

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: 8

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI

Mrs Taylor

NICKNAME LAST SUFFIX

Burge

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

406 S Church St Lockhart, TX 78644

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 230-2366

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI

Mrs Taylor

NICKNAME LAST SUFFIX

Burge

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

406 S Church St Lockhart, TX 78644

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 230-2366

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
09 / 26 / 2025 THROUGH 10 / 25 / 2025

11 ELECTION

ELECTION DATE

Month Day Year

11 / 04 / 25

ELECTION TYPE

☐ Primary ☐ Runoff ☐ Other Description
☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council At Large

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Taylor Burge</u>		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)	\$ 100
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 920
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,365.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 448.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

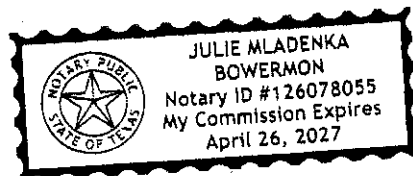
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by TAYLOR BURGE this the 27th day of OCTOBER, 2025, to certify which, witness my hand and seal of office.

Julie Mladenka Bowermon JULIE MLADENKA BOWERMON NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Taylor Burge

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 920
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐	SCHEDULE E: LOANS	\$
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,394.31
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

1 OF 2
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

2 FILER NAME

Taylor Burge

3 Filer ID (Ethics Commission Filers)

4 Date

10/2/2025

5 Full name of contributor

Claudia Hollern

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

20.00

6 Contributor address;

City;

State;

Zip Code

1677 Borchert Loop Lockhart, TX

78644

8 Principal occupation / Job title (See Instructions)

Operations Manager

9 Employer (See Instructions)

Franklin Barbecue

Date

10/2/2025

Full name of contributor

Robert OHara

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

518 Neches St. Lockhart TX 78644

Principal occupation / Job title (See Instructions)

Field Applications Engineer

Employer (See Instructions)

Generac

Date

10/2/2025

Full name of contributor

Steve Odom

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

521 Little River Street Lockhart TX

78644

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

ActiveProspect

Date

10/2/2025

Full name of contributor

Emily Scruggs

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

911 San Jacinto St Lockhart TX

78644

Principal occupation / Job title (See Instructions)

Social media director

Employer (See Instructions)

Proof advertising

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

20F2
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

2 FILER NAME

Taylor Burge

3 Filer ID (Ethics Commission Filers)

4 Date

10/2/2025

5 Full name of contributor

Hally Thacher

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

302A W 12TH ST # 295 # 295 Manhattan NY 10014

8 Principal occupation / Job title (See Instructions)

Artist

9 Employer (See Instructions)

self-employed

Date

10/3/2025

Full name of contributor

Michael Lewis

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

911 San Jacinto St Lockhart TX 78644

Principal occupation / Job title (See Instructions)

Account Executive

Employer (See Instructions)

WalkMe

Date

10/4/2025

Full name of contributor

Mary Eisenberg

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

1021 Spruce St Lockhart TX 78644

Principal occupation / Job title (See Instructions)

Not Employed

Employer (See Instructions)

Not Employed

Date

10/7/2025

Full name of contributor

Jimmy Kettler

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

2427 Old Kelley Road Lockhart TX 78644

Principal occupation / Job title (See Instructions)

Software Developer

Employer (See Instructions)

Peachjar

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

1 OF 3
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: 3	2 FILER NAME Taylor Burge	3 Filer ID (Ethics Commission Filers)
4 Date 10/7/2025	5 Payee name UPrinting.com	
6 Amount (\$) 826.78	7 Payee address; 8000 Haskell Ave.	City; State; Zip Code Van Nuys CA 91406
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Postcard mailer
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10/14/2025	Payee name Meta	
Amount (\$) .01	Payee address; 1 Meta Way, Menlo Park, CA 94025	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Test Ad
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10/14/2025	Payee name Printing Solutions	
Amount (\$) 131.94	Payee address; 113 E San Antonio St, Lockhart, TX 78644	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Postcards for Mailer
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

2 OF 3
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: 3		2 FILER NAME Taylor Burge		3 Filer ID (Ethics Commission Filers)	
4 Date 10/14/2025		5 Payee name HEB			
6 Amount (\$) 102.06		7 Payee address; City; State; Zip Code 403 S Colorado St, Lockhart, TX 78644			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food and Beverage for Event		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/17/2025		Payee name USPS			
Amount (\$) 305.00		Payee address; City; State; Zip Code 217 W Market St, Lockhart, TX 78644			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Postage		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/15/2025		Payee name Stripe			
Amount (\$) 19.88		Payee address; City; State; Zip Code 354 Oyster Point Blvd. South San Francisco, CA 94080			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Credit Card Processing Fees		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

3 of 3
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: 3	2 FILER NAME Taylor Burge		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2025	5 Payee name Act Blue, LLC		
6 Amount (\$) 8.64	7 Payee address; City; State; Zip Code PO Box 962017 Boston, MA 02196		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Online Donation Fees	
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name		
Amount (\$)	Office sought		
Office held	Office held		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name		
Amount (\$)	Office sought		
Office held	Office held		
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Candidate / Officeholder name		
Amount (\$)	Office sought		
Office held	Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED