

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Shay Bailey</i>		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)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>560.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1325.20</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1192.45</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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 _____ 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 *Billy Shay Bailey* and my date of birth is *01 01 1973*

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

Executed in *Taylor* County, State of *Texas*, on the *10* day of *January*, 20*24*.

[Signature]
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME *Shay Bailey*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>560⁰⁰</i>
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	\$
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	\$ <i>1325²⁰</i>
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: 1

2 FILER NAME

Shay Bailey

3 Filer ID (Ethics Commission Filers)

4 Date

8/15/23

5 Full name of contributor out-of-state PAC (ID#: _____)

Robert Morrill

7 Amount of contribution (\$)

10.~~00~~

6 Contributor address: City: State: Zip Code

[Redacted]

8 Principal occupation / Job title (See Instructions)

Police Lt.

9 Employer (See Instructions)

City of Tye Co.

Date

10/5

Full name of contributor out-of-state PAC (ID#: _____)

Amanda Bailey

Amount of contribution (\$)

300.~~00~~

Contributor address: City: State: Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

None/other

Date

11/7

Full name of contributor out-of-state PAC (ID#: _____)

John Connolly

Amount of contribution (\$)

250.~~00~~

Contributor address: City: State: Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Energy Resource Development

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address: City: State: Zip Code

Amount of contribution (\$)

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 | 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:	2 FILER NAME <i>Shay Bailey</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>7-3-23</i>	5 Payee name <i>First Financial Bank</i>
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6 Amount (\$) <i>5.⁰⁰/_{xx}</i>	7 Payee address; <i>400 Pine St</i>	City; <i>Abi</i>	State; <i>TX</i>	Zip Code <i>79601</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Banking</i>	(b) Description <i>Paper bank statement</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Shay Bailey</i>	Office sought <i>Sheriff</i>	Office held
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Date <i>8-1-23</i>	Payee name <i>First Financial Bank</i>
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Amount (\$) <i>5.⁰⁰/_{xx}</i>	Payee address; <i>400 Pine St</i>	City; <i>Abi</i>	State; <i>TX</i>	Zip Code <i>79601</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Banking</i>	Description <i>Paper Statement</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 C/OH	Candidate / Officeholder name <i>Shay Bailey</i>	Office sought <i>Sheriff</i>	Office held
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Date <i>8-3-23</i>	Payee name <i>Blue Stone Creations LLC</i>
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Amount (\$) <i>1007.²⁰/_{xx}</i>	Payee address; <i>5900 Balcones Dr. Ste 100 Austin</i>	City; <i>TX</i>	State; <i>TX</i>	Zip Code <i>79601</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>web site</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 C/OH	Candidate / Officeholder name <i>Shay Bailey</i>	Office sought <i>Sheriff</i>	Office held
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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 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 F1:	2 FILER NAME <i>Shay Bailey</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/3/23</i>	5 Payee name <i>First financial Bank</i>	
6 Amount (\$) <i>25.00</i>	7 Payee address: <i>400 pine st</i>	City: <i>Hbi</i> State: <i>TX</i> Zip Code: <i>79601</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>wire fee to pay website</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Shay B</i>	Office sought <i>Sheriff</i> Office held
Date <i>8-18-23</i>	Payee name <i>Anedot</i>	
Amount (\$) <i>.70</i>	Payee address: <i>1340 Poydras st Ste 1770 New Orleans LA</i>	City: State: Zip Code: <i>70112</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fee</i>	Description <i>Fee For Auto Contributions</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 C/OH	Candidate / Officeholder name <i>Shay Bailey</i>	Office sought <i>Sheriff</i> Office held
Date <i>9/1/23</i>	Payee name <i>First financial Bank</i>	
Amount (\$) <i>5.00</i>	Payee address: <i>400 pine st</i>	City: <i>Hbi</i> State: <i>TX</i> Zip Code: <i>79601</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fee Banking</i>	Description <i>Paper Statement</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 C/OH	Candidate / Officeholder name <i>Shay Bi</i>	Office sought <i>Sheriff</i> Office held

