### COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

### FORM CEC COVER SHEET PG 1

Tł	e CEC Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00060078	2 Total pages filed: 29		
3	COMMITTEE NAME			OFFICE USE ONLY		
	Galveston County	Republican Party County Executive Comm	hittee	Date Received ELECTRONICALLY FILED 07/09/2023		
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CIT PO BOX 3522	Y; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked		
	Change of Address					
		Galveston, TX 77552		Receipt # Amount		
				Date Processed		
				Date Imaged		
5	CAMPAIGN	MS / MRS / MR FIRST		MI		
	TREASURER NAME	Mr. William C.				
		NICKNAME LAST		SUFFIX		
		Bill Hoffman		111		
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 505 Misty Ln.	APT / SUITE #; CITY;	STATE; ZIP CODE		
-	CAMPAIGN	Friendswood, TX 77546 STREET OR PO BOX;	APT / SUITE #; CITY	; STATE; ZIP CODE		
ĺ	TREASURER MAILING ADDRESS	505 Misty Ln.	APT/SUITE#, CITY	, STATE, ZIP CODE		
	Change of Address	Friendswood, TX 77546				
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (832) 434-9821	EXTENSION			
9	REPORT TYPE	January 15 30	)th day before election	Final Report		
		X         July 15	h day before election	10th day after campaign treasurer termination		
10	PERIOD COVERED	Month Day Year 01/01/2023 Th	Month Day HROUGH 06/30/202	Year 3		
11	ELECTION		ELECTION TYPE Primary Runoff General Special	Other		
	GO TO PAGE 2					
Fo	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.a18ea2ca					

### COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

### FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME 13 Filer				r ID (Ethics Commission Filers)			
Galveston County Repu	ublican Party County	Executive Committee	00060078				
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported					
(Attach lists on plain paper to complete this report if necessary.)	paper to complete this						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
	B. Opposed						
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
15 CONTRIBUTION TOTALS	PLEDGES, LOAN	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold		\$ 0.00			
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 32,964.48			
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$				\$ 0.00			
4. TOTAL POLITICAL EXPENDITURES				\$ 29,951.58			
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY	\$ 12,936.51			
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF E REPORTING PERIOD	THE	\$ 0.00			
16 AFFIDAVIT				•			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.					
		Mr. William (					
		Signature of Ca	mpaign	IIEdSUIEI			
AFFIX NOTARY	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said day						
of	of, 20, to certify which, witness my hand and seal of office.						
Signature of officer ad	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.a18ea2c			

SUBTOTALS - CEC		FO	RM CEC
	CC	OVER SHI	EET PG 3 3 of 29
17 COMMITTEE NAME Galveston County Republican Party County Executive Committee	18 Filer ID 00060078	(Ethics Comn	nission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOT	TAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	31,626.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,338.48
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	29,951.58
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
10. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

### MONETARY POLITICAL CONTRIBUTIONS **1** Total pages Schedule A1: . . . lata thia f

	The Instruction Guide explains how to complete this form.						Sch: 1/2 Rpt: 4/29	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)		
	Galveston C	our	nty Republican Party County Executiv		00060078			
4	Date	5	Full name of contributor out-of-st	state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/05/2023		Friends of Dr. Greg Bonnen PAC				:	\$10,000.00
		6	Contributor address; City; State; Zip Co	de				
			Friendswood, TX 77546					
8	Principal occu	pat	on / Job title (See Instructions)	T	9 Employer (See Instructions)	)		
-						•		
	Date	Γ	Full name of contributor	state PAC (ID#:	)		Amount of Contribution (\$)	
	02/01/2023		Galveston County Republican Party		count			\$10,000.00
			Contributor address; City; State; Zip Cod					
			Galveston, TX 77552					
	Principal occu	pati	on / Job title (See Instructions)		Employer (See Instructions)	)		
	Date	Γ		state PAC (ID#:	)		Amount of Contribution (\$)	
	04/28/2023		Galveston County Republican Party					\$5,000.00
	Contributor address; City; State; Zip Code							
	l							
			Galveston, TX 77552					
	Principal occu		on / Job title (See Instructions)	T	Employer (See Instructions)	<u> </u>		
	Thiopa coca	μιι				,		
_	Date	Γ	Full name of contributor	state PAC (ID#:	)		Amount of Contribution (\$)	
	06/21/2023		Henry Trochesset Campaign Account					\$700.00
			Contributor address; City; State; Zip Co					
			Santa Fe, TX 77510					
	Principal occu	pat	on / Job title (See Instructions)		Employer (See Instructions)	)		
	Date	Γ		state PAC (ID#:	)		Amount of Contribution (\$)	
	05/29/2023		Jack Ewing for Judge Campaign					\$1,000.00
	l		Contributor address; City; State; Zip Con	de				
	l							
	l		Dickinson, TX 77539					
	Principal occu	L nat	on / Job title (See Instructions)		Employer (See Instructions)	<u>۱</u>		
	i incipal occu	pui				,		
				L				

#### SCHEDULE A1

	MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this form	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/29	_	
2	FILER NAME Galveston C	ounty Republican Party County Executive Committee	3 Filer ID (Ethics Commission Filers) 00060078		
4	Date       5       Full name of contributor       out-of-state PAC (ID#:)         06/01/2023       Mark Henry for County Judge         6       Contributor address; City; State; Zip Code			7 Amount of Contribution (\$) \$3,501.	)0
8	Principal occu	Dickinson, TX 77539 Ipation / Job title (See Instructions) 9	Employer (See Instructions)	ns)	
	Date 05/18/2023	Full name of contributor       out-of-state PAC (ID#:		Amount of Contribution (\$) \$1,425.	)0
	Principal occu	League City, TX 77573 pation / Job title (See Instructions)	ns)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 6/29					
2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Galveston C	County Republican Party County Executive Committe	e		00060078			
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$					
5	5 Date       6 Full name of contributor       out-of-state PAC (ID#:)         01/04/2023       Lewis, Roxann         7 Contributor address; City; State; Zip Code				Amount of <b>9</b> In-kind contribution contribution (\$) description \$1,338.48 paint, paint supplies, office furniture			
		League City, TX 77573			Check if travel outside of Texas. Complete Schedule T.			
10	Principal occu retired	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON retired	-JU	JDICIAL) (See instructions)			
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title	(FC	DR JUDICIAL) (See instructions)			
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)			
16	6 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
1	Sch: 1/23 Rpt: 7/29	Galveston County Republican Party County Executive	00060078						
4	Date 01/03/2023	5     Payee name       D23     Ambit Energy							
6	Amount (\$) \$171.66	<ul> <li>Payee address; City; State; Zip Code</li> <li>PO Box 660462</li> <li>Dallas, TX 75266</li> </ul>							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/05/2023	Ambit Energy							
	Amount (\$) \$559.19	Payee address; City; State; Zip Code PO Box 660462							
	PURPOSE	Dallas, TX 75266         (a) Category (See Categories listed at the top of this schedule)         (b) Description							
	OF	Office Overhead/Rental Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	05/29/2023	Ambit Energy							
	Amount (\$) \$265.30	Payee address;City;State; Zip CodePO Box 660462							
		Dallas, TX 75266							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	-	<b>3</b> Filer ID (Ethics Commission Filers)			
1	Sch: 2/23 Rpt: 8/29	Galveston County Republican Party County Executive	00060078			
4	Date 02/27/2023	5 Payee name Ambit Energy				
6	Amount (\$) \$448.54	7 Payee address; City; State; Zip Code PO Box 660462 Dallas, TX 75266				
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/30/2023	Ambit Energy				
	Amount (\$) \$307.02	Payee address; City; State; Zip Code PO Box 660462				
		Dallas, TX 75266				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/26/2023	Ambit Energy				
	Amount (\$) \$265.30	Payee address; City; State; Zip Code PO Box 660462				
		Dallas, TX 75266				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 3/23 Rpt: 9/29	Galveston County Republican Party County Executive	00060078			
4	Date 06/27/2023	5 Payee name Ambit Energy				
6	Amount (\$) \$319.05	7 Payee address; City; State; Zip Code PO Box 660462 Dallas, TX 75266				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/24/2023	Brown, Mark (Mr.)				
	Amount (\$) \$885.29	Payee address; City; State; Zip Code 2028 Sedona Dr.				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ht for GCRP Parade Float Expenses			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	06/21/2023	Chopin Mon Ami Inc.				
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 4417 Ave. S				
		Galveston, TX 77550				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Down Payment			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2			• • • • • •	3	Filer ID (Ethics Commission Filers)	
-	Sch: 4/23 Rpt: 10/29		Galveston County Republican Party Co	ounty Ex	ecutive	ľ	00060078	
4	Date 05/23/2023	5 Payee name College of the Mainland						
6	Amount (\$)       7       Payee address;       City;       State;       Zip Code         \$605.00       10000 Emmett F. Lowry Expressway         Suite 4100         Texas City, TX 77591							
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Payment of GCRP scholarship for Raiden Kuykendall					, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		candidate/Officeholder name C	Office sou	ght		Office held	
	Date		Payee name					
	05/23/2023		College of the Mainland					
	Amount (\$) \$605.00		Payee address; City; State; 10000 Emmett F. Lowry Expressway Suite 4100 Texas City, TX 77591	; Zip Co	de			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Gift/Awards/Memorials Expense	edule)	Check if Austin	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense RP Scholarship for Kameran McDade	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Dffice sou	ght		Office held	
	Date		Payee name					
	01/28/2023		Eric Opiela PLLC					
	Amount (\$) \$1,250.00		Payee address; City; State; 9415 Old Lamasas Trail	; Zip Co	de			
			Austin, TX 78750	i				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Legal Services	edule)			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office Over Food/Beverage Expense         Office Over Polling Ex           Gift/Awards/Memorials Expense         Printing Ex           mmittee         Legal Services         Salaries/W	s Office Overhead/Rental Expense d/Beverage Expense Polling Expense /Awards/Memorials Expense Printing Expense		
1	Total pages Schedule F1:	2	FILER NAME	-	3 Filer ID (Ethics Commission Filers)	
	Sch: 5/23 Rpt: 11/29		Galveston County Republican Party County Ex	ecu		
4	Date 01/05/2023	5	Payee name Gateway			
6	Amount (\$) \$8.00	7	Payee address; City; State; Zip Co 1450 American Ln Suite 1200 Schaumburg, IL 60173	de		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Internet fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sou	ght	Office held	
	Date		Payee name			
	02/07/2023		Gateway			
	Amount (\$) \$8.00		Payee address; City; State; Zip Co 1450 American Ln Suite 1200 Schaumburg, IL 60173	de		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web domain	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sou	ght	Office held	
	Date		Payee name			
	03/07/2023		Gateway			
	Amount (\$) \$8.00		Payee address; City; State; Zip Co 1450 American Ln Suite 1200 Schaumburg, IL 60173	de		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Web domain	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sou	ght	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment			Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising E       Fees     Office Overhead/Rental Expense     Transportation Equipment       Food/Beverage Expense     Polling Expense     Travel out of District       Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District       Dommittee     Legal Services     Salaries/Wages/Contract Labor     OTHER (enter a category	nt & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME 3 Filer ID (Ethic	cs Commission Filers)			
	Sch: 6/23 Rpt: 12/29		Galveston County Republican Party County Executive 00060078				
4	Date 04/05/2023	5	Payee name Gateway				
6	6 Amount (\$)       7 Payee address; City; State; Zip Code         \$8.00       1450 American Ln         Suite 1200         Schaumburg, IL 60173						
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held				
	Date		Payee name				
	05/05/2023		Gateway				
	Amount (\$) \$8.00		Payee address; City; State; Zip Code 1450 American Ln Suite 1200 Schaumburg, IL 60173				
	PURPOSE OF EXPENDITURE	(a)	<ul> <li>b) Category (See Categories listed at the top of this schedule)</li> <li>c) Office Overhead/Rental Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Sc</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Web domain</li> </ul> </li> </ul>				
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held				
	Date		Payee name				
	06/06/2023		Gateway				
