

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: <u>16</u>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Sylvia</u> FIRST	MI <u>A.</u>	OFFICE USE ONLY Date Received Date Filed <u>1/15/2025</u> <u>Rebecca Huerta</u> Rebecca Huerta City Secretary Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME	LAST <u>Troyon-Oliver</u>		SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <u>2814 Rogers St</u>	APT / SUITE #; <u>CC TX</u>		STATE; <u>78905</u> ZIP CODE
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(361)</u>		PHONE NUMBER <u>877-3634</u>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Eddie Jackson-Morris</u> FIRST	MI		
	NICKNAME	LAST		SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	<u>4721 Angela Dr CC TX 78416</u>			
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(361)</u>	PHONE NUMBER <u>726-7580</u>	EXTENSION	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year		Month Day Year	
		<u>10 / 27 / 24</u> THROUGH <u>12 / 31 / 24</u>		
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE		OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>Council At Large</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

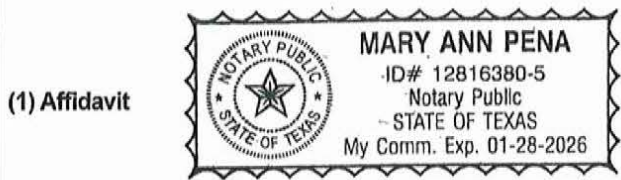
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 440.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2111.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 966.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sylvia A. Tryon-Oliver this the 15th day of January, 2025, to certify which, witness my hand and seal of office.

Mary Ann Pena Signature of officer administering oath
Mary Ann Pena Printed name of officer administering oath
Notary Public 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 <i>Sylvia Taylor Oliver</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>440⁰⁰</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1877.48</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>160.08</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>73.65</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

SYLVIA TRYON OLIVER

10/27/24--12/31/24

SUMMARY

PAGE

F1	\$ 1,877.48	CAMPAIGN FUNDS
F4	\$ 160.08	CREDIT CARD
G	\$ 73.65	PERSONAL FUNDS

\$ 2,111.21	TOTAL EXPENDITURES
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PAGE \$ 100.00 CASHAPP

A1 \$ 340.00 CHECKS

\$ 440.00	TOTAL INCOME
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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>Sylvia Taylor Olson</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/7/24</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>PRISCILLA CAMBRIC</i>	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78405</i>		
8 Principal occupation / Job title (See Instructions) <i>[Signature]</i>		9 Employer (See Instructions) <i>[Signature]</i>
Date <i>11/7/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JIMMIE TAYLOR</i>	Amount of contribution (\$) <i>\$140.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>CC TX 78411</i>		
Principal occupation / Job title (See Instructions) <i>[Signature]</i>		Employer (See Instructions)
Date <i>10/26/24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Deborah Unwin</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>CC TX 784</i>		
Principal occupation / Job title (See Instructions) <i>[Signature]</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	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.

ENDING BAL 12/31/24 966.31
 10/27/24--12/31/24

TOTAL INCOME

CASHAPP \$ 100.00
 CHECKS \$ 340.00

\$ 440.00

PAGE A1

MONETARY POLITICAL CONTRIBUTIONS

CASHAPP		
DEBORAH VARNER	\$ 100.00	26-Oct

TOTAL \$ 100.00

CHECKS	AMT	DATE
J. TRYON	\$ 140.00	7-Nov
P. CAMBRIC	\$ 200.00	7-Nov

TOTAL \$ 340.00

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME SYLVIA A. TRYON-OLIVER	3 Filer ID (Ethics Commission Filers)
4 Date 10/27/24	5 Payee name YWCA	
6 Amount (\$) 475.00	7 Payee address; City; State; Zip Code 4601 Coronado CC TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Exp	(b) Description Room Rental for Fundraiser 10/25
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name SYLVIA A TRYON-OLIVER	Office sought COUNCIL AT LARGE
Date 10/28/24	Payee name Realwife Photo Booth/Photography CC TX	
Amount (\$) 102.50	Payee address; City; State; Zip Code CC TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Exp	Description Photo Booth Janice for Fundraiser 10/25
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name SYLVIA A TRYON-OLIVER	Office sought COUNCIL AT LARGE
Date 10/30/24	Payee name Walnut	
Amount (\$) 9.72	Payee address; City; State; Zip Code 1821 SPID CC TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Exp	Description Chambers & Polling Sites
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia A. Tryon-Oliver	Office sought Council At Large

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Sylvia A. Taylor Oliver	3 Filer ID (Ethics Commission Filers)
4 Date 11/12/24	5 Payee name Dot Fillmore	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 1921 Archdale CC TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling & Campaign / Expenses	(b) Description Removal of signs & materials
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Sylvia Taylor Oliver Council At Large	
Date 11/7/24	Payee name Move It Storage	
Amount (\$) 119.26	Payee address; City; State; Zip Code 4902 Ayers St. CC TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	Description Rental of Storage for signs & materials
	<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 C/OH	Candidate / Officeholder name Office sought Office held Sylvia Taylor Oliver Council At Large	
Date 11/6/24	Payee name Prosper Card	
Amount (\$) 500.00	Payee address; City; State; Zip Code PO Box 650078 Dallas, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit card payment	Description Credit card payment
	<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 C/OH	Candidate / Officeholder name Office sought Office held Sylvia Taylor Oliver Council At Large	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Sylvia Tracy Olson	3 Filer ID (Ethics Commission Filers)
4 Date 12/7/24	5 Payee name Prosper Card	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code PO Box 650078 Dallas, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Credit Card payment
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/13/24	Payee name Move It Storage	
Amount (\$) 71.00	Payee address; City; State; Zip Code 4902 Ayens DC TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	Description Monthly Rental
	<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 C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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 C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

F1**EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

MONTH	EXPENSES	DESCRIPTION	CATEGORY	
25-Oct	\$ 475.00	YWCA/ROOM RENTAL FOR FUNDRAISER 10/25	SOLICITATION/FUNDRAISING EXPN	DEBIT/5243
		YWCA 4601 CORONA		
28-Oct	\$ 102.50	PHOTO BOOTH/FUNDRAISER 10/25	SOLICITATION/FUNDRAISING EXPN	CHK/1028
		REEL LIFE PHOTO BOOTH CC TX		
30-Oct	\$ 9.72	FOLDING CHAIR/FOR POLLING SITES	CAMPAIGN EXPENSE	DEBIT/5243
		WALMART 1821 SPID		
6-Nov	\$ 500.00	CREDIT CARD PAYMENT	CREDIT CARD PAYMENT	DEBIT/5243
12-Nov	\$ 100.00	DOT FILLMORE/REMOVAL OF SIGNS	CAMPAIGN EXPENSE	CHK/1032
		1921 ARCHDALE		
7-Nov	\$ 119.26	MOVE IT STORAGE/FOR SIGNS AND MATERIALS	CAMPAIGN EXPENSE	DEBIT/5243
		4902 AYERS		
10-Dec	\$ 500.00	CREDIT CARD PAYMENT	CREDIT CARD PAYMENT	DEBIT/5243
13-Dec	\$ 71.00	MOVE IT STORAGE/FOR SIGNS AND MATERIALS	CAMPAIGN EXPENSE	DEBIT/5243
		4902 AYERS--- MONTHLY RENTAL		
	\$ 1,877.48			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2	2 FILER NAME	Sylvia Taylor Oliver		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					\$
5 CREDIT CARD ISSUER	Name of financial institution Prosper Marketplace Coastal Community Bank				
6 PAYMENT	(a) Amount Charged \$ 25.00	(b) Date Expenditure Charged 11/1/24	(c) Date(s) Credit Card Issuer Paid		
7 PAYEE	(a) Payee name Circle K	(b) Payee address; City, State, Zip Code 4101 Greenwood Pkwy 78416			
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Campaign Expense		(b) Description Gasoline/Travel		
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Taylor Oliver		Office Sought Council At Large	Office Held	
PAYMENT	(a) Amount Charged \$ 68.41	(b) Date Expenditure Charged 11/1/24	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name Hibachi Grill	(b) Payee address; City, State, Zip Code S. Staples Pkwy 78411			
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Campaign Expense		(b) Description Team Mgmt Meeting		
	(c) <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 C/OH	Candidate / Officeholder name Sylvia Taylor Oliver		Office Sought Council AT Large	Office Held	
PAYMENT	(a) Amount Charged \$ 14.40	(b) Date Expenditure Charged 11/13/24	(c) Date(s) Credit Card Issuer Paid		
PAYEE	(a) Payee name Millers BBA	(b) Payee address; City, State, Zip Code 6601 Weber Rd 78413			
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Campaign Expense		(b) Description Dems Monthly Mtg		
	(c) <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 C/OH	Candidate / Officeholder name Sylvia Taylor Oliver		Office Sought Council At Large	Office Held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2	2 FILER NAME: Sylvia Taylor Oliver	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 CREDIT CARD ISSUER	Name of financial institution Sam's Club
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6 PAYMENT	(a) Amount Charged \$ 52.27	(b) Date Expenditure Charged 11/8/24	(c) Date(s) Credit Card Issuer Paid
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7 PAYEE	(a) Payee name Sam's Club	(b) Payee address; City, State, Zip Code
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Campaign Expense	(b) Description Gasoline/Travel to sites
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Taylor Oliver	Office Sought Council At Large	Office Held
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <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 C/OH	Candidate / Officeholder name	Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
---------	--------------------------	------------------------------	-------------------------------------

PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
-------	----------------	--

PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <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 C/OH	Candidate / Officeholder name	Office Sought	Office Held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

F4 EXPENDITURES MADE BY CREDIT CARD				
MONTH	EXPENSES	DESCRIPTION	CATEGORY	
1-Nov	\$ 25.00	GASOLINE/TRAVEL TO POLLING SITES	CAMPAIGN EXPENSE	CR CRD/7279
		CIRCLE K 4101 GREENWOOD		
8-Nov	\$ 52.27	GASOLINE/TRAVEL TO POLLING SITES	CAMPAIGN EXPENSE	CR CRD/SAMS
		SAMS CLUB 4833 SPID		
1-Nov	\$ 68.41	CAMPAIGN TEAM MEETING/	CAMPAIGN EXPENSE	CR CRD/7279
		HIBACHI GRILL SUPREME--STAPLES ST		
13-Nov	\$ 14.40	MONTHLY DEMS MEETING/	CAMPAIGN EXPENSE	CR CRD/7279
		MILLERS BBQ WEBER RD		
	\$ 160.08			

PERSONAL CREDIT CARDS USED

SAMS CLUB 4833 7279-PROSPER CARD-POBOX 650078 DALLAS, TX / 5243-RFB CU S STAPLES CC TX/

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Sylvia Taylor Oliver	3 Filer ID (Ethics Commission Filers)
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4 Date 10/31/24	5 Payee name Whataburger
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6 Amount (\$) 6.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2402 SPID CC TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food Beverage Exps	(b) Description Food/Ber - traveling to sites
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sylvia Taylor Oliver	Office sought Council At Large	Office held
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Date 10/30/24	Payee name Subway
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Amount (\$) 14.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2621 S. Post CC TX
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage Exps	Description Food/Ber - traveling to sites
	<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 C/OH	Candidate / Officeholder name Sylvia Taylor Oliver	Office sought Council At Large	Office held
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Date 10/29/24	Payee name Wienerschnitzel
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Amount (\$) 12.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2401 Ayens St CC TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage Exps	Description Food/Ber - traveling to sites
	<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 C/OH	Candidate / Officeholder name Sylvia Taylor Oliver	Office sought Council At Large	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <i>2</i>	2 FILER NAME <i>Sylvia Tryon Oliver</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/2/24</i>	5 Payee name <i>McDonalds</i>	
6 Amount (\$) <i>9.08</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>2021 Morgan CC TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expn</i>	(b) Description <i>traveling Food/Beverage - to sites</i>
	(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 <i>Sylvia Tryon Oliver</i>	Office sought <i>Council At Large</i>
Date <i>10/28/24</i>	Payee name <i>Circle K</i>	
Amount (\$) <i>30.12</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>3033 S. Pant CC TX 78405</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Expense</i>	Description <i>Gasoline/Traveling to sites</i>
	<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 <i>Sylvia Tryon Oliver</i>	Office sought <i>Council At Large</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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 <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

G**EXPENDITURES MADE BY PERSONAL FUNDS**

MONTH	EXPENSES	DESCRIPTION	CATEGORY	
31-Oct	\$ 6.81	FOOD/BEVERAGE/CAMPAIGN EXPN-TEAM MBRS WHATABURGER 2402 SPID	FOOD/BEVERAGE EXPENSE	CASH
30-Oct	\$ 14.81	FOOD/BEVERAGE/CAMPAIGN EXPN-TEAM MBRS SUBWAY 2621 S PORT	FOOD/BEVERAGE EXPENSE	CASH
29-Oct	\$ 12.83	FOOD/BEVERAGE/CAMPAIGN EXPN-TEAM MBRS WIERNERSCHNITZEL 2401 AYERS	FOOD/BEVERAGE EXPENSE	CASH
2-Nov	\$ 9.08	FOOD/BEVERAGE/CAMPAIGN EXPN-TEAM MBRS MCDONALDS 2021 MORGAN	FOOD/BEVERAGE EXPENSE	CASH
28-Oct	\$ 30.12	GASOLINE/TRAVEL TO POLLING SITES CIRCLE K 3033 S PORT AVE	CAMPAIGN EXPENSE	7075
	\$ 73.65			

PERSONAL CREDIT CARDS USED

7075-TX BRIDGE C HOLLY RD. CCTX