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 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 F1: 2	2 FILER NAME <i>Sunny Bailey</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10-2-23</i>	5 Payee name <i>First Financial Bank</i>
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6 Amount (\$) <i>5.00</i>	7 Payee address: <i>400 Pine St</i>	City: <i>Abi</i>	State: <i>TX</i>	Zip Code <i>79601</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Banking</i>	(b) Description <i>Paper Statement</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Sunny B</i>	Office sought <i>Senator</i>	Office held
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Date <i>10/5/23</i>	Payee name <i>Anedot</i>
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Amount (\$) <i>12.30 TX</i>	Payee address: <i>1340 Poydras st Ste 1770</i>	City: <i>New Orleans</i>	State: <i>LA</i>	Zip Code <i>70112</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Auto donate from web</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 C/OH	Candidate / Officeholder name <i>Sunny B</i>	Office sought <i>Senator</i>	Office held
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Date <i>10/10/23</i>	Payee name <i>Conley Printing</i>
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Amount (\$) <i>239.70</i>	Payee address: <i>2401 Industrial Blvd</i>	City: <i>Abi</i>	State: <i>TX</i>	Zip Code <i>79605</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Parlor cards</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 C/OH	Candidate / Officeholder name <i>Sunny B</i>	Office sought <i>Senator</i>	Office held
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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 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 F1:	2 FILER NAME <i>Shm Bailey</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/1/23</i>	5 Payee name <i>First Financial Bank</i>	
6 Amount (\$) <i>5.00</i>	7 Payee address; City; State; Zip Code <i>400 Pine St Abil TX 79601</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Banking</i>	(b) Description <i>Paper Statement</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Shm Bi</i>	Office sought <i>State</i>
Date <i>11/7/23</i>	Payee name <i>Amedot</i>	
Amount (\$) <i>10.30</i>	Payee address; City; State; Zip Code <i>1340 Poydras St Ste 1770 New Orleans LA 70112</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Fee for web donation</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 C/OH	Candidate / Officeholder name <i>Shm Bi</i>	Office sought <i>State</i>
Date <i>12-1-23</i>	Payee name <i>First Financial Bank</i>	
Amount (\$) <i>5.00</i>	Payee address; City; State; Zip Code <i>400 Pine St Abil TX 79601</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Banking</i>	Description <i>Paper Statement</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 C/OH	Candidate / Officeholder name <i>Shm Bi</i>	Office sought <i>State</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Mr Billy Shay	OFFICE USE ONLY Date Received FILED FOR RECORD O'Clock <u>05</u> Min <u>PM</u> JUL 12 2023 FREDA RAGAN <small>Elections Administrator</small> Date: <u>2023 07 12</u> Time: <u>1:05</u> Date Postmarked (Ragan) DEPUTY Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Shay Bailey		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 201 3264		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr Deron L		
	NICKNAME LAST SUFFIX Balch		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY: STATE: ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 665 6622		
9 REPORT TYPE	<input 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 checked="" 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 THROUGH Month Day Year 6 / 5 / 23 THROUGH 6 / 30 / 22		
11 ELECTION	ELECTION DATE Month Day Year 03 / 5 / 24	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) Sheriff of Taylor Co.	
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.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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 <i>Shay Bailey</i>		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2090 ⁰⁰/₂₂</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>86 ¹⁵/₂₄</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>2003. ⁸⁵/₂₂</i>
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.

Shay Bailey

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 *Billy Shay Bailey*, and my date of birth is *01 01 1973*.

My address _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (county)

Executed in *Taylor* County, State of *Texas*, on the *10* day of *July*, 20*23*.

Shay Bailey
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME

Shay Bailey

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2090 ⁰⁰ / ₁₀₀
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 86 ¹⁵ / ₁₀₀
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: 1 of 3
2 FILER NAME Shay Basley		3 Filer ID (Ethics Commission Filers)
4 Date 6/5/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Melissa Gibson	7 Amount of contribution (\$) 25.⁰⁰
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) TX DFPS - CPI Investigator		9 Employer (See Instructions) TX DFPS
Date 6/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Blagrove	Amount of contribution (\$) 15.⁰⁰
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Speech Pathologist		Employer (See Instructions) Abilene AISD
Date 6/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Derrick Martin	Amount of contribution (\$) 50.⁰⁰
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) PJ's Market
Date 6/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William Takeaway	Amount of contribution (\$) 300.⁰⁰
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Taylor County

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

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 of 3
2 FILER NAME Shay Bailey		3 Filer ID (Ethics Commission Filers)
4 Date 6/6/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tommy Pope	7 Amount of contribution (\$) 200-
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) Investigator		9 Employer (See Instructions) Taylor Co DA
Date 6/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Hall	Amount of contribution (\$) 200-
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Taylor Co DA
Date 6/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Allison	Amount of contribution (\$) 200-
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Directional Driller		Employer (See Instructions) Boyer
Date 6/30/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly Barker	Amount of contribution (\$) 500-
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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

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: 3 of 3
2 FILER NAME Shen Bailey		3 Filer ID (Ethics Commission Filers)
4 Date 6/30/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafann Gilman	7 Amount of contribution (\$) 600⁰⁰
6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>		
8 Principal occupation / Job title (See Instructions) PT		9 Employer (See Instructions) Hendricks MC
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 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 (ID#: _____) 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 (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Pulling 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: <i>1 of 3</i>	2 FILER NAME <i>Shay Bailey</i>	3 Filer ID (Ethics Commission Filer#)
4 Date <i>6/5/23</i>	5 Payee name <i>Ancdot</i>	
6 Amount (\$) <i>00 ⁹⁰/₂₄</i>	7 Payee address: City: State: Zip Code <i>1340 Poydras St Suite 1770 New Orleans LA 70112</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FEES</i>	(b) Description <i>fees for donation</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 ONLY if direct expenditure to benefit C/OH		
	Candidate / Officeholder name <i>Shay Bailey</i>	Office sought <i>Sheriff Taylor Co</i>
Date <i>6/6/23</i>	Payee name <i>Ancdot</i>	
Amount (\$) <i>8 ³⁰</i>	Payee address: City: State: Zip Code <i>1340 Poydras St Suite 1770 New Orleans LA 70112</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FEES</i>	Description <i>Fee for donation</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 C/OH		
	Candidate / Officeholder name <i>Shay Bailey</i>	Office sought <i>Sheriff Taylor Co</i>
Date <i>6/6/23</i>	Payee name <i>Ancdot</i>	
Amount (\$) <i>2 ³⁰</i>	Payee address: City: State: Zip Code <i>1340 Poydras St Suite 1770 New Orleans LA 70112</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fee s</i>	Description <i>rice for donation</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 C/OH		
	Candidate / Officeholder name <i>Shay Bailey</i>	Office sought <i>Sheriff Taylor Co</i>

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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: 2 of 3	2 FILER NAME Shay Bailey	3 Filer ID (Ethics Commission Filers)
4 Date 6/21/23	5 Payee name First Financial Bank	
6 Amount (\$) 32.45	7 Payee address: 400 PINE ST	City: Abilene State: TX Zip Code: 79601
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description Checks
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Shay Bailey	Office sought Sheriff Taylor Co Office held
Date 6/5/22	Payee name Anedot	
Amount (\$) 1.30	Payee address: 1340 Poydras St Suite 1770	City: NEW ORLEANS State: LA Zip Code: 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description FEE for donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Shay Bailey	Office sought Sheriff Taylor Co Office held
Date 6/7/23	Payee name Anedot	
Amount (\$) 12.30	Payee address: 1340 Poydras St Suite 1770	City: New Orleans State: LA Zip Code: 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description FEE for donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Shay Bailey	Office sought Sheriff Taylor Co Office held

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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 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 F1: 3 of 3	2 FILER NAME Shirley Bailey	3 Filer ID (Ethics Commission Filers)
4 Date 6/28/22	5 Payee name Anedot	
6 Amount (\$) 830	7 Payee address: 1340 Poydras St Suite 1770	City: New Orleans State: LA Zip Code: 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description Fee for Donation
	(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 Shirley Bailey	Office sought Taylor Co Sheriff Office held
Date 6/30	Payee name Anedot	
Amount (\$) 2030	Payee address: 1340 Poydras St Suite 1770	City: New Orleans State: LA Zip Code: 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description fee for Donation
	<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 Shirley Bailey	Office sought Sheriff Taylor Co 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

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