

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | | |
|---|---|--|--|--|------------------|---------------------|--|
| The C/OH Instruction Guide explains how to complete this form. | | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 5 | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME <input type="checkbox"/> Change of Address | MS / MRS / MR | FIRST MS Taylor | MI A. | OFFICE USE ONLY | | | |
| | NICKNAME | LAST Byrd | SUFFIX | Date Received FILED FOR RECORD MORRIS COUNTY, TX | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE 147 CR 1137, Daingerfield, TX 75638 | | | FEB 02 2026 TIME: 4:00PM COUNTY CLERK OFFICE | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Date Hand-delivered or Date Postmarked | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Ms Taylor | MI A. | Receipt # <input type="text"/> Amount \$ <input type="text"/> | | | |
| | NICKNAME | LAST Byrd | SUFFIX | Date Processed | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE 147 CR 1137, Daingerfield, TX 75638 | | | Date Imaged | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | | |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | |
| 10 PERIOD COVERED | Month 01 | Day 01 | Year 2026 | Month 01 | Day 22 | Year 2026 | |
| 11 ELECTION | ELECTION DATE Month Day Year 03 03 26 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | | |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) District Clerk | | | |
| 14 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. | | | | | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | | | | | |
| | | COMMITTEE ADDRESS | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Taylor Burd

16 Filer ID (Ethics Commission Filers)

| | | |
|---------------------------|---|-----------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 4000.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,000.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 817.28 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 182.72 |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Taylor Burd

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Taylor Burd, and my date of birth is December 31, 1988
My address is 147 CR 1137, Daingerfield TX 75638 Morris

(street) (city) (state) (zip code) (country)

Executed in Morris County, State of Texas, on the 2nd day of February, 20 26

(month) (year)

Taylor Burd

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | | |
|--|--|--------------------|
| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) | |
| Taylor Burd | | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | | \$ |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Taylor Burd</i> | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>01/22/26</i> | 5 Full name of contributor <i>Nelson Roach</i> | <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>) | 7 Amount of contribution (\$) <i>\$1,000.00</i> |
| 6 Contributor address; <i>205 Linda Dr. Daingerfield, TX 75638</i> | | City; State; Zip Code | |
| 8 Principal occupation / Job title (See Instructions) <i>Attorney</i> | | 9 Employer (See Instructions) <i>Self</i> | |
| Date | Full name of contributor | <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>) | Amount of contribution (\$) |
| | Contributor address; | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor | <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>) | Amount of contribution (\$) |
| | Contributor address; | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor | <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>) | Amount of contribution (\$) |
| | Contributor address; | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | | |

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 1 | Taylor Burd | |
| 4 Date | 5 Payee name | |
| 01/22/26 | Dens.com | |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code |
| \$141.80 | 1 Sharpe Way, Building 3, Shelbyville, TN 37160 | |
| <input type="checkbox"/> Check if individual's residence address. | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | Printing Expense | Campaign pens |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| | Taylor Burd | District Clerk, Morris County |
| Date | Payee name | |
| 01/22/26 | Printing Factory | |
| Amount (\$) | Payee address; | City; State; Zip Code |
| \$424.34 | 105 CJ Wise Service Rd West, Naples, TX 75568 | |
| <input type="checkbox"/> Check if individual's residence address. | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Printing Expense | Campaign Signs |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| | Taylor Burd | District Clerk, Morris County |
| Date | Payee name | |
| 01/22/26 | Printing Factory | |
| Amount (\$) | Payee address; | City; State; Zip Code |
| \$251.14 | 105 CJ Wise Service Rd West, Naples, TX 75568 | |
| <input type="checkbox"/> Check if individual's residence address. | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Printing Expense | Campaign Signs |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought |
| | Taylor Burd | District Clerk, Morris County |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

100% फैले

DISMANTLED/HOLLOWED

भूमि व इकाई

LANDSCAPE: ग्राम

जड़ीबी 100% का नियोजित विवरण यह नहीं जारी है

DISPONIBLE नियमित जरूरी

जड़ीबी भूमि

DISMANTLED/HOLLOWED जरूरी

भूमि व इकाई

LANDSCAPE: ग्राम

DISPONIBLE 100% का नियोजित विवरण यह नहीं जारी है

DISMANTLED/HOLLOWED नियमित जरूरी

जड़ीबी भूमि

DISMANTLED/HOLLOWED जरूरी

भूमि व इकाई

LANDSCAPE: ग्राम

जड़ीबी 100% का नियोजित विवरण यह नहीं जारी है

DISPONIBLE नियमित

1

DISMANTLED/HOLLOWED जरूरी