

# 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 Fliers)                         | 2 Total pages filed:<br><i>1292</i>   |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                          | MS / MRS / MR<br><i>Ms</i>  | FIRST<br><i>Gail</i>   | MI<br><i>F</i>  | OFFICE USE ONLY   |
|  | NICKNAME  | LAST<br><i>Samuels</i>   | SUFFIX  | Date Hand-delivered or Date Postmarked<br><b>RECEIVED</b><br><i>APR 25 2025</i><br><i>M. Aldrich</i>  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS            | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE<br><i>1208 Jones St. Taylor TX 76574</i>   |  |   | Date Hand-delivered or Date Postmarked<br>Receipt # <input type="text"/> Amount \$ <input type="text"/>   |
| <input type="checkbox"/> Change of Address                     |   |  |   |   |
| 5 CANDIDATE /<br>OFFICEHOLDER<br>PHONE                         | AREA CODE<br><i>(214)</i>   | PHONE NUMBER<br><i>454-4245</i>  | EXTENSION   | Date Processed  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                                | MS / MRS / MR<br><i>Gail</i>  | FIRST  | MI<br><i>F</i>  | Date Imaged   |
|  | NICKNAME  | LAST<br><i>Samuels</i>   | SUFFIX  |   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE<br><i>1208 Jones St. Taylor TX 76574</i>  |  |   |   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                               | AREA CODE<br><i>(214)</i>   | PHONE NUMBER<br><i>454-4245</i>  | EXTENSION   |   |
| 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<br>treasurer appointment<br>(Officeholder Only)  |
|  | <input type="checkbox"/> July 15  | <input checked="" type="checkbox"/> 8th day before election  | <input type="checkbox"/> Exceeded Modified<br>Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR)  |
| 10 PERIOD<br>COVERED   | Month<br><i>2/14/2025</i>   | Day  | Year  | Month<br><i>4/25/2025</i>   |
| 11 ELECTION  | ELECTION DATE<br>Month<br><i>5/3/2025</i>   | Day  | Year  | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Runoff<br><input type="checkbox"/> Special<br><input type="checkbox"/> Other Description |
| 12 OFFICE  | OFFICE HELD (if any)  |  |   | 13 OFFICE SOUGHT (if known)<br><i>City Council District 1</i>   |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)                    | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |  |   |   |
| <input type="checkbox"/> Additional Pages                      | COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC   | COMMITTEE NAME<br>COMMITTEE ADDRESS<br>COMMITTEE CAMPAIGN TREASURER NAME<br>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)<br>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.<br>4. TOTAL POLITICAL EXPENDITURES   |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  |
| 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.

Paul F. Samuels  
Signature of Candidate or Officer

**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 Gail F. Samuels, and my date of birth is 1/1/1960

My address is 1208 Jones St. Taylor TX 76574  
(street) (city) (state) (zip code) (country)

Executed in Williamson County, State of Texas, on the 25 day of April, 2025

**Signature of Candidate/Officeholder (Declarant)**

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

|   |   |
|---|---|
| <b>19</b> FILER NAME  | <b>20</b> Filer ID (Ethics Commission Filers) |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |   |
| 21. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           |   |
| 22. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        |   |
| 23. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  |   |
| 24. <input type="checkbox"/> SCHEDULE E: LOANS  |   |
| 25. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   |   |
| 26. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |   |
| 27. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             |   |
| 28. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      |   |
| 29. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             |   |
| 30. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        |   |
| 31. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           |   |
| 32. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |   |
| SUBTOTAL AMOUNT   |   |

