| | | | | | | | | |
| | | Cupertino, | CA 95014 | | | | | |
| | PURPOSE | (a) Category (s | See Categories listed at the top of thi | s schedule) | (b) | Description | | |
| | OF EXPENDITURE | | rhead/Rental Expense | | | | | Complete Schedule T, |
| | EXPENDITORE | | | | | Check if Austin, T) | (, officeholder | living expense |
| | | | | | | Data Plan | | |
| _ | Complete ONLY if direct | Candidate/Of | ficeholder name | Office sour | ght | | Offic | ce held |
| | expenditure to benefit C/O | | | | | | | |
| - | Date | Payee name | 2 | | | | | |
| | 03/30/2023 | Apple | | | | | | |
| | Amount (\$) | Payee addre | ess; City; Si | tate; Zip Co | de | | | |
| | \$21.64 | One Apple | | | | | | |
| | | | | | | | | |
| | | Cupertino, | CA 95014 | | | | | |
| | PURPOSE | (a) Category | See Categories listed at the top of thi | s schedule) | (b) | Description | | |
| | OF EXPENDITURE | | rhead/Rental Expense | | | | | Complete Schedule T. |
| | EXPENDITORE | | | | | Check if Austin, T | C. officeholder | living expense |
| | | | | | | Data Plan | | |
| _ | Complete ONLY if direct | Candidate/Of | ficeholder name | Office sou | abt | | Offic | ce held |
| | Complete ONLY if direct expenditure to benefit C/O | | ncendider name | Onice sout | ALIL | | Oille | se nelu |
| _ | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense

| Candidate/Officeholder/Politica Credit Card Payment | Committee 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: Sch: 19/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID |
| 4 Date 04/03/2023 | 5 Payee name Apple |
| 6 Amount (\$) \$2.99 | 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) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Data Plan |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 04/04/2023 | Payee name Apple |
| Amount (\$) \$86.59 | Payee address; City; State; Zip Code One Apple Park Way Cupertino, CA 95014 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Apple Accessory |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 04/10/2023 | Payee name Apple |
| Amount (\$) \$18.39 | Payee address; City; State; Zip Code One Apple Park Way Cupertino, CA 95014 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. Data Plan |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | S/Contract Labor OTHER (enter a category not listed above) |
|----------|--|---|-----------|--|
| 1 | Total pages Schedule F1: | FILER NAME | | 3 Filer ID |
| | Sch: 20/86 Rpt: | Taylor, Nicole | | |
| 4 | Date | Payee name | | |
| | 04/13/2023 | Apple | | |
| 6 | Amount (\$) \$2.99 | Payee address; City: State; Z One Apple Park Way Cupertino, CA 95014 | ip Code | |
| _ | BURDOOS | | Las | |
| 8 | PURPOSE OF EXPENDITURE | Category (see Categories listed at the top of this schedul Office Overhead/Rental Expense | e) (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Data Plan |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office | ce sought | Office held |
| | Date | Payee name | | |
| | 04/17/2023 | Apple | | |
| \vdash | Amount (\$) | Payee address; City; State; Z | ip Code | |
| | \$1.99 | One Apple Park Way | | |
| | | Cupertino, CA 95014 | | |
| | PURPOSE | Category (See Categories listed at the top of this schedul | e) (b) | Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Data Plan |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office | ce sought | Office held |
| | Date | Payee name | | |
| | 04/21/2023 | Apple | | |
| | Amount (\$) \$2.99 | Payee address; City: State, Zi One Apple Park Way Cupertino, CA 95014 | ip Code | |
| | PURPOSE | Category (See Categories listed at the top of this schedul | e) (b) | Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Data Plan |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office | ce sought | Office held |
| | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide e: | Salaries/ | Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above) | | | |
|---|--|---|--|-------------------|---|-----------------------------|--------|--|
| 1 | Total pages Schedule F1: | 2 FILER NA | ME | | | | 3 | Filer ID |
| | Sch: 21/86 Rpt: | Taylor, N | icole | | | | | |
| 4 | Date | 5 Payee nar | me | | | | | |
| | 04/26/2023 | Apple | | | | | | |
| 6 | Amount (\$) | 7 Payee add | dress; City; | State; Zip C | ode | | | |
| | \$14.31 | One App | le Park Way | | | | | |
| | | Cupertino | o, CA 95014 | | | | | |
| 8 | PURPOSE | (a) Category | (See Categories listed at the top of | of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | | verhead/Rental Expense | | | | | de of Texas. Complete Schedule T. officeholder living expense |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | | Officeholder name | Office so | ught | | | Office held |
| | Date | Payee nar | ne | | | | | |
| | 05/01/2023 | Apple | | | | | | |
| | Amount (\$) | Payee add | dress; City; | State; Zip C | ode | | | |
| | \$2.99 | One App | le Park Way | | | | | |
| | | Cupertino | o, CA 95014 | | | | | |
| | PURPOSE OF | Contract Contract | (See Categories listed at the top of | | (b) | Description Chack if travel | nuiteu | de of Texas. Complete Schedule T. |
| | EXPENDITURE | Office Ov | erhead/Rental Expense | e | | | | officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/O | | Officeholder name | Office so | ught | | | Office held |
| | Date | Payee nar | me | | | | | |
| | 05/08/2023 | Apple | | | | | | |
| | Amount (\$) \$18.39 | Payee add One App | dress; City; le Park Way | State; Zip C | ode | | | |
| | | Cupertin | o, CA 95014 | | | | | |
| | PURPOSE OF EXPENDITURE | - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 | (See Categories listed at the top overhead/Rental Expense | | (b) | | | de of Texas. Complete Schedule T. officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/O | | Officeholder name | Office so | ught | | | Office held |
| | | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | | | |
|---|--|--|--|
| 1 Total pages Schedule F1: Sch: 22/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID | | |
| 4 Date 05/11/2023 | 5 Payee name Apple | | |
| 6 Amount (\$) \$2.99 | 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) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Data Plan | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | |
| Date 06/07/2023 | Payee name Apple | | |
| Amount (\$) \$18.39 | Payee address; City; State; Zip Code One Apple Park Way Cupertino, CA 95014 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Data Plan | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | |
| Date 04/06/2023 | Payee name Arts District Mansion | | |
| Amount (\$) \$523.93 | Payee address; City; State; Zip Code 2101 Ross Ave Dallas, TX 75201 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Catering for Investiture | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | |
| | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donate

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | | ages/Contract Labor OTHER (enter a category not listed above) |
|--|--|--|
| Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID |
| Sch: 23/86 Rpt: | Taylor, Nicole | J. Hot ID |
| | | |
| 4 Date | 5 Payee name | |
| 05/24/2023 | Bar Louie | |
| 5 Amount (\$) | 7 Payee address; City; State; Zip Coo | de |
| \$43.00 | 360 W. Las Colinas | |
| | | |
| | Irving, TX 75039 | |
| B PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF | Food/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | Meals at Regional B Judicial Conference |
| | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office soug | ght Office held |
| expenditure to benefit C/O | 1 | |
| Date | Payee name | |
| 05/24/2023 | Bar Louie | |
| Amount (\$) | Payee address; City; State; Zip Coo | de |
| \$63.00 | 361 W. Las Colinas | |
| | Subjective out transport deligner in the control and subject to | |
| | Irving, TX 75039 | |
| BUIDDOOF | 201 W | (h) D |
| PURPOSE OF | | (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Food/Beverage Expense | Check if Austin, TX, officeholder living expense |
| | | Meals at Regional B Judicial Conference |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sout | ght Office held |
| expenditure to benefit C/O | Н | |
| Date | Payee name | |
| 03/13/2023 | Bath & Body Works | |
| Amount (\$) | Payee address; City; State; Zip Coo | de |
| \$142.39 | 305 W Farm to Market Rd 1382 | |
| \$142.33 | 303 VV AIII to Market Na 1302 | |
| | 75404 | |
| | Cedar Hill, TX 75104 | |
| PURPOSE | · · · · · · · · · · · · · · · · · · · | (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Supplies for the Jury Room |
| | | Cappine in the car, |
| Complete ONLY if direct | Candidate/Officeholder name Office sour | ght Office held |
| expenditure to benefit C/O | | grin |
| | | |
| | | |
| | | |
| orms provided by Texas E | thics Commission www.ethics.state.tx.u | s Version V3.5.1.a18ea2d |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Git/Awards/Memorials Expense
Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | Committee 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 |
| Sch: 24/86 Rpt: | Taylor, Nicole |
| 4 Date | 5 Payee name |
| 05/09/2023 | Ben's Chilit Bowl |
| 6 Amount (\$) \$10.38 | 7 Payee address; City; State; Zip Code 3507 Columbia Pike Arlington, VA 22204 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Meal |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| Date | Payee name |
| 01/03/2023 | Best Buy |
| Amount (\$) \$687.33 | Payee address; City; State; Zip Code 731 N. Hwy 67 Cedar Hill, TX 75104 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Microwave, Ice Maker and Coffee Pot for Jury Room |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 01/04/2023 | Payee name Best Buy |
| Amount (\$) \$475.19 | Payee address; City; State; Zip Code 731 N. Hwy 67 Cedar Hill, TX 75104 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Computer Equipment for Court |
| Complete ONLY if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Git/Awards/Memorials Expense
Finding Expense
Finding Expense

| | Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. | , | | | | |
|--|---|--|---|--|--|--|--|
| 1 | Total pages Schedule F1: | | | | | | |
| 1 | Sch: 25/86 Rpt: | Taylor, Nicole | | | | | |
| 4 | Date | 5 Payee name | | | | | |
| | 01/05/2023 | Best Buy | | | | | |
| 6 | Amount (\$) \$94.10 | 7 Payee address; City; State; Zip Code 731 N. Hwy 67 | | | | | |
| | 40.1120 | | | | | | |
| | | Cedar Hill, TX 75104 | | | | | |
| 8 | PURPOSE OF | (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas, Complete Schedule T. | | | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | |
| | | Power Strip Equipment | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| Э | expenditure to benefit C/Ol | Canada Ca | | | | | |
| | Date | Payee name | | | | | |
| | 04/28/2023 | Best Buy | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$349.63 | 731 N. Hwy 67 | | | | | |
| | | Cedar Hill, TX 75104 | | | | | |
| PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Office Overhead/Pental Expanse | | | | | | | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense | | | | | |
| | | Camera for Courtroom | | | | | |
| L | | | | | | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | |
| | Date | Payee name | | | | | |
| | 05/25/2023 | Best Buy | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$96.34 | 731 N. Hwy 67 | | | | | |
| | | Cedar Hill, TX 75104 | | | | | |
| | PURPOSE | (a) Category (see Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | Computer Accessory | | | | | |
| | | | | | | | |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | |
| L | expenditure to benefit C/O |)H | | | | | |
| | | | | | | | |
| | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense
Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | Committee 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: Sch: 26/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID |
| 4 Date 05/19/2023 | 5 Payee name Campisi's of Dallas |
| 6 Amount (\$) \$15.56 | 7 Payee address; City; State; Zip Code 8008 Cedar Springs Rd Dallas, TX 75235 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Meal |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 04/03/2023 | Payee name Capital Grille |
| Amount (\$) \$426.15 | Payee address; City; State; Zip Code 500 Crescent Court Dallas, TX 75201 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Birthday/Retirement Luncheon |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 01/03/2023 | Payee name Capps Rent-A-Car |
| Amount (\$) \$255.64 | Payee address; City; State; Zip Code 4950 W John Carpenter Fwy Irving, TX 75063 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Van Rental for Swearing-In |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/A The Instruction Guide explains how to co | Vages/Contract Labor OTHER (enter a category not listed above) mplete this form. |
|---|--|--|
| Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID |
| Sch: 27/86 Rpt: | Taylor, Nicole | |
| 1 Date | 5 Payee name | |
| 01/27/2023 | Chase ATM Fee | |
| 5 Amount (\$) \$2.95 | 7 Payee address; City; State; Zip Co 810 164th Street Redmond, WA 98052 | ode |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense ATM Fee for Valet Tip |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sou | ght Office held |
| Date | Payee name | |
| 01/30/2023 | Chevron | |
| Amount (\$) \$8.30 | Payee address; City; State; Zip Co | ode |
| | Centerville, TX 75813 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food on Travel |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou | Ight Office held |
| Date | Payee name | |
| 05/25/2023 | Chick-Fil-A | |
| Amount (\$) \$22.22 | Payee address; City; State; Zip Co 5350 N. MacArthur Blvd Irving, TX 75038 | ode |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Meal at Regional B Judicial Conference |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou | Ight Office held |
| forms provided by Texas F | thics Commission www.ethics.state.tx. | us Version V3.5.1.a18ea2 |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment | |
|---|--|
| 1 Total pages Schedule F1: Sch: 28/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID |
| 4 Date 06/02/2023 | 5 Payee name Chick-Fil-A |
| 6 Amount (\$) \$126.67 | 7 Payee address; City; State; Zip Code 1401 Elm St. Ste. 220 Dallas, TX 75202 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check it travel outside of Texas. Complete Schedule T. Check it Austin, TX, officeholder living expense Meal for Jury |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| Date 01/11/2023 | Payee name Cindi's Payee address: City: State; Zip Code |
| Amount (\$) \$149.01 | 306 S. Houston St. Dallas, TX 75202 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch & Learn |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| Date 03/01/2023 | Payee name Cindi's |
| Amount (\$) \$325.83 | Payee address; City; State; Zip Code 307 S. Houston St. |
| PURPOSE OF EXPENDITURE | Dallas, TX 75202 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Jury Lunch |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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)

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 29/86 Rpt: Taylor, Nicole 4 Date Payee name 06/02/2023 Cindi's 6 Amount (\$) Payee address; City State; Zip Code \$254.88 306 S. Houston St. Dallas, TX 75202 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch & Learn with County Court Staff Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 06/02/2023 Cindi's Amount (\$) Payee address; State; Zip Code \$41.04 306 S. Houston St. Dallas, TX 75202 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/23/2023 Cindi's Amount (\$) Payee address; State; Zip Code \$57.64 306 S. Houston St. Dallas, TX 75202 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense Check if Austin, TX, officeholder living expense **EXPENDITURE**

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Staff Meeting

Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

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)

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID Total pages Schedule F1: 2 FILER NAME Sch: 30/86 Rpt: Taylor, Nicole

| _ | | |
|---|--|---|
| 4 | Date 02/27/2023 | 5 Payee name Coffee Talk |
| 6 | Amount (\$) \$11.67 | 7 Payee address; City; State; Zip Code 104 Market St. Shreveport, LA 71101 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Meal |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 01/03/2023 | Payee name Costco Gas |
| | Amount (\$) \$58.53 | Payee address; City; State; Zip Code 250 Hwy 67 Duncanville, TX 75137 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 01/11/2023 | Payee name Costco Gas |
| | Amount (\$) \$61.31 | Payee address; City; State; Zip Code 250 Hwy 67 Duncanville, TX 75137 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Folling Expense Printing Expense

| Candio | date/Officeholder/Politica rd Payment | | Legal Services The Instruction G | | 7 | /Contract Labor | | OTHER (enter a category r | not listed above) |
|-----------------|---|--|---|---------------------------|-------|-----------------|---|---|-------------------|
| Total | ges Schedule F1: 31/86 Rpt: | 2 FILER NAM Taylor, Nie | | | | | 3 | Filer ID | |
| 4 Date 01/27/2 | 023 | 5 Payee nam Costco Ga | | | | | | | |
| 6 Amount | \$55.89 | 7 Payee addi 250 Hwy (Duncanvil | | State; Zip C | Code | | | | |
| C | POSE DF DITURE | (a) Category Travel In I | (See Categories listed at t District | he top of this schedule) | (b) | | | de of Texas, Complete Sche officeholder living expense | dule T. |
| | e <u>ONLY</u> if direct ure to benefit C/O | | fficeholder name | Office so | ought | | | Office held | |
| Date 02/06/2 | 023 | Payee nam Costco Ga | | | | | | | |
| Amount | \$63.61 | Payee addi 250 Hwy (Duncanvil | | State; Zip (| Code | | | | |
| C | POSE OF DITURE | (a) Category Travel In I | (See Categories listed at t District | he top of this schedule) | (b) | | | de of Texas. Complete Sche officeholder living expense | rdule T. |
| | e <u>ONLY</u> if direct ure to benefit C/O | | fficeholder name | Office so | ought | | | Office held | |
| Date 02/14/2 | 023 | Payee nam Costco Ga | | | | | | | |
| Amount | \$64.29 | Payee add 250 Hwy (Duncanvil | | State: Zip (| Code | | | | |
| (| POSE DF DITURE | (a) Category Travel In I | (See Categories listed at District | the top of this schedule) | (b) | | | de of Texas. Complete Sche officeholder living expense | dule T. |
| | e <u>ONLY</u> if direct ure to benefit C/O | | fficeholder name | Office so | ought | | | Office held | |
| | | | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense

| Candidate/Officeholder/Politice Credit Card Payment | Al Committee 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: Sch: 32/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID | | | |
| 4 Date 02/16/2023 | 5 Payee name Costco Gas | | | |
| 6 Amount (\$) \$27.00 | 7 Payee address; City; State; Zip Code 250 Hwy 67 Duncanville, TX 75137 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Gas | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | |
| Date 02/23/2023 | Payee name Costco Gas | | | |
| Amount (\$) \$65.01 | Payee address; City; State; Zip Code 250 Hwy 67 Duncanville, TX 75137 | | | |
| PURPOSE OF EXPENDITURE | (a) Category: (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas | | | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | |
| Date 02/28/2023 | Payee name Costco Gas | | | |
| Amount (\$) Payee address; City; State; Zip Code \$60.00 250 Hwy 67 Duncanville, TX 75137 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. Gas | | | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held | | | |
| | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Git/Awards/Memorials Expense Printing Expense
Legal Services Salanes/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category and legal of the control of t

| Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| Sch: 33/86 Rpt: | Taylor, Nicole |
| 4 Date 03/09/2023 | 5 Payee name Costco Gas |
| 6 Amount (\$) \$56.03 | 7 Payee address; City; State; Zip Code 250 Hwy 67 Duncanville, TX 75137 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Gas |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| Date 03/17/2023 | Payee name Costco Gas |
| Amount (\$) \$65.12 | Payee address; City; State; Zip Code 250 Hwy 67 Duncanville, TX 75137 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 03/27/2023 | Payee name Costco Gas |
| Amount (\$) \$71.72 | Payee address; City; State; Zip Code 250 Hwy 67 Duncanville, TX 75137 |
| PURPOSE OF EXPENDITURE | (a) Category (see Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

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 Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 34/86 Rpt: Taylor, Nicole 4 Date Payee name 04/07/2023 Costco Gas 6 Amount (\$) Payee address: State; Zip Code City \$72.01 250 Hwy 67 Duncanville, TX 75137 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 04/24/2023 Costco Gas Payee address; Amount (\$) City; State; Zip Code \$75.01 250 Hwy 67 Duncanville, TX 75137 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 05/02/2023 Costco Gas State; Zip Code Amount (\$) Payee address; \$67.20 250 Hwy 67 Duncanville, TX 75137 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com-

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense
Legal Services 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)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| | Sch: 35/86 Rpt: | Taylor, Nicole |
| 4 | Date | 5 Payee name |
| | 05/22/2023 | Costco Gas |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$62.00 | 250 Hwy 67 |
| | | |
| | | Duncanville, TX 75137 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Gas |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| _ | | |
| | Date | Payee name |
| | 05/31/2023 | Costco Gas |
| | Amount (\$) \$75.49 | Payee address; City; State; Zip Code 250 Hwy 67 |
| | Φ1.5.49 | 230 HWy 07 |
| | | Duncanville, TX 75137 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Gas |
| | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| L | | |
| | Date 06/12/2023 | Payee name Costco Gas |
| _ | | |
| | Amount (\$) \$71.21 | Payee address; City; State; Zip Code 250 Hwy 67 |
| | V/1.21 | 255 (111) 67 |
| | | Duncanville, TX 75137 |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Gas |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | H |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Git/Awards/Memorials Expense
Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

| Candidate/Officeholder/Politica Credit Card Payment | Committee 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: Sch: 36/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID |
| 4 Date 01/17/2023 | 5 Payee name Costco |
| 6 Amount (\$) \$135.18 | 7 Payee address; City; State; Zip Code 251 Hwy 67 Duncanville, TX 75137 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies (Snacks & Supplies for Jury Room) |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date 02/21/2023 | Payee name Costco |
| Amount (\$) \$70.00 | Payee address; City; State; Zip Code 252 Hwy 67 Duncanville, TX 75137 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies (Snacks & Supplies for Jury Room) |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 02/22/2023 | Payee name Costco |
| Amount (\$) \$19.79 | Payee address; City; State; Zip Code 250 Hwy 67 Duncanville, TX 75137 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies (Snacks & Supplies for Jury Room) |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Office Overhead/F
Food/Beverage Expense Polling Expense
Gitt/Awards/Memonals Expense Printing Expense
Lengl Springe Salaries/Wages/C

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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 |
| Sch: 37/86 Rpt: | Taylor, Nicole |
| 4 Date | 5 Payee name |
| 03/07/2023 | Costco |
| 6 Amount (\$) \$29.94 | 7 Payee address; City; State; Zip Code 250 Hwy 67 Duncanville, TX 75137 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies (Snacks & Supplies for Jury Room) |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 03/07/2023 | Costco |
| Amount (\$) \$125.00 | Payee address; City; State; Zip Code 253 Hwy 67 Duncanville, TX 75137 |
| BURDOOF | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies (Snacks & Supplies for Jury Room) |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 02/00/2022 | Payee name Costco |
| 03/09/2023 | |
| Amount (\$) \$290.00 | Payee address; City; State; Zip Code 250 Hwy 67 |
| | Duncanville, TX 75137 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies (Snacks & Supplies for Jury Room) |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead//Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Committee 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 |
| | Sch: 38/86 Rpt: | Taylor, Nicole |
| 4 | Date | 5 Payee name |
| | 04/24/2023 | Costco |
| 6 | Amount (\$) \$112.94 | 7 Payee address; City; State; Zip Code 250 Hwy 67 Duncanville, TX 75137 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas, Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Courtroom Supplies (Snacks & Supplies for Jury Room) |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 05/01/2023 | Costco |
| Г | Amount (\$) | Payee address; City; State; Zip Code |
| | \$9.64 | 250 Hwy 67 |
| | | |
| | | Duncanville, TX 75202 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Courtroom Supplies (Snacks & Supplies for Jury Room) |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| F | Date | Payee name |
| | 05/01/2023 | Costco |
| \vdash | Amount (\$) | Payee address; City; State; Zip Code |
| | \$48.23 | 250 Hwy 67 |
| | | Duncanville, TX 75137 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Courtroom Supplies (Snacks & Supplies for Jury |
| | | Room) |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | H |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | Committee 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 |
| Sch: 39/86 Rpt: | Taylor, Nicole |
| 4 Date | 5 Payee name |
| 05/01/2023 | Costco |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$105.00 | 250 Hwy 67 |
| | Duncanville, TX 75137 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| AS SPECIOL MEDICAL SHAPE OF PROCESSION | Courtroom Supplies (Snacks & Supplies for Jury |
| | Room) |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 06/02/2023 | Costco |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$64.41 | 250 Hwy 67 |
| | |
| | Duncanville, TX 75137 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Courtroom Supplies (Snacks & Supplies for Jury |
| | Room) |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 06/26/2023 | Costco |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$82.03 | 250 Hwy 67 |
| | |
| | Duncanville, TX 75137 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Courtroom Supplies (Snacks & Supplies for Jury |
| | Room) |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Fitt/Awards/Memorials Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salanes/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|--|---|
| 1 Total pages Schedule F1: Sch: 40/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID |
| 4 Date 06/27/2023 | 5 Payee name Costco |
| 6 Amount (\$) \$46.51 | 7 Payee address; City; State; Zip Code 250 Hwy 67 Duncanville, TX 75137 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies (Snacks & Supplies for Jury Room) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 06/28/2023 | Payee name Costco |
| Amount (\$) \$71.92 | Payee address; City; State; Zip Code 250 Hwy 67 Duncanville, TX 75137 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies (Snacks & Supplies for Jury Room) |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 01/11/2023 | Payee name Crenshaw, Brandi |
| Amount (\$) \$900.00 | Payee address; City; State; Zip Code 6821 Sunshade Ln Dallas, TX 75236 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for Court Supplies |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salanes/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 Toulon Mindle |
| | Sch: 41/86 Rpt: | Taylor, Nicole |
| 4 | Date | 5 Payee name |
| | 01/12/2023 | Crenshaw, Brandi |
| | Amount (\$) \$197.80 | 7 Payee address; City; State; Zip Code 6821 Sunshade Ln Dallas, TX 75236 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense. Courtroom Updates |
| | | |
| | Complete ONLY if direct expenditure to benefit C/Oi | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 05/15/2023 | Custom Cleaning Solution |
| | Amount (\$) \$350.00 | Payee address; City; State; Zip Code 10535 Countess Dallas, TX 75229 |
| _ | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Cleaning |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 01/26/2023 | Payee name Dallas County Tax Office |
| | | |
| | Amount (\$) \$47.04 | Payee address; City; State; Zip Code 509 Main St |
| | | Dallas, TX 75202 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Judicial Plates |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: Sch: 42/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID |
| 4 Date 06/16/2023 | 5 Payee name Dallas LGBT Bar Association |
| 6 Amount (\$) \$625.00 | 7 Payee address; City: State: Zip Code 2101 Ross Ave Dallas, TX 75201 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Visibility Ball Sponsorship |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 05/22/2023 | Payee name Dallas Love Field Parking |
| Amount (\$) \$74.00 | Payee address; City; State; Zip Code 7816 Aviation PI Dallas, TX 75235 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Parking |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 02/17/2023 | Payee name Dallas Morning News |
| Amount (\$) \$28.10 | Payee address; City; State; Zip Code 1954 Commerce Street Dallas, TX 75201 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if Austin, TX, officeholder living expense News Subscription |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

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)

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 43/86 Rpt: Taylor, Nicole 4 Date Payee name 03/24/2023 Dallas Morning News 6 Amount (\$) Payee address; State; Zip Code \$28.10 1954 Commerce Street Dallas, TX 75201 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense News Subscription Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 04/17/2023 Dallas Morning News Amount (\$) Payee address: City; State; Zip Code \$28.10 1954 Commerce Street Dallas, TX 75201 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense News Subscription Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 05/24/2023 Dallas Morning News Payee address; State: Zip Code Amount (\$) \$28.10 1954 Commerce Street Dallas, TX 75201 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense News Subscription Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitl/Awards/Memorials Expense
Legal Services 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)

| Credit Card Payment | The Instruction Guide explains how to co | mple | ete this form. |
|---|---|------|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID |
| Sch: 44/86 Rpt: | Taylor, Nicole | | |
| 4 Date | 5 Payee name | | • |
| 06/20/2023 | Dallas Morning News | | |
| 6 Amount (\$) \$28.10 | 7 Payee address; City; State; Zip Co 1954 Commerce Street Dallas, TX 75201 | ode | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense News Subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou | ight | Office held |
| Date | Payee name | | |
| 04/06/2023 | Del Frisco | | |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Co 2323 Olive St Dallas, TX 75201 | ode | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Investiture Dinner |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou | ught | Office held |
| Date | Payee name | | |
| 03/20/2023 | Delta Sigma Theta Sorority, Inc. | | |
| Amount (\$) \$150.00 | Payee address; City; State; Zip Co | ode | |
| | DeSoto, TX 75123 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ad for Jabberwock |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou | ught | Office held |
| | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salanes/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 |
| | Sch: 45/86 Rpt: | Taylor, Nîcole |
| 4 | Date | 5 Payee name |
| | 04/13/2023 | Diggin Her Roots |
| | Amount (\$) \$96.95 | 7 Payee address; City; State; Zip Code 15210 Dino Dr #276 Burtonsville, MD 20866 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Investiture Gifts |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 06/08/2023 | Doodle |
| | Amount (\$) \$83.40 | Payee address; City; State; Zip Code 8200 Emerald Ln Saint Paul, MN 55125 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 05/16/2023 | Payee name ECP Legacy Group |
| | Amount (\$) \$4,649.62 | Payee address; City; State; Zip Code 3901 San Mateo Drive Plano, TX 75023 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Stationary and Marketing Materials for Court and Uniforms for Staff |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee 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 |
| | Sch. 46/86 Rpt: | Taylor, Nicole |
| 4 | Date | 5 Payee name |
| | 01/03/2023 | Ecolatino |
| 6 | Amount (\$) \$100.00 | 7 Payee address, City; State; Zip Code 3606 S Tyler St Dallas, TX 75224 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Donation for Winter Coat Drive |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OR | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 04/07/2023 | Ed Moore Campaign |
| \vdash | Amount (\$) | Payee address; City; State; Zip Code |
| | \$100.00 | PO Box 497842 |
| | 720000 | |
| | | Garland, TX 75049 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, T.X., officeholder living expense |
| | | Candidate/Officeholder/Political Committee Contribution |
| | | Similation |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| L | expenditure to benefit C/O | |
| | Date | Payee name |
| | 03/30/2023 | Eloquii |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$219.27 | 1 New York Plaza |
| | | |
| | | New York, NY 10004 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Investiture |
| | | The Salute |
| - | | Office sought Office hold |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| L | experientale to belieff 6/0 | |
| Γ | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | Il Committee 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: Sch: 47/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID |
| 4 Date 01/03/2023 | 5 Payee name Extra Space Storage |
| 6 Amount (\$) \$98.00 | 7 Payee address; City; State; Zip Code 303 E Hwy 67 Cedar Hill, TX 75137 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Storage |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 02/03/2023 | Payee name Extra Space Storage |
| Amount (\$) \$98.00 | Payee address; City; State; Zip Code 303 E Hwy 67 Cedar Hill, TX 75137 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Storage |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 03/03/2023 | Payee name Extra Space Storage |
| Amount (\$) \$98.00 | Payee address; City; State; Zip Code 303 E Hwy 67 Cedar Hill, TX 75137 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Storage |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I Committee 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 |
| Sch: 48/86 Rpt: | Taylor, Nicole |
| 4 Date | 5 Payee name |
| 04/03/2023 | Extra Space Storage |
| 6 Amount (\$) \$98.00 | 7 Payee address; City; State; Zip Code 303 E Hwy 67 Cedar Hill, TX 75137 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Storage |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 05/03/2023 | Extra Space Storage |
| Amount (\$) \$111.00 | Payee address; City; State; Zip Code 303 E Hwy 67 Cedar Hill, TX 75104 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Storage |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date 06/05/2023 | Payee name Extra Space Storage |
| Amount (\$) \$111.00 | Payee address; City; State; Zip Code 303 E Hwy 67 |
| | Cedar Hill, TX 75104 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Storage |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

| Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | | | mmittee | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Ex Printing E | pens xpens | | | Travel in District Travel Out of District OTHER (enter a category not listed above) |
|--|----------------------------|-----|-------------|--|--------------------------|---------------|----------------------|------|---|
| | Credit Card Payment | | | The Instruction Guide expla | ins how to co | mple | ete this form. | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | ME. | | | 3 | | Filer ID |
| | Sch: 49/86 Rpt: | | Taylor, Nic | cole | | | | | |
| 4 | Date | 5 | Payee nam | P | | | | | |
| · | 04/19/2023 | | FedEx | | | | | | |
| _ | | - | | 6. | 7 0 | | | _ | |
| 6 | Amount (\$) | / | Payee addr | STATE OF SAME | ate; Zip Co | oue | | | |
| | \$54.66 | | 3905 Oak | Lawn Ave. Ste. 110 | | | | | |
| | | | | | | | | | |
| | | | Dallas, TX | 75219 | | | | | |
| 8 | PURPOSE | (a) | Category | (See Categories listed at the top of this | s schedule) | (b) | Description | | |
| | OF EXPENDITURE | | Printing E | | | | Check if travel out: | tsid | e of Texas. Complete Schedule T. |
| | EXPENDITORE | | | | | | | X, (| officeholder living expense |
| | | | | | | | Printing | | |
| | | | | | | | | | |
| 9 | | | Candidate/O | fficeholder name | Office sou | ight | | | Office held |
| | expenditure to benefit C/O | Н | | | | | | | |
| | Date | Г | Payee nam | ie | | | | | |
| | 05/30/2023 | | FedEx | | | | | | |
| \vdash | Amount (\$) | | Payee addr | ress; City; St | ate; Zip Co | ode | | | |
| | \$104.19 | | 3905 Oak | Lawn Ave. Ste. 110 | | | | | |
| | | | | | | | | | |
| | | | Dallas, TX | 75210 | | | | | |
| _ | BURBASE | | | M 200003-1000000 | | (1-) | | | |
| | PURPOSE OF | (a | | (See Categories listed at the top of the | s schedule) | (b) | Description | teur | e of Texas. Complete Schedule T. |
| | EXPENDITURE | | Office Ove | erhead/Rental Expense | | | | | officeholder living expense |
| | | | | | | | Printing | | |
| | | | | | | | | | |
| - | Complete ONLY if direct | _ | Candidate/O | fficeholder name | Office sou | ight | | _ | Office held |
| | expenditure to benefit C/O | | | | | | | | |
| H | Date | T | Davis a 200 | | | _ | | _ | |
| | 01/03/2023 | | Payee nam | llen Garage | | | | | |
| L | | - | | | 7.0 | 7 | | _ | |
| | Amount (\$) | | Payee add | | tate; Zip Co | ode | | | |
| | \$10.00 | | 600 Comr | merce Street | | | | | |
| | | | | | | | | | |
| | | | Dallas, TX | 75202 | | | | | |
| | PURPOSE | (a |) Category | (See Categories listed at the top of thi | s schedule) | (b) | Description | | |
| | OF EXPENDITURE | | | erhead/Rental Expense | | | | | le of Texas. Complete Schedule T. |
| | EXPENDITORE | | | | | | | Χ, | officeholder living expense |
| | | | | | | | Parking | | |
| | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/O | fficeholder name | Office sou | ight | | | Office held |
| | expenditure to benefit C/O | Н | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|--|
| 1 | Total pages Schedule F1: Sch: 50/86 Rpt: | 2 FILER NAME Taylor, Nicole |
| 4 | Date 05/23/2023 | 5 Payee name Gloria's |
| 6 | Amount (\$) \$71.00 | 7 Payee address; City; State; Zip Code 320 W Las Colinas Blvd Las Colinas, TX 75039 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meals at Regional B Judicial Conference |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date 02/10/2023 | Payee name GoDaddy |
| | Amount (\$) \$76.62 | Payee address; City; State; Zip Code 2156 E GoDaddy Way Tempe, AZ 85284 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Microsoft 365 Email Essentials |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 02/13/2023 | Payee name GoDaddy |
| | Amount (\$) \$76.62 | Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe, AZ 85284 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Microsoft 365 Email Essentials |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I Committee 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: Sch: 51/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID |
| 4 Date 03/10/2023 | 5 Payee name GoDaddy |
| 6 Amount (\$) \$281.30 | 7 Payee address; City; State; Zip Code 2157 E GoDaddy Way Tempe, AZ 85284 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 03/23/2023 | Payee name GoDaddy |
| Amount (\$) \$30.16 | Payee address; City; State; Zip Code 2154 E GoDaddy Way Tempe, AZ 85284 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 04/07/2023 | Payee name GoDaddy |
| Amount (\$) \$20.17 | Payee address; City; State; Zip Code 2153 E GoDaddy Way Tempe, AZ 85284 |
| PURPOSE OF EXPENDITURE | (a) Category (see Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. Website |
| Complete ONLY if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | All Committee 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 |
| | Sch: 52/86 Rpt: | Taylor, Nicole |
| 4 | Date | 5 Payee name |
| | 03/23/2023 | Google |
| 6 | Amount (\$) \$21.31 | 7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 05/09/2023 | Grand Hyatt Washington |
| | Amount (\$) \$485.65 | Payee address; City; State; Zip Code 1000 H St. NW Washington, DC 20001 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Conference Hotel |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/25/2023 | Green & Green |
| | Amount (\$) \$150.00 | Payee address; City; State; Zip Code 4100 Spring Valley Rd STE 475 Dallas, TX 75244 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ad for IMA Event |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donati

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Political Credit Card Payment | Committee Legal Servi | ces uction Guide explains h | Salaries/Wages ow to comple | Contract Labor | OTHER (enter a category not listed about | ve) |
|---|---|--|--------------------------------|---------------------------------|--|---------|
| . Total pages Schedule F1: | 2 FILER NAME | | - | | 3 Filer ID | |
| Sch: 53/86 Rpt: | Taylor, Nicole | | | | | |
| Date | 5 Payee name | | | | | |
| 02/16/2023 | Haywire | | | | | |
| Amount (\$) | | ity; State; | Zip Code | | | |
| \$308.84 | 1920 McKinney Ave | 85% | Zip Code | | | |
| DUDDOCE | | | (h) | | | |
| PURPOSE OF | (a) Category (See Categorie | | dule) (D) | Description Check if travel or | utside of Texas. Complete Schedule T. | |
| EXPENDITURE | Food/Beverage Exp | ense | | | TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder | name O | ffice sought | | Office held | |
| Date | Payee name | | | | | |
| 05/19/2023 | Hyatt Regency Hill | Country Resort & Sp | oa | | | |
| Amount (\$) \$9.44 | Payee address; C 9800 Hyatt Resort [| 55 SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS | Zip Code | | | |
| | San Antonio, TX 78 | 251 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (see Categorie Travel In District | es listed at the top of this sche | (b) | | utside of Texas. Complete Schedule T. TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder | name O | ffice sought | | Office held | |
| Date | Payee name | | | | | |
| 05/22/2023 | Hyatt Regency Hill | Country Resort & Sp | oa | | | |
| Amount (\$) | Payee address; C | City; State; | Zip Code | | | |
| \$711.78 | 9800 Hyatt Resort I | 5. | шр обос | | | |
| | San Antonio, TX 78 | 251 | | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categorie Travel In District | es listed at the top of this sche | edule) (b) | | utside of Texas. Complete Schedule T. TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder | name C | office sought | | Office held | |
| | | | | | | |
| orms provided by Texas E | thics Commission | www.ethics.s | tate tx us | | Version V3.5.1 | .a18ea2 |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | | |
|---|--|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID | |
| | Sch: 54/86 Rpt: | Taylor, Nicole | |
| 4 | Date | 5 Payee name | |
| | 05/22/2023 | Hyatt Regency Hill Country Resort & Spa | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | _ |
| | \$10.61 | 9800 Hyatt Resort Drive | |
| | | | |
| | | San Antonio, TX 78251 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| ľ | OF | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Coffee at CLE | |
| L | | | _ |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | experience to borion or or | | _ |
| | Date | Payee name | |
| | 01/30/2023 | Jack Boles Belo Mansion | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$4.00 | 2101 Ross Ave | |
| | | | |
| | | Dallas, TX 75201 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Parking | |
| | | | |
| Г | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | H | |
| Г | Date | Payee name | |
| | 04/17/2023 | Jack Boles Belo Mansion | |
| Г | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$4.00 | 2101 Ross Ave | |
| | | | |
| | | Dallas, TX 75201 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Parking | |
| | | | |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/O | | |
| - | | | |
| | | | |
| | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense
Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | Committee 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: Sch: 55/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID |
| 4 Date 03/15/2023 | 5 Payee name JotForm |
| 6 Amount (\$) \$505.44 | 7 Payee address; City; State; Zip Code 4 Embarcadero Center, Suite 780 San Francisco, CA 94111 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Annual Silver Subscription for Court Hearing Registration System |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 01/03/2023 | Payee name KC Experience |
| Amount (\$) \$325.00 | Payee address; City: State; Zip Code 6827 Foghorn Lane Grand Prairie, TX 75054 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Swearing-In Brunch |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 05/19/2023 | Payee name La Fogata |
| Amount (\$) \$50.49 | Payee address; City; State; Zip Code 2427 Vance Jackson Rd San Antonio, TX 78213 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Meal |
| Complete ONLY if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Travel Out of District Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 56/86 Rpt: Taylor, Nicole 4 Date Payee name 02/21/2023 Marriott Payee address; State; Zip Code 6 Amount (\$) \$463.43 1601 Lake Robbins Dr The Woodlands, TX 77380 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Conference Hotel Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 01/30/2023 McDonalds Payee address; State; Zip Code Amount (\$) City; \$4.33 1934 Martin Luther King Blvd. Corsicana, TX 75110 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Travel Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/07/2023 Meso Maya Payee address; State; Zip Code City Amount (\$) \$171.00 1611 McKinney Ave Dallas, TX 75202 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense EXPENDITURE Check if Austin, TX, officeholder living expense Judge Lunch Meeting Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense

EXPENDITURE 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

Fees Food/Beverage Expense Gitt/Awards/Memorials Expense OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1 2 FILER NAME 3 Filer ID Sch: 57/86 Rpt: Taylor, Nicole 4 Date Payee name 03/20/2023 Meso Maya 6 Amount (\$) Payee address State; Zip Code \$63.05 1612 McKinney Ave Dallas, TX 75203 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Judge Lunch Meeting Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 03/27/2023 Meso Maya State; Zip Code Amount (\$) Payee address; City; \$78.48 1613 McKinney Ave Dallas, TX 75204 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Judge Lunch Meeting Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/30/2023 Meso Maya State; Zip Code Payee address; Amount (\$) 1614 McKinney Ave \$31.57 Dallas, TX 75205 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Judge Lunch Meeting Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| Candidate/Officeholder/Politica Credit Card Payment | Committee 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: Sch: 58/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID |
| 4 Date 04/03/2023 | 5 Payee name Meso Maya |
| 6 Amount (\$) \$59.25 | 7 Payee address; City; State; Zip Code 1615 McKinney Ave Dallas, TX 75206 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Judge Lunch Meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 04/17/2023 | Payee name Meso Maya |
| Amount (\$) \$207.11 | Payee address; City; State; Zip Code 1616 McKinney Ave Dallas, TX 75207 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 05/26/2023 | Payee name Meso Maya |
| Amount (\$) \$135.99 | Payee address; City; State; Zip Code 1617 McKinney Ave Dallas, TX 75208 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Gilt/Awards/Memorials Expense Printing Exper nmittee Legal Services Salanes/Wage The Instruction Guide explains how to comp | es/C | |
|---|--|-----|---|------|--|
| 1 | Total pages Schedule F1: Sch: 59/86 Rpt: | 2 | FILER NAME Taylor, Nicole | | 3 Filer ID |
| 4 | Date 06/21/2023 | | Payee name Meso Maya | | |
| 6 | Amount (\$) \$134.30 | 7 | Payee address; City; State; Zip Code 1618 McKinney Ave Dallas, TX 75209 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | | Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Officeholder name Office sought | t | Office held |
| | Date 03/02/2023 | | Payee name Metropolis | | |
| | Amount (\$) \$15.99 | | Payee address; City; State; Zip Code 720 N. Ervay Dallas, TX 75201 | | |
| | PURPOSE OF EXPENDITURE | (a | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense arking |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Officeholder name Office sough | t | Office held |
| | Date 03/20/2023 | | Payee name Microsoft 365 | | |
| | Amount (\$) \$108.23 | | Payee address; City; State; Zip Code 1 Microsoft Way Redmond, WA 98052 | 9 | |
| | PURPOSE OF EXPENDITURE | (a | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software Annual Fee |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Officeholder name Office sough | nt | Office held |
| | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Salaries/Wanges/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|----------|----------------------------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID | |
| | Sch: 60/86 Rpt: | Taylor, Nicole | |
| 4 | Date | 5 Payee name | |
| | 03/10/2023 | National Bar Association | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$375.00 | 1816 12th Street NW | |
| | | | |
| | | Washington, DC 20009 | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Membership Dues | |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | Н | |
| | Date | Payee name | |
| | 02/24/2023 | One Victory Park | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$4.00 | 2323 Victory Ave. | |
| | | | |
| | | Dallas, TX 75202 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Parking | |
| | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | OH Control of the Con | |
| F | Date | Payee name | |
| | 04/26/2023 | Papa John's | |
| H | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$50.33 | 3501 McKinney Ave | |
| | | | |
| | | Dallas, TX 75204 | |
| r | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. | |
| | EXTENSITIONE | Check if Austin, TX, officeholder living expense. Staff Meeting | |
| | | Stall Meeting | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/O | Carlatatio, Ciriotical ratio | |
| - | | | |
| | | | |
| | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense

EXPENDITURE 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)

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex | Salaries/\ | ∕Vages | s/Contract Labor | Travel Out of District OTHER (enter a category n | ot listed above) |
|----------|--|-------------------------|--|-------------------|--------|------------------|---|------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | | | | 3 Filer ID | |
| | Sch: 61/86 Rpt: | Taylor, Nice | ole | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 06/02/2023 | Papa John' | S | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ss; City; | State; Zip Co | ode | | | |
| | \$190.84 | 3501 McKir | nney Ave | | | | | |
| | | | | | | | | |
| | | Dallas, TX | 75204 | | | | | |
| 8 | PURPOSE | (a) Category (S | ee Categories listed at the top o | f this schedule) | (b) | Description | | |
| | OF EXPENDITURE | Food/Bever | age Expense | | | | utside of Texas. Complete Scheo | dule T. |
| | EXPENDITORE | | | | | | TX, officeholder living expense | |
| | | | | | | Jury Lunch | | |
| | | | | | | | | |
| 9 | Complete ONLY if direct | | iceholder name | Office sou | ught | | Office held | |
| | expenditure to benefit C/O | 1 | | | | | | |
| | Date | Payee name | | | | | | |
| | 02/16/2023 | Pappadeau | IX | | | | | |
| \vdash | Amount (\$) | Payee addre | ess; City; | State; Zip Ci | ode | | | |
| | \$49.41 | 3520 Oak L | | | | | | |
| | | | | | | | | |
| | | Dallas, TX | 75210 | | | | | |
| L | | | | | Lux | | | |
| | PURPOSE OF | 20 16 20 20 100 | ee Categories listed at the top o | of this schedule) | (b) | Description | outside of Texas. Complete Sche | dule T |
| | EXPENDITURE | Food/Beve | rage Expense | | | | Tx. officeholder living expense | dule 1. |
| | | | | | | Lunch | | |
| | | | | | | | | |
| - | Complete ONLY if direct | Candidate/Off | iceholder name | Office so | ught | | Office held | |
| | expenditure to benefit C/O | | | | | | | |
| H | Date | Davida nama | | | | | | |
| | 03/22/2023 | Payee name Pappadeau | | | | | | |
| L | | | | | | | | |
| | Amount (\$) | Payee addre | | State; Zip C | oae | | | |
| | \$115.00 | 3520 Oak I | _awn | | | | | |
| | | | | | | | | |
| | | Cedar Hill, | TX 75219 | | | | | |
| | PURPOSE | (a) Category (s | See Categories listed at the top of | of this schedule) | (b) | Description | | |
| | OF EXPENDITURE | Food/Beve | rage Expense | | | | outside of Texas. Complete Sche | edule T. |
| | EXPENDITORE | | | | | | TX, officeholder living expense | |
| | | | | | | Staff Lunch | | |
| L | | | | 0.11 | | | O#ic- b-1d | |
| | Complete ONLY if direct expenditure to benefit C/O | | ficeholder name | Office so | ught | | Office held | |
| L | experienture to beliefit C/O | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| Candidate/Officeholder/Politica Credit Card Payment | Il Committee Legal Services Salanes/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|--|--|
| 1 Total pages Schedule F1: Sch: 62/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID |
| 4 Date 05/04/2023 | 5 Payee name Pappadeaux |
| 6 Amount (\$) \$158.42 | 7 Payee address; City; State; Zip Code 3520 Oak Lawn Dallas, TX 75219 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| Date 05/08/2023 | Payee name Pappadeaux |
| Amount (\$) \$90.61 | Payee address; City; State; Zip Code 800 E Hwy 67 Duncanville, TX 75137 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Judge Lunch Meeting |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| Date 05/09/2023 | Payee name Pappadeaux |
| Amount (\$) \$36.09 | Payee address; City; State; Zip Code 3520 Oak Lawn Dallas, TX 75219 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

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

Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 63/86 Rpt: Taylor, Nicole 4 Date Payee name 06/05/2023 Pappadeaux 6 Amount (\$) Payee address City; State; Zip Code \$549.29 3521 Oak Lawn Dallas, TX 75220 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Birthday Luncheon Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 06/16/2023 Pappadeaux Amount (\$) Payee address: City; State; Zip Code \$175.00 3520 Oak Lawn Dallas, TX 75219 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 05/11/2023 Popeyes Amount (\$) Payee address; State; Zip Code \$25.20 1901 S. Main St. Duncanville, TX 75137 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense Check if Austin, TX, officeholder living expense **EXPENDITURE** Meal for Volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense
Legal Services 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)

| | Credit Card Payment | The Instruction Guide explains how to comple | ete this form. |
|---|---|---|---|
| 1 | Total pages Schedule F1: Sch: 64/86 Rpt: | 2 FILER NAME Taylor, Nicole | 3 Filer ID |
| 4 | Date 02/01/2023 | 5 Payee name Southwest Airlines | • |
| 6 | Amount (\$) \$45.00 | 7 Payee address; City; State; Zip Code 2702 Love Field Drive Dallas, TX 75235 | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel Airline Points |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought H | Office held |
| | Date 04/06/2023 | Payee name Southwest Airlines | |
| | Amount (\$) \$248.96 | Payee address; City; State; Zip Code 2702 Love Field Drive Dallas, TX 75235 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, Tx. officeholder living expense Travel |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | Date 04/12/2023 | Payee name Southwest Airlines | |
| | Amount (\$) \$156.44 | Payee address; City; State; Zip Code 2702 Love Field Drive Dallas, TX 75235 | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held |
| | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense
Fees
Food/Beverage Expense
Gitt/Awards/Memorials Expense
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | Committee 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: Sch: 65/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID |
| 4 Date 05/12/2023 | 5 Payee name Southwest Airlines |
| 6 Amount (\$) \$285.98 | 7 Payee address; City; State; Zip Code 2702 Love Field Drive Dallas, TX 75235 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Travel |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 05/18/2023 | Payee name Southwest Airlines |
| Amount (\$) \$40.00 | Payee address; City; State; Zip Code 2702 Love Field Drive Dallas, TX 75235 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Travel |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 05/22/2023 | Payee name Southwest Airlines |
| Amount (\$) \$13.00 | Payee address; City; State; Zip Code 2702 Love Field Drive Dallas, TX 75235 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memonals Expense
Legal Services Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: Sch: 66/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID |
| 4 | Date 05/22/2023 | 5 Payee name Southwest Airlines |
| 6 | Amount (\$) \$40.00 | 7 Payee address; City; State; Zip Code 2702 Love Field Drive Dallas, TX 75235 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| | Date 05/22/2023 | Payee name Southwest Airlines |
| | Amount (\$) \$119.00 | Payee address; City; State; Zip Code 2702 Love Field Drive Dallas, TX 75235 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 02/17/2023 | Payee name Starbucks |
| | Amount (\$) \$25.00 | Payee address; City; State; Zip Code 739 N. Hwy 67 Cedar Hill, TX 75104 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift Card |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | Al Committee 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: Sch: 67/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID |
| 4 Date 01/24/2023 | 5 Payee name Starchies |
| 6 Amount (\$) \$120.00 | 7 Payee address; City; State; Zip Code 425 E Pleasant Run Rd Cedar Hill, TX 75104 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dry Cleaning |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| Date 02/09/2023 | Payee name Starchies |
| Amount (\$) \$89.94 | Payee address; City; State; Zip Code 426 E Pleasant Run Rd Cedar Hill, TX 75105 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dry Cleaning |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 02/16/2023 | Payee name Starchies |
| Amount (\$) \$82.53 | Payee address; City; State; Zip Code 427 E Pleasant Run Rd Cedar Hill, TX 75106 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dry Cleaning |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense

| | Candidate/Officeholder/Politica 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 |
| | Sch: 68/86 Rpt: | Taylor, Nicole |
| 4 | Date | 5 Payee name |
| | 02/24/2023 | Starchies |
| 6 | Amount (\$) \$51.12 | 7 Payee address; City; State; Zip Code 428 E Pleasant Run Rd Cedar Hill, TX 75107 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dry Cleaning |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 03/21/2023 | Starchies |
| | Amount (\$) \$162.21 | Payee address; City; State; Zip Code 429 E Pleasant Run Rd Cedar Hill, TX 75108 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dry Cleaning |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| | Date | Payee name |
| | 06/30/2023 | State Bar of Texas |
| | Amount (\$) \$270.00 | Payee address; City; State; Zip Code 1414 Colorado St, Austin, TX 78701 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bar Dues |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Transportation Equipment & Related Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Travel in District Travel Out of District Polling Expense Printing Expense 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. 2 FILER NAME 3 Filer ID Total pages Schedule F1: Taylor, Nicole Sch: 69/86 Rpt: 4 Date Payee name 01/30/2023 T-Mobile Payee address; State: Zip Code Amount (\$) City: \$955.00 416 E. Pleasant Run Rd. Ste. 200 Cedar Hill, TX 75104 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Mobile Service Upgrade Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Pavee name 02/17/2023 Take 5 Car Wash Payee address; State; Zip Code Amount (\$) \$16.00 204 Belt Line Rd. Cedar Hill, TX 75104 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Car Wash Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/06/2023 Texas Center for the Judiciary State; Zip Code Pavee address: City; Amount (\$) \$85.00 1210 San Antonio Ste. 800 Austin, TX 78701 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Conference Registration Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Git/Awards/Memorials Expense
Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | Candidate/Officeholder/Politica Credit Card Payment | Committee 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 |
| | Sch: 70/86 Rpt: | Taylor, Nicole |
| 4 | Date | 5 Payee name |
| | 05/23/2023 | Texas Center for the Judiciary |
| 6 | Amount (\$) \$70.00 | 7 Payee address; City; State; Zip Code 1210 San Antonio Ste. 800 Austin, TX 78701 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Registration |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 05/24/2023 | Texas Center for the Judiciary |
| | Amount (\$) \$150.00 | Payee address; City; State; Zip Code 1209 San Antonio Ste. 800 Austin, TX 78701 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CJE Registration |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/04/2023 | Texas Justice Democrats PAC |
| | Amount (\$) \$150.00 | Payee address; City; State; Zip Code 6333 Mockingbird Ln, Ste. 147 Dallas, TX 75214 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship for Big Blue Democrats |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Travel in District Travel Out of District

Transportation Equipment & Related Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID Total pages Schedule F1: Sch: 71/86 Rpt: Taylor, Nicole 4 Date Payee name 05/23/2023 The Blue Fish Payee address; City: State; Zip Code Amount (\$) \$113.67 320 W. Las Colinas Blvd. Irving, TX 75039 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal at Regional B Judicial Conference Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/25/2023 The Westin Irving Convention Center Hotel Amount (\$) Payee address: City State: Zip Code \$542.89 400 W Las Colinas Blvd. Irving, TX 75039 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Judicial Regional B Conference Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name Time Ten Cellars 01/17/2023 Amount (\$) Payee address; State; Zip Code City; \$48.06 6324 Prospect Dallas, TX 75214 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Judicial Planning Lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memonals Expense
Leal Services Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to complete this form. |
|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID |
| Sch: 72/86 Rpt: | Taylor, Nicole |
| 4 Date 02/21/2023 | 5 Payee name Tri-City Embroidery |
| 6 Amount (\$) \$43.40 | 7 Payee address; City; State; Zip Code 112 N. Hampton Rd. DeSoto, TX 75115 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Court Paraphernalia |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 04/19/2023 | Payee name USPS |
| Amount (\$) \$177.00 | Payee address; City; State; Zip Code 474 FM 1382 Cedar Hill, TX 75103 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PO Box Rental |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 04/19/2023 | Payee name USPS |
| Amount (\$) \$1.10 | Payee address; City; State; Zip Code 475 FM 1382 |
| PURPOSE OF EXPENDITURE | Cedar Hill, TX 75104 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. Change of Address Fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor

Solicitation/Fundraising Expense Travel in District

Transportation Equipment & Related Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 73/86 Rpt: Taylor, Nicole 4 Date Payee name 02/13/2023 Uber Eats Payee address; State; Zip Code 6 Amount (\$) City; \$119.32 1455 Market St. San Francisco, CA 94103 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 02/15/2023 **Uber Eats** Amount (\$) Payee address; State; Zip Code \$38.45 1455 Market St. San Francisco, CA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meals Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/06/2023 **Uber Eats** Payee address; State; Zip Code Amount (\$) City; \$61.33 1455 Market St. San Francisco, CA 94103 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meals Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense
Leaal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category and all and a category and a

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | | | |
|---|---|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID | | | |
| | Sch: 74/86 Rpt: | Taylor, Nicole | | | |
| 4 | Date | 5 Payee name | | | |
| | 03/14/2023 | Uber Eats | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$82.63 | 1455 Market St. | | | |
| | | | | | |
| | | San Francisco, CA 94103 | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | | Meal | | | |
| | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/OF | -1 | | | |
| Г | Date | Payee name | | | |
| | 05/19/2023 | Uber Eats | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$28.88 | 1455 Market Square | | | |
| | | | | | |
| | | San Francisco, CA 94103 | | | |
| Г | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. | | | |
| | | Meal at San Antonio CLE | | | |
| | | | | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | |
| | expenditure to benefit C/OI | | | | |
| Г | Date | Payee name | | | |
| | 02/13/2023 | Uber Trip | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$4.94 | 1455 Market St. | | | |
| | | | | | |
| L | | San Francisco, CA 94103 | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Travel In District Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | | Travel | | | |
| | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| L | expenditure to benefit C/O | n | | | |
| | | | | | |
| | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE 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)

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | * | Salaries/\ | Nages | or S/Contract Labor OTHER (enter a category not listed above) |
|----------|--|-----|---|--|---------|--|
| | | | The Instruction Guide | explains now to co | mpie | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 Filer ID |
| | Sch: 75/86 Rpt: | | Taylor, Nicole | | | |
| 4 | Date | 5 | Payee name | | | |
| | 02/15/2023 | | Uber Trip | | | |
| 6 | Amount (\$) | 7 | Payee address; City; | State; Zip Co | ahr | |
| 0 | \$5.76 | ' | 1455 Market St. | State, Zip Ct | Jue | |
| | \$3.76 | | 1455 Market St. | | | |
| | | | | | | |
| | | | San Francisco, CA 94103 | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top | of this schedule) | (b) | Description |
| | OF | | Travel In District | | 95 60 | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | | | | Check if Austin, TX, officeholder living expense |
| | | | | | | Travel |
| | | | | | | |
| 9 | Complete ONLY if direct | (| andidate/Officeholder name | Office sou | ight | Office held |
| | expenditure to benefit C/OF | Н | | | | |
| - | D-1- | _ | | | _ | |
| | Date | | Payee name | | | |
| | 02/15/2023 | | Uber Trip | | | |
| | Amount (\$) | | Payee address; City; | State; Zip Co | ode | |
| | \$9.61 | | 1455 Market St. | | | |
| | | | | | | |
| | | | San Francisco, CA 94103 | | | |
| _ | | | | | T | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top | of this schedule) | (b) | Description |
| | EXPENDITURE | | Travel In District | | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | | | Travel |
| | | | | | | |
| _ | 0. 1. 0.000 | | 10 H = 10 H = 1 d | O#:00.00 | yor hat | Office held |
| | Complete ONLY if direct expenditure to benefit C/O | | andidate/Officeholder name | Office sou | ugnt | Office field |
| | experience to benefit or or | | | | | |
| | Date | | Payee name | | | |
| | 05/17/2023 | | Uber | | | |
| \vdash | Amount (\$) | | Payee address; City; | State; Zip Co | ode | |
| | \$23.78 | | 1455 Market St. | 50000000000000000000000000000000000000 | | |
| | Ψ20.10 | | 1400 Market St. | | | |
| | | | | | | |
| | | | San Francisco, CA 94103 | | | |
| | PURPOSE | (a | Category (See Categories listed at the top | p of this schedule) | (b) | Description |
| | OF EXPENDITURE | | Travel In District | | | Check if travel outside of Texas, Complete Schedule T. |
| | EXPENDITORE | | | | | Check if Austin, TX, officeholder living expense |
| | | | | | | Travel |
| | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office sou | ught | Office held |
| | expenditure to benefit C/O | Н | | | | |
| \vdash | | | | | | |
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| 1 | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| Candidate/Officeholder/Politica Credit Card Payment | Committee 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 |
| Sch: 76/86 Rpt: | Taylor, Nicole |
| 4 Date | 5 Payee name |
| 05/18/2023 | Uber |
| 6 Amount (\$) \$43.05 | 7 Payee address: City: State; Zip Code 1455 Market St. San Francisco, CA 94103 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel |
| Complete ONLY if direct expenditure to benefit C/Or | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 05/18/2023 | Uber |
| Amount (\$) \$156.56 | Payee address; City; State; Zip Code 1455 Market St. San Francisco, TX 94103 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Travel |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 03/13/2023 | Walgreens |
| Amount (\$) \$12.94 | Payee address; City; State; Zip Code 501 E Beltline |
| | Cedar Hill, TX 75104 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Jury Photos |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Git/Awards/Memorials Expense
Printing Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

| Candidate/Officeholder/Politica Credit Card Payment | Committee 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: Sch: 77/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID |
| 4 Date 04/27/2023 | 5 Payee name Walgreens |
| 6 Amount (\$) \$16.28 | 7 Payee address; City; State; Zip Code 501 E Beltline Cedar Hill, TX 75104 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Jury Photos |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 05/12/2023 | Payee name Walgreens |
| Amount (\$) \$11.13 | Payee address; City; State; Zip Code 501 E Beltline Cedar Hill, TX 75104 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Jury Photos |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 05/12/2023 | Payee name Walgreens |
| Amount (\$) \$14.42 | Payee address; City; State; Zip Code 501 E Beltline Cedar Hill, TX 75104 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Jury Photos |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I Committee 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 |
| Sch: 78/86 Rpt: | Taylor, Nicole |
| 4 Date | 5 Payee name |
| 01/05/2023 | Walmart |
| 6 Amount (\$) \$7.00 | 7 Payee address; City; State; Zip Code 820 Belt Line Rd. Cedar Hill, TX 75104 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Delivery Fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/09/2023 | Walmart |
| Amount (\$) \$34.88 | Payee address; City; State; Zip Code 820 Belt Line Rd. Cedar Hill, TX 75104 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies (Snacks & Supplies for Jury Room) |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 01/09/2023 | Payee name Walmart |
| Amount (\$) \$61.33 | Payee address; City; State; Zip Code 818 Belt Line Rd. Cedar Hill, TX 75104 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Committee 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 |
| | Sch: 79/86 Rpt: | Taylor, Nicole |
| 4 | Date | 5 Payee name |
| | 01/10/2023 | Walmart |
| 6 | Amount (\$) \$7.00 | 7 Payee address; City; State; Zip Code 820 Belt Line Rd. Cedar Hill, TX 75104 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Delivery Fee |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/17/2023 | Walmart |
| | Amount (\$) \$63.87 | Payee address; City; State; Zip Code 820 Belt Line Rd. Cedar Hill, TX 75104 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies (Snacks & Supplies for Jury Room) |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 01/18/2023 | Payee name Walmart |
| | Amount (\$) \$38.58 | Payee address; City; State; Zip Code 820 Belt Line Rd. Cedar Hill, TX 75104 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies (Snacks & Supplies for Jury Room) |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Committee 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 |
| | Sch: 80/86 Rpt: | Taylor, Nicole |
| 4 | Date | 5 Payee name |
| | 01/30/2023 | Walmart |
| | Amount (\$) \$68.06 | 7 Payee address; City; State; Zip Code 819 Belt Line Rd. Cedar Hill, TX 75103 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies (Snacks & Supplies for Jury Room) |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 02/06/2023 | Walmart |
| | Amount (\$) \$109.79 | Payee address; City; State; Zip Code 820 Belt Line Rd. Cedar Hill, TX 75104 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austrn, TX, officeholder living expense Courtroom Supplies (Snacks & Supplies for Jury Room) |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 02/08/2023 | Walmart |
| | Amount (\$) \$83.50 | Payee address; City; State; Zip Code 820 Belt Line Rd. Cedar Hill, TX 75104 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Courtroom Supplies (Snacks & Supplies for Jury Room) |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Grit/Awards/Memorials Expense Printing Expense

| Candidate/Officeholder/Political Credit Card Payment | Committee 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 |
| Sch: 81/86 Rpt: | Taylor, Nicole |
| 4 Date | 5 Payee name |
| 02/21/2023 | Walmart |
| 6 Amount (\$) \$59.28 | 7 Payee address; City; State; Zip Code 820 Belt Line Rd. Cedar Hill, TX 75104 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITORE | Check if Austin, TX, officeholder living expense Courtroom Supplies (Snacks & Supplies for Jury Room) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 03/28/2023 | Walmart |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$38.90 | 820 Belt Line Rd. Cedar Hill, TX 75104 |
| PURPOSE | |
| OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Courtroom Supplies (Snacks & Supplies for Jury Room) |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 03/29/2023 | Walmart |
| Amount (\$) | Payee address; City: State; Zip Code |
| \$66.80 | 820 Belt Line Rd. |
| | Cedar Hill, TX 75104 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Courtroom Supplies (Snacks & Supplies for Jury |
| | Room) |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |
| | |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense

| | Candidate/Officeholder/Politica Credit Card Payment | Committee 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 |
| | Sch: 82/86 Rpt: | Taylor, Nicole |
| 4 | Date | 5 Payee name |
| | 04/27/2023 | Walmart |
| 6 | Amount (\$) \$30.15 | 7 Payee address; City; State; Zip Code 820 Belt Line Rd. Cedar Hill, TX 75104 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense. |
| | | Courtroom Supplies (Snacks & Supplies for Jury Room) |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 04/28/2023 | Walmart |
| Г | Amount (\$) | Payee address; City; State; Zip Code |
| | \$237.57 | 820 Belt Line Rd. |
| | | |
| | | Cedar Hill, TX 75104 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense. |
| | | Courtroom Supplies (Snacks & Supplies for Jury |
| | | Room) |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 05/10/2023 | Walmart |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$5.98 | 820 Belt Line Rd. |
| | | |
| L | | Cedar Hill, TX 75104 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Courtroom Supplies (Snacks & Supplies for Jury |
| | | Room) |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mittee | Gift/Awards/Memorials Legal Services The Instruction Gu | | | ages | /Contract Labor | | Travel Out of District OTHER (enter a category not listed above) |
|---|--|------|--|---|-------------------|-------------|------|--------------------|-------|--|
| 1 | Total pages Schedule F1: Sch: 83/86 Rpt: | | Taylor, Nicol | е | | | | 3 | 3 F | Filer ID |
| | Date 05/15/2023 | 1 2 | Payee name Walmart | | | | | | | |
| 6 | Amount (\$) \$37.46 | { | Payee addres 320 Belt Line Cedar Hill, T | e Rd. | State; | ; Zip Co | de | | | |
| 8 | PURPOSE OF EXPENDITURE | | | e Categories listed at th ead/Rental Exp | | edule) | (b) | Check if Austin, T | ΓX, ο | e of Texas. Complete Schedule T. officeholder living expense ies (Snacks & Supplies for Jury |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | andidate/Offic | eholder name | (| Office sour | ght | | | Office held |
| | Date 01/13/2023 | 0.00 | Payee name Weebly | | | | | | | |
| | Amount (\$) \$35.18 | 2 | Payee addres 460 Bryant S San Francis | | State; | ; Zip Co | de | | | |
| | PURPOSE OF EXPENDITURE | 1 | Category _{(Se} | e Categories listed at th Expense | e top of this sch | edule) | (b) | | TX. o | e of Texas. Complete Schedule T. officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/O | | andidate/Offic | eholder name | | Office sou | ght | | | Office held |
| | Date 04/06/2023 | | Payee name Weebly | | | | | | | |
| | Amount (\$) \$35.18 | | Payee addres 460 Bryant S San Francis | | State | ; Zip Co | de | | | |
| | PURPOSE OF EXPENDITURE | 1000 | Category _{(se} Advertising I | e Categories listed at th Expense | e top of this sch | nedule) | (b) | | TX, c | e of Texas. Complete Schedule T. officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/O | | andidate/Offic | eholder name | (| Office sou | ght | | | Office held |
| | | | | | | | | | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Grit/Awards/Memonals Expense
Finding Expense

| Candidate/Officeholder/Politica 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 |
| Sch: 84/86 Rpt: | Taylor, Nicole |
| 4 Date | 5 Payee name |
| 04/10/2023 | Weebly |
| 6 Amount (\$) \$19.19 | 7 Payee address; City; State; Zip Code 460 Bryant Street San Francisco, CA 94104 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Marketing |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 05/08/2023 | Weebly |
| Amount (\$) \$35.18 | Payee address; City; State; Zip Code 460 Bryant Street San Francisco, CA 94107 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Marketing |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 05/10/2023 | Payee name Weebly |
| Amount (\$) \$19.19 | Payee address; City; State; Zip Code 460 Bryant Street San Francisco, CA 94104 |
| PURPOSE OF EXPENDITURE | (a) Category (see Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Marketing |
| Complete ONLY if direct expenditure to benefit C/C | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| 1 | Total pages Schedule F1: Sch: 85/86 Rpt: | 2 FILER NAME Taylor, Nicole 3 Filer ID |
| 4 | Date 06/06/2023 | 5 Payee name Weebly |
| 6 | Amount (\$) \$35.18 | 7 Payee address; City: State; Zip Code 460 Bryant Street San Francisco, CA 94107 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Marketing |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 06/12/2023 Amount (\$) | Payee name Weebly Payee address; City; State; Zip Code |
| | \$19.19 | 460 Bryant Street San Francisco, CA 94104 |
| | PURPOSE OF EXPENDITURE | (a) Category (see Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Marketing |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 01/30/2023 | Payee name Wingstop |
| | Amount (\$) \$28.88 | Payee address; City; State; Zip Code 418 S. Ervay St Dallas, TX 75201 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff Lunch |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | Il Committee 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 |
| Sch: 86/86 Rpt: | Taylor, Nicole |
| 4 Date | 5 Payee name |
| 04/28/2023 | Wingstop |
| 6 Amount (\$) \$135.00 | 7 Payee address; City; State; Zip Code 418 S. Ervay St Dallas, TX 75201 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Jury Meal |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 06/05/2023 | Wingstop |
| Amount (\$) \$246.00 | Payee address; City; State; Zip Code 418 S. Ervay St Dallas, TX 75201 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Jury Meal |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date 04/17/2023 | Payee name Zoom |
| Amount (\$) \$81.98 | Payee address; City; State; Zip Code 55 Almaden Blvd Fl 6 San Jose, CA 95113 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Videoconference |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | The Instru | cti | on Guide explains how to complete this form. | | 1 | | pages Schedule K: 1/3 Rpt: 104/106 | | |
|--|---|-------------------|--|------------------------------|----------|----------|---------------------------------------|-----------|--|
| 2 | FILER NAME | | | | 3 | Filer | D | | |
| | Taylor, Nicole | | | | | | | | |
| 4 | Date | 5 | Name of person from whom amount is received | | | | 8 Amount (\$) | | |
| | 04/18/2023 | | Amazon | | | | | \$32.46 | |
| | | 6 | Address of person from whom amount is received; City; State; Zip Code | | | | | | |
| | | | 410 Terry Ave. N | | | | | | |
| | | | Seattle, WA 98109 | | | | | | |
| | | 7 | Purpose for which amount is received | Check i | politi | cal cor | ntribution returned to filer | | |
| | | | Refund for Purchases | | | | | | |
| | Date | T | Name of person from whom amount is received | | | | Amount (\$) | | |
| | 01/19/2023 | | Amazon | | | | | \$24.89 | |
| | | | Address of person from whom amount is received; City; State; Zip Code | | | | "] | | |
| | | | 410 Terry Ave. N | | | | | | |
| | | | | | | | | | |
| | | _ | Seattle, WA 98109 | 01 1 | T | | | | |
| | | | Purpose for which amount is received Refund for Purchases | Check I | politi | cai coi | ntribution returned to filer | | |
| _ | | _ | | | | | A | | |
| | Date 01/17/2023 | | Name of person from whom amount is received | | | | Amount (\$) | \$24.89 | |
| | 01/17/2023 | | Amazon | | | | | Ψ24.03 | |
| | | | Address of person from whom amount is received; City; State; Zip Code 410 Terry Ave. N | | | | | | |
| | | | 410 Telly Ave. IV | | | | | | |
| | | | Seattle, WA 98109 | | | | | | |
| | | | Purpose for which amount is received | Check i | f politi | cal co | ntribution returned to filer | | |
| | | | Refund for Purchases | | | | | | |
| | Date | Π | Name of person from whom amount is received | | | | Amount (\$) | as execut | |
| | 05/22/2023 | | Hyatt Hill Country Resort & Spa | | | | | \$11.68 | |
| | Address of person from whom amount is received; City; State; Zip Code | | | | | | | | |
| | | | 9800 Hyatt Resort Rd. | | | | | | |
| | | | San Antonio, TX 78251 | | | | | | |
| | | | | Check i | f polit | ical co | ntribution returned to filer | | |
| | | | Refund for Meal at CLE | | | | | | |
| = | Date | T | Name of person from whom amount is received | | | | Amount (\$) | | |
| | 06/29/2023 Lennon, Michael | | | | | \$409.19 | | | |
| | Address of person from whom amount is received; City; State; Zip Code | | | | | | | | |
| | | 11833 Wink Road | | | | | | | |
| | | | TV 77004 | | | | | | |
| | | Houston, TX 77024 | | | | | atributionttf' | | |
| The first things to the state of the state o | | | | ntribution returned to filer | | | | | |
| L | | | Reimbursement for Jury Meals | | | | | | |
| | | | | | | | | | |
| L | Version V3.5.1 a18ea2cs | | | | | | | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | The Instru | cti | on Guide explains how to complete this form. | 1 | | ages Schedule K: 2/3 Rpt: 105/106 | |
|---|--------------|----------|--|----------|----------|--------------------------------------|----------|
| 2 | FILER NAME | | | 3 | Filer ID |) | |
| | Taylor, Nico | le | | | | | |
| 4 | Date | 5 | Name of person from whom amount is received | | | 8 Amount (\$) | |
| | 06/30/2023 | | Lynn Pinker Hurst & Schwegmann LLP | | | | \$409.20 |
| | | 6 | Address of person from whom amount is received; City; State; Zip Code | | | 1 | |
| | | | 2100 Ross Ave. Ste. 2700 | | | | |
| | | | | | | | |
| | | L | Dallas, TX 75201 | | | | |
| | | 7 | ** | politi | cal cont | ribution returned to filer | |
| | | | Reimbursement for Jury Meals | | | | |
| | Date | Γ | Name of person from whom amount is received | | | Amount (\$) | |
| | 01/17/2023 | | Texas Center for Judiciary | | | \$ | 1,099.88 |
| | | | Address of person from whom amount is received; City; State; Zip Code | | | 1 | |
| | | | 1210 San Antonio Ste. 800 | | | | |
| | | | | | | | |
| | | L | Austin, TX 78701 | | | | |
| | | | The contract of the contract o | politi | cal cont | ribution returned to filer | |
| L | | | Reimbursement for New Judge College | | | | |
| | Date | | Name of person from whom amount is received | | | Amount (\$) | |
| | 06/01/2023 | | Texas Center for Judiciary | | | | \$454.99 |
| | | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | 1210 San Antonio Ste. 800 | | | | |
| | | | Austin TV 70701 | | | | |
| | | - | Austin, TX 78701 Purpose for which amount is received Check if | n alif | anl annt | ib tion set mod to file | |
| | | | Reimbursement for Regional B Meeting | ponti | cai cont | ribution returned to filer | |
| L | | <u>_</u> | | | | T | |
| | Date | | Name of person from whom amount is received | | | Amount (\$) | \$303.08 |
| | 01/06/2023 | | The Law Office of Vonda Bailey | | | | \$303.00 |
| | | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | 150 E. Hwy 67, Ste. 204 | | | | |
| | | | Duncanville, TX 75137 | | | | |
| | | \vdash | | politi | cal cont | I ribution returned to filer | r |
| | | | Reimbursement for court microwave and ice maker | | | | |
| F | Date | + | Name of person from whom amount is received | | | Amount (\$) | |
| | 03/27/2023 | | WalMart | | | ,dir. (4) | \$11.40 |
| | 00/21/2020 | | Address of person from whom amount is received; City; State; Zip Code | | | 1 | |
| | | | 818 Belt Line Rd | | | | |
| | | | was wall building | | | | |
| | | | Cedar Hill, TX 75104 | | | | |
| | | | Purpose for which amount is received | f politi | cal cont | ribution returned to file | r |
| | | | Refund for Purchases | | | | |
| r | | | | | | | |
| | | | | | | | |
| 1 | | | | | | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| The Instru | ctio | on Guide explains how to complete this form. | | | ages Schedule K: /3 Rpt: 106/106 | |
|-------------------------------------|------|---|-----------|---------|-------------------------------------|-------|
| FILER NAME | | | 3 F | iler ID | | |
| Taylor, Nicol Date 03/27/2023 | | Name of person from whom amount is received WalMart | | | 8 Amount (\$) | \$8.9 |
| | 6 | Address of person from whom amount is received; City; State; Zip Code 818 Belt Line Rd | | | | |
| | 7 | Cedar Hill, TX 75104 Purpose for which amount is received Check if p | oolitical | l contr | ibution returned to filer | |
| | | Refund for Purchases | | | | |
| | | | | | | |
| | | | | | | |