

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 (From Commission Form)	2 Total pages filed.
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mv Taylor MIDDLENAME LAST		BLUFFE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX	APT / SUITE R CITY STATE ZIP CODE
<input type="checkbox"/> Change of Address 		OFFICE USE ONLY Date Received J.M. Harris III	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
<input type="checkbox"/> Change of Address 		Date Hand-delivered or Date Postmarked F-mailed 10/26/2020 @ 8:28 p.m. Receipt # Amount \$ Date Processed Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Aprva Pavith MIDDLENAME LAST		BLUFFE
7 CAMPAIGN TREASURER ADDRESS		STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE R CITY STATE ZIP CODE
(Residence or Business) 			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
<input type="checkbox"/> Change of Address 			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Recall <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 60 day before election <input type="checkbox"/> Extended Modified Reporting Limit <input type="checkbox"/> Final Report (After C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
16 / 3 / 20		THROUGH	10 / 26 / 20
11 ELECTION	ELECTION DATE		
	Month	Day	Year
11 / 3 / 20		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Recall <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD @ (and)		13 OFFICE SOUGHT @ (wanted)
NA		Sugar Land City Council	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Taylor Landin 15 Filer ID (Ethics Commission Filers)

16 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.

GENERAL
 SPECIFIC

COMMITTEE TYPE

COMMITTEE NAME
Taylor for Susan Land

COMMITTEE ADDRESS
[REDACTED]

COMMITTEE CAMPAIGN TREASURER NAME
Aprava Panik

COMMITTEE CAMPAIGN TREASURER ADDRESS
[REDACTED]

Additional Pages

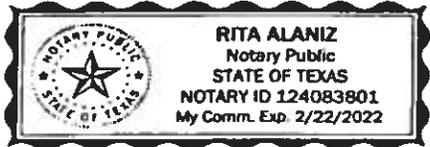
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 975.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 975.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3630.44
	4. TOTAL POLITICAL EXPENDITURES	\$ 3630.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6456.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT

This notarial act was an online notarization

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 HB 15, Election Code.

Taylor Landin
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Taylor Landin, this the 26th day of October, 2020, to certify which, witness my hand and seal of office.

Rita Alaniz Rita Alaniz Notary Public State of Texas
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 975.00
2.	<input 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3630.44
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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Taylor Landin</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Josephine Prochaska</i> 6 Contributor address: _____ City: _____ State: _____ Zip Code _____	7 Amount of contribution (\$) <i>25.00</i>
8 Principal occupation / Job title (See instructions) <i>Rentor</i>		9 Employer (See instructions) <i>Self</i>
4 Date <i>10/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Republi.L Services PAC</i> 6 Contributor address: _____ City: _____ State: _____ Zip Code _____	7 Amount of contribution (\$) <i>500.00</i>
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
4 Date <i>10/12</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jim Brown</i> 6 Contributor address: _____ City: _____ State: _____ Zip Code _____	7 Amount of contribution (\$) <i>100.00</i>
8 Principal occupation / Job title (See instructions) <i>Consulting</i>		9 Employer (See instructions) <i>Self</i>
4 Date <i>10/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Berian Jewett</i> 6 Contributor address: _____ City: _____ State: _____ Zip Code _____	7 Amount of contribution (\$) <i>50.00</i>
8 Principal occupation / Job title (See instructions) RENTOR <i>Consulting</i>		9 Employer (See instructions) <i>KPMG.</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME <i>Taylor Landin</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/13</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (DP) _____ <i>David Hamren</i> Contributor address: _____ City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) <i>50.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/15</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP) _____ <i>Michael Bunting</i> Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <i>250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP) _____ Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (DP) _____ Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gifts/Entertainment Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rent/Utilities
Printing Expense
Parking Expense
Salaries/Wages/Contract Labor

Selection/Fundraising Expense
Transportation Expenses & Related Expenses
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 <i>Taylor Landin</i>	3 Filer ID (Ethics Commission Filer)
4 Date <i>10/5</i>	5 Payee name <i>Online Notary, vs</i>	
6 Amount (\$) <i>2500</i>	7 Payee address: City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Legal Services</i>	(b) Description <i>Notary.</i>
	<input type="checkbox"/> Check if third outside of Texas, Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held
Date <i>10/8</i>	Payee name <i>Clements FFA</i>	
Amount (\$) <i>25000</i>	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Program</i>
	<input type="checkbox"/> Check if third outside of Texas, Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held
Date <i>10/8</i>	Payee name <i>Printing Matters.</i>	
Amount (\$) <i>447.56</i>	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i>	Description <i>Printing</i>
	<input type="checkbox"/> Check if third outside of Texas, Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expenses
Fees
Food/Beverage Expenses
Gifts/Tokens/Memorabilia Expenses
Legal Services

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

Solicitation/undraising 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 <i>Taylor Landin</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/9</i>		5 Payee name <i>Office Depot</i>			
6 Amount (\$) <i>50.11</i>		7 Payee address: 		City:	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>office</i>		(b) Description <i>Mailing supplies</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought	Office held
Date <i>10/13</i>		Payee name <i>Copy Doctor</i>			
Amount (\$) <i>155.31</i>		Payee address: 		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing expense</i>		Description <i>printing</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought	Office held
Date <i>10/13</i>		Payee name <i>Magnum Media</i>			
Amount (\$) <i>2500.00</i>		Payee address: 		City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting</i>		Description <i>media</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Selection of undesignated Expenses
Accounting/Banking	Fees	Office Overhead/Related Expenses	Transportation Equipment & Related Expenses
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gifts/Charitable/Almonable Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Taylor Landin</i>		3 Filer ID (Ethics Commission Filer)	
4 Date		5 Payee name <i>NPSD Memphis</i>			
6 Amount (\$)		7 Payee address: <div style="background-color: black; width: 150px; height: 20px;"></div>		City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing expense</i>		(b) Description <i>printing</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address:		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address:		City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit COH		Candidate / Officeholder name		Office sought Office held	

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