# 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:<br>2           |
| 2 FILER NAME  |   |  | 3 Filer ID (Ethics Commission Filers)     |
| 4 Date<br>2/20/2025   | 5 Full name of contributor<br>Charles Samuels | <input type="checkbox"/> out-of-state PAC (ID#_____) | 7 Amount of contribution (\$)<br>\$600.00 |
|   | 6 Contributor address;<br>[REDACTED]          | City; State; Zip Code<br>Taylor TX 76574             |   |
| 8 Principal occupation / Job title (See Instructions)<br>Sander |   | 9 Employer (See Instructions)<br>Gemini              |   |
| Date<br>3/14/2025   | Full name of contributor<br>Phoebe Murphy     | <input type="checkbox"/> out-of-state PAC (ID#_____) | Amount of contribution (\$)<br>\$500.00   |
| Contributor address;<br>[REDACTED]                              |   | City; State; Zip Code<br>Austin, TX 78737            |   |
| Principal occupation / Job title (See Instructions)             |   | Employer (See Instructions)                          |   |
| Date<br>3/18/2025   | Full name of contributor<br>Amber Casey       | <input type="checkbox"/> out-of-state PAC (ID#_____) | Amount of contribution (\$)<br>\$100.00   |
| Contributor address;<br>[REDACTED]                              |   | City; State; Zip Code<br>Wiley, TX 75098             |   |
| Principal occupation / Job title (See Instructions)             |   | Employer (See Instructions)                          |   |
| Date  | Full name of contributor<br>George Samuels    | <input type="checkbox"/> out-of-state PAC (ID#_____) | Amount of contribution (\$)<br>\$500.00   |
| Contributor address;<br>[REDACTED]                              |   | City; State; Zip Code<br>N. Hampton, NH 03862        |   |
| 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.

# 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:<br><i>2</i>   |
| 2 FILER NAME<br><i>Gail F. Samuels</i>   |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><i>4/12/2025</i>   | 5 Full name of contributor<br><i>Phoebe Murphy</i><br>6 Contributor address;<br>[REDACTED] | □ out-of-state PAC (ID#:<br>City; State; Zip Code<br><i>Austin, TX 78737</i> )<br>7 Amount of contribution (\$)<br><i>200.00</i> |
| 8 Principal occupation / Job title (See Instructions)  |  | 9 Employer (See Instructions)  |
| Date   | Full name of contributor<br>.....<br>Contributor address; City; State; Zip Code            | Amount of contribution (\$)  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)  |
| Date   | Full name of contributor<br>.....<br>Contributor address; City; State; Zip Code            | Amount of contribution (\$)  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)  |
| Date   | Full name of contributor<br>.....<br>Contributor address; City; State; Zip Code            | Amount of contribution (\$)  |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)  |
| <p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> |  |  |

# 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  | 3 Filer ID (Ethics Commission Filers)                                     |                 |
| 5   | Gail F. Samuels   |   |                 |
| 4 Date  | 5 Payee name  |   |                 |
| 2/25/2025   | Richard Stone   |   |                 |
| 6 Amount (\$)   | 7 Payee address:  | City: State: Zip Code   |                 |
| 100.00  |   | Taylor, TX 76574  |                 |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)                    | (b) Description   |                 |
|   | Advertising Expense   | Photos  |                 |
|   | (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  | Payee name  |   |                 |
| 2/25/2025   | Taylor Chamber of Commerce  |   |                 |
| Amount (\$)   | Payee address:  | City:   | State: Zip Code |
| 25.00   | 1519 N. Main St   | Taylor  | TX 76574        |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)                        | Description   |                 |
|   | Event Expense   | State of City Address   |                 |
|   | <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     |
|   | Gail F. Samuels   | City Council  |                 |
| Date  | Payee name  |   |                 |
| 3/13/2025   | Taylor Office Supply  |   |                 |
| Amount (\$)   | Payee address:  | City:   | State: Zip Code |
| 115.84  | 305 N. Main St  | Taylor,   | TX 76574        |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)                        | Description   |                 |
|   | Advertising Expense   | Push cards  |                 |
|   | <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     |
|   | Gail F. Samuels   | City Council  |                 |
| 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  
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:<br><b>5</b>                          | 2 FILER NAME<br><b>Gail Samuels</b>  | 3 Filer ID (Ethics Commission Filers)                                     |
| 4 Date<br><b>3/18/2025</b>                                      | 5 Payee name<br><b>Taylor Sporting Goods</b>   |   |
| 6 Amount (\$)<br><b>162.38</b>                                  | 7 Payee address;<br><br><b>307 N. Main</b>   | City;<br><br><b>Taylor TX 76574</b>                                       |
| 8<br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                  | (a) Category (See Categories listed at the top of this schedule)<br><br><b>Advertising Expense</b> | (b) Description<br><br><b>T-Shirts</b>                                    |
|   | (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<br>expenditure to benefit C/OH | Candidate / Officeholder name<br><b>Gail F. Samuels</b>  | Office sought<br><b>City Council</b>                                      |
| Date<br><b>3/19/2025</b>  | Payee name<br><br><b>Taylor Office Products</b>  |   |
| Amount (\$)<br><b>36.53</b>                                     | Payee address;<br><br><b>305. N. Main</b>  | City;<br><br><b>Taylor TX 76574</b>                                       |
| PURPOSE<br>OF<br>EXPENDITURE                                    | Category (See Categories listed at the top of this schedule)<br><br><b>Advertising Expense</b>     | Description<br><br><b>Posters</b>   |
|   | <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<br>expenditure to benefit C/OH   | Candidate / Officeholder name<br><b>Gail F. Samuels</b>  | Office sought<br><b>City Council</b>                                      |
| Date<br><b>3/21/2025</b>  | Payee name<br><br><b>Taylor Park &amp; Rec</b>   |   |
| Amount (\$)<br><b>70.00</b>                                     | Payee address;<br><br><b>1412 Davis St</b>   | City;<br><br><b>Taylor TX 76574</b>                                       |
| PURPOSE<br>OF<br>EXPENDITURE                                    | Category (See Categories listed at the top of this schedule)<br><br><b>Event Expense</b>           | Description<br><br><b>Pavilion Rental</b>                                 |
|   | <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<br>expenditure to benefit C/OH   | Candidate / Officeholder name<br><b>Gail F. Samuels</b>  | Office sought<br><b>City Council</b>                                      |

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |                                       |             |
|--|---|---------------------------------------|-------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers) |             |
| 5  | Gail Samuels  |                                       |             |
| 4 Date   | 5 Payee name  |                                       |             |
| 4/4/2023   | Taylor Sporting Goods   |                                       |             |
| 6 Amount (\$)  | 7 Payee address:  | City; State; Zip Code                 |             |
| 108.25   | 307 N. Main   | Taylor TX 76574                       |             |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)  | (b) Description                       |             |
|  | Advertising Expense   | T-Shirts                              |             |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                       |             |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought                         | Office held |
|  | Gail F. Samuels   | City Council                          |             |
| Date   | Payee name  |                                       |             |
| 4/10/2023  | Rojas Tacos   |                                       |             |
| Amount (\$)  | Payee address:  | City; State; Zip Code                 |             |
| 16.78  | 400 S. Main St.   | Taylor TX 76574                       |             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)  | Description                           |             |
|  | Food/Beverage   | Meet & Greet                          |             |
|  | <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 |
|  | Gail F. Samuels   | City Council                          |             |
| Date   | Payee name  |                                       |             |
| 4/11/2023  | Taylor Office Products  |                                       |             |
| Amount (\$)  | Payee address:  | City; State; Zip Code                 |             |
| 156.96   | 305 N. Main St  | Taylor TX 76574                       |             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)  | Description                           |             |
|  | Advertising Expense   | Push Cards                            |             |
|  | <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 |
|  | Gail F. Samuels   | City Council                          |             |

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |   |             |
|--|---|---|-------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)                                     |             |
| 5  | Gail Samuels  |   |             |
| 4 Date   | 5 Payee name  |   |             |
| 3/30/2025  | Build A Sign  |   |             |
| 6 Amount (\$)  | 7 Payee address;  | City; State; Zip Code   |             |
| 1095.77  | 11525A Stonehollow #100   | Austin TX 78758   |             |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)                | (b) Description   |             |
|  | Advertising Expense   | Signs   |             |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |             |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought   | Office held |
| Date   | Payee name  |   |             |
| 3/30/2025  | Taylor Office Products  |   |             |
| Amount (\$)  | Payee address;  | City; State; Zip Code   |             |
| 28.00  | 305 N. Main   | Taylor, TX 76574  |             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)                    | Description   |             |
|  | Advertising Expense   | Flyers  |             |
|  | <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 |
|  | Gail F. Samuels   | City Council  |             |
| Date   | Payee name  |   |             |
| 4/13/2025  | HEB   |   |             |
| Amount (\$)  | Payee address;  | City; State; Zip Code   |             |
| 187.48   | 100 Carlos G. Parker  | Taylor TX 76574   |             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)                    | Description   |             |
|  | Food/Beverage Expense   | Meet & Greet Event  |             |
|  | <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 |
|  | Gail F. Samuels   | City Council  |             |
| 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  
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:<br><i>5</i>                          | 2 FILER NAME<br><i>Gail Samuels</i>  | 3 Filer ID (Ethics Commission Filers)                                     |
| 4 Date<br><i>4/16/2025</i>                                      | 5 Payee name<br><i>Taylor Office Products</i>  |   |
| 6 Amount (\$)<br><i>198.64</i>                                  | 7 Payee address;<br><br><i>305 N. Main</i>   | City;<br><br><i>Taylor Tx 76574</i>                                       |
| 8<br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                  | (a) Category (See Categories listed at the top of this schedule)<br><br><i>Advertising Expense</i> | (b) Description<br><br><i>Door Hangers</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<br>expenditure to benefit C/OH | Candidate / Officeholder name<br><i>Gail F. Samuels</i>  | Office sought<br><i>City Council</i>                                      |
| Date<br><i>4/23/2025</i>  | Payee name<br><i>Taylor Press</i>  |   |
| Amount (\$)<br><i>270.00</i>                                    | Payee address;<br><br><i>211 W. 3rd St</i>   | City;<br><br><i>Taylor Tx 76574</i>                                       |
| <br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | Category (See Categories listed at the top of this schedule)<br><br><i>Advertising Expense</i>     | Description<br><br><i>Door Hangers</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<br>expenditure to benefit C/OH   | Candidate / Officeholder name<br><i>Gail F. Samuels</i>  | Office sought<br><i>City Council</i>                                      |
| Date  | Payee name   |   |
| Amount (\$)   | Payee address;   | City;<br>State;<br>Zip Code   |
| <br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | 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<br>expenditure to benefit C/OH   | Candidate / Officeholder name  | Office sought   |
|   |  | Office held   |

**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  
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 G:   | 2 FILER NAME<br><i>Gail Samuels</i>   | 3 Filer ID (Ethics Commission Filers)                                     |
| 4 Date<br><i>3/30/2025</i>  | 5 Payee name<br><i>Build A Sign</i>   |   |
| 6 Amount (\$)<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended    | 7 Payee address;<br><br><i>11525A Stonehollow #100</i>  | City;<br><i>Austin</i> State;<br><i>Tx</i> Zip Code<br><i>78758</i>       |
| 8 PURPOSE OF EXPENDITURE<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | (a) Category (See Categories listed at the top of this schedule)<br><br><i>Advertising Expense</i>      | (b) Description<br><br><i>Partial payment for signs</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<br><i>Gail F Samuels</i> Office sought<br><i>City Council</i> Office held |   |
| Date  | Payee name  |   |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended                 | 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<br>Office sought<br>Office held   |   |
| Date  | Payee name  |   |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended                 | 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<br>Office sought<br>Office held   |   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED