FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 00055780 3 COMMITTEE NAME **OFFICE USE ONLY** Lubbock County Republican Party (CEC) Date Received **ELECTRONICALLY FILED** 07/15/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 94775 Date Hand-delivered or Date Postmarked Change of Address Lubbock, TX 79493 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Eric N. NAME NICKNAME LAST **SUFFIX** Sawyer STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1500 Broadway Ste. 1120 STREET **ADDRESS** (Residence or Business) Lubbock, TX 79401 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1500 Broadway Ste. 1120 MAILING **ADDRESS** Lubbock, TX 79401 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 794-0193 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

| | | | • | | |
|---|---|-------------------------|--|-------------|----------------------------|
| 2 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| Lubbock County Repub | lican Party (CEC) | | | 0005578 | 0 |
| 4 COMMITTEE ACTIVITY | 1. Candidates | A. Supported | | | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures | A. Supported | | | |
| | (Describe by date and location of election and nature of issue.) | | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| | 1 | | | | |
| 5 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZ PLEDGES, LOAN CONTRIBUTIONS X check here if this rep | \$ | 0.00 | | |
| | 2. TOTAL POLITION | \$ | 0.00 | | |
| | (OTHER THAN P | | 0.00 | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZ | \$ | 1,127.69 | | |
| | 4. TOTAL POLITION | \$ | 2,260.41 | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICA OF THE REPORT | DAY \$ | 4,023.51 | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPA LAST DAY OF TH | THE \$ | 0.00 | | |
| 6 AFFIDAVIT | | | | <u> </u> | |
| | | true an | r, or affirm, under penalty of pe nd correct and includes all infor Title 15, Election Code. | | |
| | | | Mr. Fric | N. Sawyer | |
| | | | Signature of Ca | | surer |
| AFFIX NOTARY | STAMP / SEAL ABOV | E | | | |
| | la afana na a lan da a a sial | | | lete ale e | d |
| of | | | , t | nis the | day |
| UI | , 20, to certi | y which, withess my har | nu anu sea oi onice. | | |
| Signature of officer add | ministering oath | Printed name of office | er administering oath | Title of of | ficer administering oath |

SUBTOTALS - CEC FORM CEC **COVER SHEET PG 3** 18 Filer ID **17** COMMITTEE NAME (Ethics Commission Filers) Lubbock County Republican Party (CEC) 00055780 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 2,260.41 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 10. \$ TO FILER

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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)

| | Credit Card Payment | The Instruction Guide explains how to comple | ete this form. | | |
|---|--|--|-------------------------------|-----------------------|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 1/2 Rpt: 4/5 | Lubbock County Republican Party (CEC) | | 00055780 | |
| 4 | Date | 5 Payee name | <u> </u> | | |
| | 06/27/2023 | Broadway Festivals, Inc. | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$296.40 | 1720 Avenue M | | | |
| | | | | | |
| | | Lubbock, TX 79401 | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description | | |
| | OF | Event Expense | Check if travel outsi | ide of Texas. Com | pplete Schedule T. |
| | EXPENDITURE | · | Check if Austin, TX | | g expense |
| | | | 4th of July Para | de Fee | |
| | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | | Office h | eld |
| | | | | | |
| | Date | Payee name | | | |
| | 01/03/2023 | Lubbock Utilities | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$238.19 | 1401 Avenue K | | | |
| | | | | | |
| | | Lubbock, TX 79401 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | Check if travel outs | | |
| | | | Check if Austin, TX Utilities | , officeholder living | g expense |
| | | | Otilities | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | | Office h | old |
| | expenditure to benefit C/O | • | | Office in | Ciu |
| | Data | | | | |
| | Date 05/31/2023 | Payee name Lubbock Utilities | | | |
| | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$227.85 | 1401 Avenue K | | | |
| | | | | | |
| | | Lubbock, TX 79401 | | | |
| | PURPOSE OF | , | Description | | |
| | EXPENDITURE | Office Overhead/Rental Expense | Check if travel outs | | |
| | | | Office Utilities | ., omeenolder living | у схрепас |
| | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | | Office h | eld |
| | expenditure to benefit C/O | • | | | |
| | | | | | |
| | | | | | |
| | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| Consulting Expense Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment | | | | | | Travel Out of District OTHER (enter a category not listed above) | | | | |
|---|---|-----|--------------|---|----------------|--|----------------|--------|--|---------------------------------|
| | Credit Card Payment | | | The Instruction | Guide explains | how to comple | ete this form. | | | |
| 1 | Total pages Schedule F1: | 2 | | | 5 . (05 | a) | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 2/2 Rpt: 5/5 | | | ounty Republi | can Party (CE | C) | | | 00055780 | |
| 4 | Date | 5 | Payee name | 9 | | | | | | |
| | 01/05/2023 | L | Optimum | | | | | | | |
| 6 | Amount (\$) \$370.28 | 7 | Payee addre | | State; | Zip Code | | | | |
| | | | Lubbock, T | X 79424 | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | | See Categories listed rhead/Rental E | | edule) (b) | <u> </u> | ı, TX, | de of Texas. Con officeholder livin | nplete Schedule T. g expense |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | | Candidate/Of | ficeholder name | C | Office sought | | | Office h | eld |
| | | | | | | | | | | |