	Amount (\$) \$8.00		Payee address;City;State; Zip Code1450 American LnSuite 1200Schaumburg, IL 60173				
	PURPOSE OF EXPENDITURE	(a)	<ul> <li>a) Category (See Categories listed at the top of this schedule)</li> <li>b) Description</li> <li>c) Check if travel outside of Texas. Complete Sc</li> <li>c) Check if Austin, TX, officeholder living expense</li> <li>w) Web domain</li> </ul>				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 7/23 Rpt: 13/29	Galveston County Republican Party County Executive	00060078					
4	Date 01/03/2023	Payee name Google Suite						
6	Amount (\$) \$25.39	Payee address;       City;       State;       Zip Code         1600 Amphitheatre Parkway       Mountain View, CA 94043       Code       Code						
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Google App							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/01/2023	Google Suite						
	Amount (\$) \$25.39	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway						
		Mountain View, CA 94043						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/01/2023	Google Suite						
	Amount (\$) \$25.39	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway						
		Mountain View, CA 94043						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	· · · ·		•	3	Filer ID (Ethics Commission Filers)	
-	Sch: 8/23 Rpt: 14/29		Galveston County Republican Party Co	ounty Ex	ecutive	ľ	00060078	
4	Date	5	Payee name					
	04/03/2023		Google Suite					
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	ode			
	\$25.39		1600 Amphitheatre Parkway					
			Mountain View, CA 94043					
8	PURPOSE	<u> </u>		- dula)	(b) Description			
Ŭ	OF		Category (See Categories listed at the top of this sch Accounting/Banking	edule)		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		, loood hang, Danking		Check if Austir	, TX	officeholder living expense	
					Web transac	tion	fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ight		Office held	
	Date		Payee name					
	05/01/2023		Google Suite					
	Amount (\$)	-	-	Zip Co	de			
	\$25.39			, Zip C0	Jue			
	ΦΖΟ.39		1600 Amphitheatre Parkway					
			Mountain View, CA 94043					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Accounting/Banking				de of Texas. Complete Schedule T.	
	-					I, TX,	officeholder living expense	
_			Candidate/Officeholder name					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Office sou	ignt		Office held	
_		1						
	Date		Payee name					
	06/02/2023		Google Suite					
	Amount (\$)			; Zip Co	ode			
	\$25.39		1600 Amphitheatre Parkway					
			Mountain View, CA 94043					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Accounting/Banking	,			de of Texas. Complete Schedule T.	
	EXPENDITORE					I, TX,	officeholder living expense	
					Internet fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name C	Office sou	ight		Office held	
		1						
		_				_		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)					
-	Sch: 9/23 Rpt: 15/29	Galveston County Republican Party County Executive	00060078					
4	Date 05/23/2023	5 Payee name Kuykendall, Raiden (Mr.)						
6	Amount (\$) \$395.00							
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GCRP Scholarship for Raiden Kuykendall								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/13/2023	Mailchimp						
	Amount (\$) \$28.25	Payee address; City; State; Zip Code 675 Ponce De Leon Ave, NE						
	PURPOSE	Atlanta, GA 30308						
	OF		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/13/2023	Mailchimp						
	Amount (\$) \$28.25	Payee address; City; State; Zip Code 675 Ponce De Leon Ave, NE						
		Atlanta, GA 30308						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/F Fees Office Overhead/R Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Co The Instruction Guide explains how to complete	ental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ontract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 10/23 Rpt: 16/29	Galveston County Republican Party County Executiv	re 00060078					
4	Date 05/15/2023	Payee name Jailchimp						
6	Amount (\$) \$28.25	Payee address; City; State; Zip Code 375 Ponce De Leon Ave, NE Atlanta, GA 30308						
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Rental Expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/13/2023	<i>l</i> ailchimp						
	Amount (\$) \$28.25	Payee address; City; State; Zip Code 375 Ponce De Leon Ave, NE						
		Atlanta, GA 30308						
	PURPOSE OF EXPENDITURE	Dffice Overhead/Rental Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense mail service					
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/26/2023	AcDade, Kameran (Mr.)						
	Amount (\$) \$395.00	Payee address; City; State; Zip Code '909 Big Oak Dr.						
		exas City, TX 77591						
	PURPOSE OF EXPENDITURE	Sift/Awards/Memorials Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CRP scholarship for Kameran McDade					
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	· · · · ·			3	Filer ID (Ethics Commission Filers)
1	Sch: 11/23 Rpt: 17/29	2	Galveston County Republican Party Cou	unty Exe	ecutive	3	00060078
4	Date	5	Payee name				
	06/21/2023		Olson, D. (Mr.)				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$1,000.00		2021 Strand				
			Galveston , TX 77550				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description		
	OF EXPENDITURE		Solicitation/Fundraising Expense				de of Texas. Complete Schedule T.
							officeholder living expense nent for The Trolley Station venue
					LRD DOWN P	ayı	nent for the trolley Station venue
9	Complete ONLY if direct		Candidate/Officeholder name Of	ffice souc	bt.		Office held
9	expenditure to benefit C/OF		andidate/Onicenoider name Or	nice souț	in t		Once neu
	Date		Payee name				
	03/30/2023		Select Marketing				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$875.00		500 West 2nd Street				
			Austin, TX 78701				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched Advertising Expense	dule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Of	ffice souç	ht		Office held
	Date		Payee name				
	05/09/2023		Select Marketing				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$1,000.00		500 West 2nd Street				
			Austin, TX 78701				
	PURPOSE OF		Category (See Categories listed at the top of this sched	dule)	<b>b)</b> Description		
	EXPENDITURE		Advertising Expense				de of Texas. Complete Schedule T. officeholder living expense
					website	, 17,	unicenoider living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice souç	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 12/23 Rpt: 18/29		Galveston County Republican Party Co	ounty Ex	ecutive		00060078	
4	Date	5	Payee name					
	02/01/2023		Select Marketing					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$225.00		500 West 2nd Street					
			Austin, TX 78701					
8	PURPOSE				(b) Description			
ľ	OF	(4)	Category (See Categories listed at the top of this sche Advertising Expense	edule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE						, officeholder living expense	
					website fee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held	
	Date		Payee name					
	03/01/2023		Select Marketing					
			-	Zip. Co				
	Amount (\$)			Zip Co	le			
	\$225.00		500 West 2nd Street					
			Austin, TX 78701					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche Advertising Expense	edule)	(b) Description	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE				Check if Austin	, тх	, officeholder living expense	
					website			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held	
	Date		Payee name					
	03/31/2023		Select Marketing					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$225.00		500 West 2nd Street					
			Austin, TX 78701					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.	
						, TX	, officeholder living expense	
					Website			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains F	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)	
-	Sch: 13/23 Rpt: 19/29	[	Galveston County Republican Party Co	ounty Exe	ecutive	ľ	00060078	
4	Date	5	Payee name					
	05/01/2023		Select Marketing					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
	\$225.00		500 West 2nd Street					
			Austin, TX 78701					
8	PURPOSE	<u> </u>	Category (See Categories listed at the top of this sche		(b) Description			
Ū	OF		Office Overhead/Rental Expense	edule)		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE				Check if Austin	, TX	officeholder living expense	
					Website			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ıht		Office held	
	Date		Payee name					
	06/01/2023		Select Marketing					
	Amount (\$)		_	Zip Co	10			
	\$225.00		500 West 2nd Street					
	ψ223.00		Soo west zha Street					
			Austin, TX 78701					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ıht		Office held	
_		1						
	Date		Payee name					
	06/30/2023		Select Marketing					
	Amount (\$)			Zip Co	le			
	\$225.00		500 West 2nd Street					
			Austin, TX 78701					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense	-			de of Texas. Complete Schedule T.	
						, TX,	officeholder living expense	
					Website			
	_							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held	
⊢								

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
1	Sch: 14/23 Rpt: 20/29	Galveston County Republican Party County Executive	00060078					
4	Date 01/09/2023	5 Payee name T Mobile						
6	Amount (\$) \$77.58	<ul> <li>Payee address; City; State; Zip Code</li> <li>PO Box 1322</li> <li>Friendswood , TX 77549</li> </ul>						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/08/2023	T Mobile						
	Amount (\$) \$77.58	Payee address; City; State; Zip Code PO Box 1322						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/08/2023	T Mobile						
	Amount (\$) \$77.58	Payee address;City;State;Zip CodePO Box 1322						
		Friendswood , TX 77549						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	· · ·	<b>3</b> Filer ID (Ethics Commission Filers)					
-	Sch: 15/23 Rpt: 21/29	Galveston County Republican Party County Executive	00060078					
4	Date 06/08/2023	i Payee name T Mobile						
6	Amount (\$) \$77.58	Payee address; City; State; Zip Code PO Box 1322 Friendswood , TX 77549						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/10/2023	T-Mobile						
	Amount (\$) \$77.58	Payee address; City; State; Zip Code PO Box 1322						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/08/2023	T-Mobile						
	Amount (\$) \$77.58	Payee address;City;State;Zip CodePO Box 1322						
		Friendswood, TX 77549						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	· · · · ·			3	Filer ID (Ethics Commission Filers)	
-	Sch: 16/23 Rpt: 22/29	2	Galveston County Republican Party Co	ounty Ex	ecutive	5	00060078	
4	Date	5	Payee name					
	01/31/2023		Texas First Bank					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$6.25		2343 N. Main St					
			Pearland, TX 77581					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dulo)	(b) Description			
-	OF		Accounting/Banking	euule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE				Check if Austin	, тх	, officeholder living expense	
					bankcard fee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ght		Office held	
_	Data		2					
	Date		Payee name					
	02/01/2023		Texas First Bank					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$19.05 2343 N. Main St							
			Pearland, TX 77581					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Accounting/Banking	,	Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITORE						, officeholder living expense	
					bankcard fee			
	Complete ONLY if direct		Candidate/Officeholder name O	office soug	ght		Office held	
	expenditure to benefit C/OI							
	Date		Payee name					
	02/02/2023		Texas First Bank					
	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$5.00		2343 N. Main St					
			Pearland, TX 77581					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
			Accounting/Banking	,	Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		0			, тх	, officeholder living expense	
					internet fee			
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	ght		Office held	
	expenditure to benefit C/OI	1						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	· · ·			3	Filer ID (Ethics Commission Filers)	
-	Sch: 17/23 Rpt: 23/29	2	Galveston County Republican Party Cou	inty Exe	ecutive		00060078	
4	Date	5	Payee name					
	03/01/2023		Texas First Bank					
6	Amount (\$)	7	Payee address; City; State; 2	Zip Coc	le			
	\$6.25		2343 N. Main St					
			Pearland, TX 77581					
8	PURPOSE	(a)			<b>b)</b> Description			
ľ	OF	(,	Category (See Categories listed at the top of this schedu Accounting/Banking	ule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		, loood nung, Danking		Check if Austir	, TX	, officeholder living expense	
					bankcard fee	9		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Offi	ice soug	ht		Office held	
	Date		Payee name					
	03/01/2023		Texas First Bank					
	Amount (\$)		Payee address; City; State; 2	Zip Coc	le			
	\$19.05		2343 N. Main St					
			Pearland, TX 77581					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	<b>b)</b> Description			
	OF EXPENDITURE		Accounting/Banking				ide of Texas. Complete Schedule T.	
							, officeholder living expense	
					bankcard fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice soug	ht		Office held	
	•							
	Date		Payee name					
	03/02/2023		Texas First Bank					
	Amount (\$)		Payee address; City; State; 2	Zip Coc	le			
	\$5.00		2343 N. Main St					
			Pearland, TX 77581					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	<b>b)</b> Description			
	OF EXPENDITURE		Accounting/Banking		Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITORE					, TX	, officeholder living expense	
					internet fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offi	ice soug	ht		Office held	
	experiatione to benefit C/Of	•						

	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 The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)			
1	Sch: 18/23 Rpt: 24/29		Galveston County Republican Party Co	00060078						
4	Date	5	Payee name							
	03/29/2023		Texas First Bank							
6	Amount (\$)	7								
	\$6.25	2343 N. Main St								
			Pearland, TX 77581							
8	PURPOSE		Category (See Categories listed at the top of this scho	odulo)	(b) Description					
-	OF		Accounting/Banking	edule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE						officeholder living expense			
					Bankcard Fee	Э				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
04/03/2023 Texas First Bank										
Amount (\$) Payee address; City; State; Zip Code										
\$19.05 2343 N. Main St										
			Pearland, TX 77581							
PURPOSE       (a) Category       (See Categories listed at the top of this schedule)       (b) Description         OF       Accounting/Banking       Check if travel outside of Texas. Complete Schedule T.						de of Texas. Complete Schedule T.				
EXPENDITURE					Check if Austin Bankcard fee		officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Candidate/Officeholder name C	Office held						
	Date		Payee name							
	04/06/2023		Texas First Bank							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$5.00		2343 N. Main St							
			Pearland, TX 77581							
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Accounting/Banking				de of Texas. Complete Schedule T. , officeholder living expense			
					Internet fee	, 17,				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought					Office held			
L										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains F	Office Ove Polling Exp Printing Ex Salaries/W	, xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 19/23 Rpt: 25/29		Galveston County Republican Party Co	00060078					
4	Date	5	Payee name						
	05/01/2023		Texas First Bank						
6	Amount (\$)	7	Payee address; City; State;						
	\$6.25								
			Pearland, TX 77581						
	DUDDOSE			r					
8	PURPOSE OF		Category (See Categories listed at the top of this sche Accounting/Banking	edule)	(b) Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Accounting/Banking				officeholder living expense		
					Bankcard fee				
9         Complete ONLY if direct expenditure to benefit C/OH         Candidate/Officeholder name         Office sought         Office held						Office held			
	Date		Payee name						
	05/01/2023		Texas First Bank						
	Amount (\$)		Payee address; City; State;	Zin Co	nde				
	\$19.05 2343 N. Main St								
			Pearland, TX 77581						
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this sche Accounting/Banking		de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	05/02/2023		Texas First Bank						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$5.00		2343 N. Main St	p 00					
	+0100								
			Pearland, TX 77581						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Accounting/Banking				de of Texas. Complete Schedule T.		
						, IX,	officeholder living expense		
	0								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Fees         C           Food/Beverage Expense         P           Gift/Awards/Memorials Expense         P           mittee         Legal Services         S	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense						
1	Total pages Schedule F1:	2	· · · · ·		<u> </u>	3	Filer ID (Ethics Commission Filers)			
_	Sch: 20/23 Rpt: 26/29		Galveston County Republican Party Cou	00060078						
4	Date	5	Payee name							
	05/31/2023		Texas First Bank							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$6.25		2343 N. Main St							
			Pearland, TX 77581							
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	b) Description					
	OF	ľ	Accounting/Banking	ule)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE						, officeholder living expense			
					Bankcard fee	;				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	ice soug	ht		Office held			
		-								
	Date		Payee name							
06/01/2023 Texas First Bank										
	Amount (\$)		Payee address; City; State; 2	Zip Coc	e					
\$19.05 2343 N. Main St										
			Pearland, TX 77581							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	b) Description					
	OF EXPENDITURE		Accounting/Banking				ide of Texas. Complete Schedule T.			
					Bankcard fee		, officeholder living expense			
	Complete ONLY if direct		Candidate/Officeholder name Offi	ice soug	ht		Office held			
	expenditure to benefit C/OI			ice soug	i i c		Onice field			
_	Data	-								
	Date 06/02/2023		Payee name Texas First Bank							
_				7. 0						
	Amount (\$)		Payee address; City; State; 2	Zip Coc	e					
	\$5.00		2343 N. Main St							
			Pearland, TX 77581							
	PURPOSE OF		Category (See Categories listed at the top of this schedu	ule)	b) Description					
	EXPENDITURE		Accounting/Banking				ide of Texas. Complete Schedule T. , officeholder living expense			
					Internet fee	I, I A	oncenduer inving expense			
-	Complete ONLY if direct	<u>ر</u>	candidate/Officeholder name Offi	ice soug	ht		Office held			
	expenditure to benefit C/Oł									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains F	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)			
-	Sch: 21/23 Rpt: 27/29	2	Galveston County Republican Party Co	00060078						
4	Date	5	Payee name							
	06/29/2023		Texas First Bank							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$6.25	2343 N. Main St								
			Pearland, TX 77581							
8	PURPOSE	<u> </u>			(b) Description					
Ŭ	OF		Category (See Categories listed at the top of this sche Accounting/Banking	edule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		, loood nang, Danking		Check if Austin,	, тх,	officeholder living expense			
					Bankcard Fee	Э				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	ght		Office held			
	Date		Payee name							
06/30/2023 Texas First Bank										
Amount (\$) Payee address; City; State; Zip Code										
\$10.00 2343 N. Main St										
			Pearland, TX 77581							
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this sche Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Balance Requirement Fee						
Complete <u>ONLY</u> if direct expenditure to benefit C/O			candidate/Officeholder name C	)ffice sou	ght		Office held			
	Date		Payee name							
	01/28/2023		Triada Properties, LLC							
	Amount (\$)		Payee address; City; State;	Zin Co	de					
	Amount (\$) Payee address; City; State; Zip Code \$2,488.80 11111 Katy Freeway, Suite 535									
	42,100.00									
			Houston, TX 77079							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T.			
					Hqs Rental	, IX,	officeholder living expense			
					rigo Nentai					
	Complete ONLY if direct	Ļ	andidate/Officeholder same	)ffico corr	aht		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name C	Office sou	ynı					
-										

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 22/23 Rpt: 28/29	Galveston County Republican Party County Executive 00060078							
4	Date	5 Payee name							
	03/01/2023	Triada Properties, LLC							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$2,488.80	11111 Katy Freeway, Suite 535							
		Houston, TX 77079							
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense						
		Hqs Rent	, TX, Uncendider living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/29/2023 Triada Properties, LLC								
⊢	Amount (\$) Payee address; City; State; Zip Code								
	\$3,448.12	11111 Katy Freeway, Suite 535							
		Houston, TX 77079							
	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         (b) Description       Check if travel outside of Texas. Complete Schedule T.         (c) Check if Austin, TX, officeholder living expense       Hqs Rent								
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office held         Office held         Office held									
	Date	Payee name							
	04/27/2023	Triada Properties, LLC							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,627.98	11111 Katy Freeway, Suite 535							
		Houston, TX 77079							
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.						
	EXPENDITURE		n, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						

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Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			nmittee	Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials Legal Services	Verage Expense Office Overhead/Rental Expense Polling Expense ds/Memorials Expense Printing Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME	=					3	Filer ID	(Ethics Commission Filers)	
-	Sch: 23/23 Rpt: 29/29							00060078	()			
4	Date	5 Payee name										
	05/30/2023		Triada Properties, LLC									
6	Amount (\$)	ount (\$) 7 Payee address; City; State; Zip Code										
	\$2,627.98		11111 Katy Freeway, Suite 535									
		Houston, TX 77079										
8	PURPOSE	(a)	Category (s	ee Categories listed at	the top of this sche	edule)	(b) Description	on				
	OF			head/Rental Ex		cuule)			utsid	le of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check i	if Austin, T	TX, d	officeholder living	expense	
							Hqs Rer	nt				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	C	)ffice sou	jht			Office he	eld	
	Date		Payee name									
06/27/2023 Triada Properties, LLC												
\$2,626.98 11111 Katy Freeway, Suite 535												
Houston, TX 77079												
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sche	edule)	(b) Description	on				
	OF EXPENDITURE	Office Overhead/Rental Expense								side of Texas. Complete Schedule T.		
					Check if Austin, TX, officeholder living expense							
							Hqs ren	t				
	Complete ONLY if direct		Candidate/Off	iceholder name	C	office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H										