

**POLITICAL PARTY REPORT REGARDING FUNDS  
FROM CORPORATIONS AND LABOR ORGANIZATIONS**

**FORM PTY-CORP  
COVER SHEET PG 1**

<b>The Form PTY-CORP Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00023868	<b>2</b> Total pages filed 11				
<b>3</b> POLITICAL PARTY NAME	Dallas County Republican Party (P)		<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 01/12/2024  Date Hand-delivered or Date Postmarked				
<b>4</b> STATE OR COUNTY PARTY	<input type="checkbox"/> State <input checked="" type="checkbox"/> County: <u>Dallas</u>						
<b>5</b> POLITICAL PARTY TYPE	<input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Other: _____ (Party name)						
<b>6</b> POLITICAL PARTY MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11617 N. Central Expy, Ste. 240  Dallas, TX 75243		Receipt #				
			Amount				
			Date Processed				
			Date Imaged				
<b>7</b> POLITICAL PARTY CHAIR	TITLE	FIRST	MI	NICKNAME	LAST	SUFFIX	
		Jennifer			Stoddard-Hajdu		
<b>8</b> CHAIR MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  TX						
<b>9</b> CHAIR STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11617 N. Central Expy, Ste. 240  Dallas, TX 75243						
<b>10</b> CHAIR PHONE	AREA CODE	PHONE NUMBER			EXTENSION		
	(214)	369-9555					
<b>11</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 8th day before primary election <input type="checkbox"/> July 15 <input type="checkbox"/> 50th day before general election						
<b>12</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	07/01/2023				12/31/2023		

**GO TO PAGE 2**

**POLITICAL PARTY REPORT:  
TOTALS AND AFFIDAVIT**

**FORM PTY-CORP  
COVER SHEET PG 2**

<b>13</b> POLITICAL PARTY NAME Dallas County Republican Party (P)		<b>14</b> Filer ID (Ethics Commission Filers) 00023868
<b>15</b> TOTALS	<b>1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS</b>  (OTHER THAN LOANS OR GUARANTEES OF LOANS)	\$ 0.00
	<b>2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS</b>	\$ 39,795.75
	<b>3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</b>	\$ 1,003.71

**A political party must file a report on FORM PTY-CORP for any reporting period during which the party accepts corporate or labor organization contributions, maintains corporate or labor organization contributions, or makes expenditures from corporate or labor organization contributions.**

**16** AFFIDAVIT

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.

The Honorable Jennifer Stoddard-Hajdu

\_\_\_\_\_  
Signature of Political Party Chair

AFFIX NOTARY STAMP / SEAL

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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

**SUBTOTALS - PTYCORP****FORM PTY-CORP  
COVER SHEET PG 3**  
3 of 11

<b>17</b> POLITICAL PARTY NAME Dallas County Republican Party (P)		<b>18</b> Filer ID (Ethics Commission Filers) 00023868
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
2.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
3.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	\$ 39,795.75
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/8 Rpt: 4/11	<b>2</b> FILER NAME Dallas County Republican Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00023868
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<b>4</b> Date 07/28/2023	<b>5</b> Payee name Carpet Exchange of North Texas
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<b>6</b> Amount (\$) \$7,273.77	<b>7</b> Payee address; City; State; Zip Code 4901 Alpha Rd  Farmers Branch, TX 75244
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Maintenance
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/31/2023	Payee name Carpet Exchange of North Texas
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Amount (\$) \$7,882.19	Payee address; City; State; Zip Code 4901 Alpha Rd  Farmers Branch, TX 75244
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Expenditure from corporate funds

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Maintenance
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/19/2023	Payee name Dex Imaging
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Amount (\$) \$144.33	Payee address; City; State; Zip Code PO Box 17299  Clearwater, FL 33762
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Expenditure from corporate funds

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/8 Rpt: 5/11	<b>2</b> FILER NAME Dallas County Republican Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00023868
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<b>4</b> Date 08/18/2023	<b>5</b> Payee name Dex Imaging
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<b>6</b> Amount (\$) \$182.17	<b>7</b> Payee address; City; State; Zip Code PO Box 17299 Clearwater, FL 33762
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Printing
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/28/2023	Payee name Dex Imaging
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Amount (\$) \$135.31	Payee address; City; State; Zip Code PO Box 17299 Clearwater, FL 33762
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Expenditure from corporate funds

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2023	Payee name Dex Imaging
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Amount (\$) \$165.51	Payee address; City; State; Zip Code PO Box 17299 Clearwater, FL 33762
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Expenditure from corporate funds

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/8 Rpt: 6/11	<b>2</b> FILER NAME Dallas County Republican Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00023868
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<b>4</b> Date 10/15/2023	<b>5</b> Payee name Dex Imaging
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<b>6</b> Amount (\$) \$115.19	<b>7</b> Payee address; City; State; Zip Code PO Box 17299 Clearwater, FL 33762
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Printing
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/16/2023	Payee name Dex Imaging
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Amount (\$) \$548.88	Payee address; City; State; Zip Code PO Box 17299 Clearwater, FL 33762
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Expenditure from corporate funds

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Printing
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/12/2023	Payee name Green Mountain Energy
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Amount (\$) \$710.06	Payee address; City; State; Zip Code 1255 W 15th Street Plano, TX 75075
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Expenditure from corporate funds

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Utilities
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/8 Rpt: 7/11	<b>2</b> FILER NAME Dallas County Republican Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00023868
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<b>4</b> Date 08/09/2023	<b>5</b> Payee name Green Mountain Energy
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<b>6</b> Amount (\$) \$337.40	<b>7</b> Payee address; City; State; Zip Code 1255 W 15th Street  Plano, TX 75075
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Utilities
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/11/2023	Payee name Green Mountain Energy
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Amount (\$) \$394.41	Payee address; City; State; Zip Code 1255 W 15th Street  Plano, TX 75075
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Utilities
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/11/2023	Payee name Green Mountain Energy
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Amount (\$) \$316.04	Payee address; City; State; Zip Code 1255 W 15th Street  Plano, TX 75075
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Utilities
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/8 Rpt: 8/11	<b>2</b> FILER NAME Dallas County Republican Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00023868
<b>4</b> Date 11/08/2023	<b>5</b> Payee name Green Mountain Energy	
<b>6</b> Amount (\$) \$270.39	<b>7</b> Payee address; City; State; Zip Code 1255 W 15th Street  Plano, TX 75075	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Utilities
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/10/2023	Payee name Lone Star Blinds	
Amount (\$) \$4,501.80	Payee address; City; State; Zip Code 140 Leslie St  Dallas, TX 75207	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Equipment/Furnitre Purchase
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 07/26/2023	Payee name New Central Forest Shopping Center LTD	
Amount (\$) \$3,935.30	Payee address; City; State; Zip Code Henry S. Miller Realty Svcs LLC 14001 Dallas Parkway, 11th Floor Dallas, TX 75240	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Rent
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	



# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/8 Rpt: 9/11	<b>2</b> FILER NAME Dallas County Republican Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00023868
<b>4</b> Date 08/28/2023	<b>5</b> Payee name New Central Forest Shopping Center LTD	
<b>6</b> Amount (\$) \$3,935.30  <input checked="" type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code Henry S. Miller Realty Svcs LLC 14001 Dallas Parkway, 11th Floor Dallas, TX 75240	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Rent
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2023	Payee name New Central Forest Shopping Center LTD	
Amount (\$) \$3,935.30  <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Henry S. Miller Realty Svcs LLC 14001 Dallas Parkway, 11th Floor Dallas, TX 75240	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2023	Payee name New Central Forest Shopping Center LTD	
Amount (\$) \$3,935.30  <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Henry S. Miller Realty Svcs LLC 14001 Dallas Parkway, 11th Floor Dallas, TX 75240	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/8 Rpt: 10/11	<b>2</b> FILER NAME Dallas County Republican Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00023868
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<b>4</b> Date 07/20/2023	<b>5</b> Payee name Wells Fargo Bank EFT
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<b>6</b> Amount (\$) \$215.42	<b>7</b> Payee address; City; State; Zip Code 420 Montgomery Street  San Francisco, CA 94104
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Equipment Rental
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/17/2023	Payee name Wells Fargo Bank EFT
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Amount (\$) \$215.42	Payee address; City; State; Zip Code 420 Montgomery Street  San Francisco, CA 94104
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Equipment Rental
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/20/2023	Payee name Wells Fargo EFT
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Amount (\$) \$215.42	Payee address; City; State; Zip Code 420 Montgomery Street  San Francisco, CA 94104
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Equipment Rental
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/8 Rpt: 11/11	<b>2</b> FILER NAME Dallas County Republican Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00023868
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<b>4</b> Date 10/20/2023	<b>5</b> Payee name Wells Fargo EFT
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<b>6</b> Amount (\$) \$215.42	<b>7</b> Payee address; City; State; Zip Code 420 Montgomery Street  San Francisco, CA 94104
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Equipment Rental
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2023	Payee name Wells Fargo EFT
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Amount (\$) \$215.42	Payee address; City; State; Zip Code 420 Montgomery Street  San Francisco, CA 94104
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Expenditure from corporate funds

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Equipment Rental
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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