COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC COVER SHEET PG 1

Th	ne CEC Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00037828	2 Total pages filed: 21							
3	COMMITTEE NAME		•	OFFICE USE ONLY							
	Republican Party o	of Fort Bend County (CEC)									
				ELECTRONICALLY FILED							
				01/16/2024							
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	TY; STATE; ZIP CODE	1							
Ĺ	ADDRESS	P.O. Box 461									
	_		Date Hand-delivered or Date Postmarked								
	Change of Address	Sugar Land, TX 77487-0461		Receipt # Amount							
				Date Processed							
				Date Imaged							
L											
5	CAMPAIGN TREASURER	MS/MRS/MR FIRST		MI							
	NAME	Mr. Doug									
		NICKNAME LAST		SUFFIX							
		White									
<u>ــــــــــــــــــــــــــــــــــــ</u>	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE							
ľ	TREASURER	5423 Ashley Way Court	AFT7 SUITE #, CITT,	STATE, ZIF CODE							
	STREET ADDRESS										
	(Residence or Business)	Sugar Land, TX 77479									
<u> </u> -	CAMPAIGN	STREET OR PO BOX;	APT / SUITE #; CITY	; STATE; ZIP CODE							
Ľ	TREASURER	PO Box 461	APT/SUITE#, CITY	, STATE, ZIP CODE							
	MAILING ADDRESS										
		Sugar Land TV 77407									
L	Change of Address	Sugar Land, TX 77487									
8			EXTENSION								
	TREASURER PHONE	(713) 515-7540									
L											
9	REPORT TYPE	X January 15	Oth day before election	Final Report							
		8 🗖	th day before election	10th day after campaign treasurer							
			unoff	termination							
10	PERIOD COVERED	Month Day Year	Month Day	Year							
		07/01/2023 T	HROUGH 12/31/202	3							
11	. ELECTION	ELECTION DATE	ELECTION TYPE								
	LLECTION		Primary Runoff	Other							
		03/05/2024									
			General Special								
⊢											
		GO	TO PAGE 2								
L											
⊢ 0	rms provided by Tex	xas Ethics Commission www.e	thics.state.tx.us	Version V3.5.1.0bfcfb67							

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	Filer ID (Ethics Commission Filers)		
Republican Party of Fo	rt Bend County (CEC	:)	00037	828		
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.)		B. Opposed				
	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 B MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	0.00		
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,910.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITIC	CAL EXPENDITURES	\$	20,303.67		
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST I	DAY \$	13,133.82		
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	^{-HE} \$	0.00		
16 AFFIDAVIT		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.				
		Mr. Dou	ug White			
		Signature of Car	npaign Tre	easurer		
AFFIX NOTARY	STAMP / SEAL ABOV	E				
		, tł	nis the	day		
of	_, 20, to certif	fy which, witness my hand and seal of office.				
Signature of officer ad	ministering 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 V3.5.1.0bfcfb67		

FORM CEC COVER SHEET PG 3 3 of 21

		0 01 22							
17 COMMITTEI Republican	E NAME n Party of Fort Bend County (CEC)	18 Filer ID 00037828	(Ethics Comm	ission Filers)					
19 SCHEDULE NAME OF S			SUBTOT	AL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,910.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE E: LOANS		\$						
5. X	\$	20,303.67							
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS								
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$						
10.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$						
			1						

SUBTOTALS - CEC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

				=		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/21	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Republican I	Party of Fort Bend County (CEC)			00037828	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/11/2023	Ali Sheikhani FB County Constable PCT 3 Camp	paign			\$3,000.00
		6 Contributor address; City; State; Zip Code				
<u> </u>		Houston, TX 77036				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/15/2023	Gary Gates for Texas				\$2,500.00
		Contributor address; City; State; Zip Code				
		Rosenberg, TX 77471]			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))		
—	Deta		<u> </u>	_	Amount of Contribution (\$)	
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#: Kitzman for Texas)		Amount of Contribution (\$)	\$500.00
	12/11/2025					ΦΟΟΟΟ
		Contributor address; City; State; Zip Code				
		Pattison, TX 77466				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	;)		
			1			
—	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2023	Kristin Guiney Campaign				\$500.00
		Contributor address; City; State; Zip Code				
	Drive sized, oppy	Houston, TX 77008		Ĺ		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))		
	Date	Full name of contributor out-of-state PAC (ID#:)	_	Amount of Contribution (\$)	
	12/11/2023	Lois Kolkhorst Campaign				\$1,000.00
		Contributor address; City; State; Zip Code				
		Brenham TV 77024				
	Dringing ogg	Brenham, TX 77834	Employer (See Instructions			
	Philicipal Occu	ipation / Job title (See Instructions)	Employer (See Instructions))		
			<u>.</u>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instrue	ction Guide explains how to complete this form	n.		pages Schedule A1: 2/2 Rpt: 5/21	
2	FILER NAME			3 Filer I	D (Ethics Commissio	n Filers)
	Republican F	Party of Fort Bend County (CEC)		0003	7828	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amou	Int of Contribution (\$)	
	12/11/2023	Mathews, Daniel				\$410.00
		6 Contributor address; City; State; Zip Code				
		Stafford, TX 77477				
8			Employer (See Instructions))		
	Consultant		Self			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Amou	Int of Contribution (\$)	
	12/07/2023	Tonya McLaughlin Campaign				\$1,000.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77008				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
1						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 1/16 Rpt: 6/21		Republican Party of Fort Bend Co	ounty (CEC	C)			00037828	
4	Date	5	Payee name				I		
	08/11/2023		Benton, William						
6	Amount (\$)	7		State; Zip	Cod	9			
	\$300.00		1509 Georgina St						
			Rosenberg, TX 77471						
8	PURPOSE	(2)	-		0	Description			
0	OF	(a)	Category (See Categories listed at the top of Event Expense	this schedule)		Description Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE							, officeholder living expense	
						_		Passes Reimb	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	sougl	nt		Office held	
	Date	\square	Payee name						
	07/24/2023		Brave Books						
	Amount (\$)	⊢	Payee address; City;	State; Zip	Cod	9			
	\$68.35		1307 Arizona Ave						
			El Paso, TX 79902						
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schedule)	(Description			
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
						Office Suppli			
						0.000 - 5Fr			
	Complete ONLY if direct	L(Candidate/Officeholder name	Office	sougl	nt		Office held	
	expenditure to benefit C/OF			•				•	
	Date		Payee name						
	09/25/2023		Chevron						
	Amount (\$)		Payee address; City;	State; Zip	Cod	9			
	\$71.42		1531 FM359						
			Richmond, TX 77406						
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schedule)	(b) Description			
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense	
						Fuel expense			
						r der experies	0		
	Complete ONLY if direct	Ľ	Candidate/Officeholder name	Office	soual	at		Office held	
	expenditure to benefit C/OF			Onice	Sougi	n			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Coi	nmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s 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:	2	FILER NAM	E				3	Filer ID (Ethics Commission Filers)
	Sch: 2/16 Rpt: 7/21		Republican Party of Fort Bend County (CEC) 0						00037828
4	Date	5	Payee name	•					
	09/29/2023		Exxon						
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Coo	le		
	\$67.93		5700 NEW	TERRITORY BLV	D				
			Sugar Land	d, TX 77479					
8	PURPOSE	(a)	Category (S	See Categories listed at the t	top of this sch	nedule)	b) Description		
	OF EXPENDITURE		Travel In D						ide of Texas. Complete Schedule T.
									, officeholder living expense
							Fuel expense	5	
0	Complete ONIL V if direct		Condidate/Off	iceholder name			ht		Office held
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januluale/OII	icenoider name	C	Office soug	n		Office field
	Date		Payee name						
	11/30/2023		Exxon						
	Amount (\$)		Payee addre	ess; City;	State	; Zip Coo	le		
	\$61.33			TERRITORY BLV		, <u>Lip</u> 000			
	401.00		010011211		2				
			Sugar Land	d, TX 77479					
	PURPOSE	(a)	Category (s	See Categories listed at the t	top of this sch	nedule)	b) Description		
	OF EXPENDITURE		Travel In D						ide of Texas. Complete Schedule T.
									, officeholder living expense
							Fuel expense	9	
			Canadialata (Off	i e e le le le recence			b 4		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Januluale/OII	iceholder name	C	Office soug	nı		Office held
-	Date		Payee name						
	10/11/2023		Fast Signs						
-	Amount (\$)		Payee addre	ess; City;	State	; Zip Coo	le		
	\$170.71			vay 6, Ste 130	Diato	, _,,	-		
	<i>4</i> ±, 0,, ±		.						
			Missouri C	ty, TX 77459					
	PURPOSE	(a)	Category (S	See Categories listed at the t	top of this sch	nedule)	b) Description		
	OF EXPENDITURE		Printing Ex						ide of Texas. Complete Schedule T.
									, officeholder living expense
							Printing Expe	ense	е
	Operation Objective in			9 I I-I.		0.4%	L-4		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Of	iceholder name	(Office soug	nt		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 Gitt/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:	3 FILER NAME	Filer ID (Ethics Commission Filers)						
	Sch: 3/16 Rpt: 8/21	Republican Party of Fort Bend County (CEC)	00037828						
4	Date	Payee name							
	12/15/2023	Fast Signs							
6	Amount (\$) \$223.56	Payee address; City; State; Zip Code 9612 Highway 6, Ste 130 Missouri City, TX 77459							
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Printing Expense	tside of Texas. Complete Schedule T. X, officeholder living expense SE						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/23/2023	HEB							
⊢	Amount (\$)	Payee address; City; State; Zip Code							
	\$66.22	530 Hwy 6 Sugar Land, TX 77478							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/19/2023	HEB							
	Amount (\$) \$70.24	Payee address; City; State; Zip Code 530 Hwy 6							
		Sugar Land, TX 77478							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, 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	Gift/Awa Imittee Legal Se	verage Expense rds/Memorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 4/16 Rpt: 9/21			of Fort Bend Count	y (CEC)			00037828	``´´
4	Date 11/01/2023		Payee name Home Run Dugou	ıt					
6	Amount (\$) \$5,247.00		Payee address; 1220 Grand West Katy, TX 77449	-	e; Zip Co	de			
8	PURPOSE OF EXPENDITURE		Category _{(See Catego} Event Expense	pries listed at the top of this s	chedule)	Check if Aust	in, TX,	ide of Texas. Compl , officeholder living e Party Venue	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office sou	ght		Office held	d
	Date		Payee name						
	12/15/2023		Home Run Dugou	ıt					
	Amount (\$) \$3,891.82		Payee address; 1220 Grand West		e; Zip Co	de			
	PURPOSE		Katy, TX 77449			(h) Description			
	OF EXPENDITURE		Category (See Catego Event Expense	pries listed at the top of this s	chedule)	Check if Aust	in, TX,	ide of Texas. Comple , officeholder living e Party Venue	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office sou	ght		Office held	d
	Date		Payee name						
	07/24/2023		Houston Muslim N	/larket					
	Amount (\$) \$500.00		Payee address; 5035 Blackwater I	-	e; Zip Co	de			
			Sugar Land, TX 7	7479					
	PURPOSE OF EXPENDITURE		Category (See Catego Event Expense	pries listed at the top of this s	chedule)		in, TX	ide of Texas. Compl , officeholder living e hittee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	Office sou	ght		Office held	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials 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	: 5/16 Rpt: 10/21		Republican Party of Fort Bend County	(CEC)			00037828	
4 Date		5	Payee name			•		
07/3	1/2023		India Culture Center					
6 Amou	unt (\$)	7	Payee address; City; State;	Zip Co	de			
	\$300.00		8888 West Bellfort Ste 210D					
			Houston, TX 77031					
8 P	URPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
EXP	OF PENDITURE		Event Expense				ide of Texas. Complete Schedule T.	
	-				Booth Spons		, officeholder living expense hin	
					Dooth Spons	013	ΠÞ	
9 Com	olete ONLY if direct		Candidate/Officeholder name C)ffice sou	aht		Office held	
	nditure to benefit C/OI	Н		·	, ,			
Date			Payee name					
09/1	1/2023		Leal, Sharon					
Amou	unt (\$)	┢	Payee address; City; State;	Zip Co	de			
	\$58.08		12015 Meadowdale Dr	•				
			Meadows Place, TX 77477					
Р	URPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
EXP	OF PENDITURE		Advertising Expense				ide of Texas. Complete Schedule T.	
							, officeholder living expense	
					Oureachiten	not	alsement	
Com	olete ONLY if direct		Candidate/Officeholder name C)ffice sou	jht		Office held	
expei	nditure to benefit C/OI	Н						
Date			Payee name					
09/1	9/2023		Leal, Sharon					
Amou	unt (\$)		Payee address; City; State;	Zip Co	de			
	\$106.34		12015 Meadowdale Dr					
			Meadows Place, TX 77477					
Р	URPOSE	(a)	Category (See Categories listed at the top of this scho	edule)	(b) Description			
EXP	OF PENDITURE		Advertising Expense				ide of Texas. Complete Schedule T.	
					Outreach reir		, officeholder living expense	
					Guieach iell	nul		
Com	plete ONLY if direct		Candidate/Officeholder name C	Office sou	nht		Office held	
	nditure to benefit C/OI			2000 SOU	j			

	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 hmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	erhea pense xpens Vages	se s/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: 6/16 Rpt: 11/21		Republican Party of Fort Bend County	(CEC)				00037828			
4	Date	5	Payee name				I		\neg		
	10/05/2023		Leal, Sharon								
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode						
	\$111.15		12015 Meadowdale Dr								
			Meadows Place, TX 77477								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.			
								X, officeholder living expense			
						Outreactiveli	not	ursement			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ight			Office held			
	Date		Payee name								
	12/07/2023		Leal, Sharon								
	Amount (\$)		Payee address; City; State	; Zip Co	de				\neg		
	\$500.00		12015 Meadowdale Dr								
			Meadows Place, TX 77477								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description	outoi	ide of Toylog, Complete Cohedule T			
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T. , officeholder living expense			
								ursement - Kendleton Toy Drive			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ight			Office held	_		
	Date		Payee name						=		
	10/10/2023		Mammoth Marketing Group								
_	Amount (\$)			; Zip Co	nde				—		
	\$633.61		4500 Bissonnet St	, <u>Lip</u> 00							
	\$000101		Ste 370								
			Bellaire, TX 77401								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description	outoi	ide of Toylog, Complete Cohedule T			
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T. , officeholder living expense			
								sign, Print, Ship			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ight			Office held			
									\neg		

	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:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)					
	Sch: 7/16 Rpt: 12/21	Republican Party of Fort Bend County (CEC)	00037828					
4	Date 10/12/2023	Payee name Mammoth Marketing Group						
_								
6	Amount (\$) \$708.56	Payee address; City; State; Zip Code 4500 Bissonnet St						
		Ste 370 Bellaire, TX 77401						
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF		outside of Texas. Complete Schedule T.					
	EXPENDITURE		TX, officeholder living expense					
		Palmcard Des	sign, Print, Ship					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/25/2023	Office Max						
	Amount (\$)	mount (\$) Payee address; City; State; Zip Code						
	\$264.43	1.43 5766 Hwy 6						
		Missouri City, TX 77459						
	PURPOSE OF EXPENDITURE		outside 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						
	08/10/2023	OfficeDepot Office Max						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$46.32	5766 Hwy 6						
		Missouri City, TX 77459						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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				head/Rent ense pense ages/Contr	al Expense act Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FII FR NAME		-				3	Filer ID	(Ethics Commission Filers)
_	Sch: 8/16 Rpt: 13/21	-	Republican Part	y of Fort Bend	County	(CEC)				00037828	(
4	Date	5	Payee name								
	08/11/2023		Parker, Sandra								
6	Amount (\$)		Payee address;	City;	State	; Zip Co	le				
	\$300.00		4310 Willowview	/ Court							
			Sugar Land, TX	77479							
8	PURPOSE OF		Category (See Cate	egories listed at the to	op of this sch	nedule)	(b) Des	•			
	EXPENDITURE		Event Expense							de of Texas. Com officeholder living	nplete Schedule T. n expense
										minar Reim	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officehol	der name	(Office sou	Jht			Office h	eld
⊨	Date										
	09/11/2023		Payee name Republican Won	nen's Club Of	Katv						
						, Zin Co	10				
	Amount (\$)		Payee address;	City;	State	; Zip Co	je				
	\$35.00		9550 Spring Gre	en Bivu							
			Katy, TX 77494								
	PURPOSE	(a)	Category (See Cate	egories listed at the to	op of this sch	nedule)	(b) Des	cription			
	OF EXPENDITURE		Event Expense							de of Texas. Com officeholder living	nplete Schedule T.
								ent expens		oncenoider inving	y expense
								псехрено			
	Complete ONLY if direct		Candidate/Officehol	der name	(Office sour	iht			Office h	eld
	expenditure to benefit C/OI	H									
	Date		Payee name								
	07/25/2023		Safari Texas Ra	nch							
	Amount (\$)		Payee address;	City;	State	; Zip Co	le				
	\$2,000.00		11627 FM 1464								
			Richmond, TX 7	7479							
	PURPOSE	(a)	Category (See Cate	egories listed at the to	op of this sch	nedule)	(b) Des	cription			
	OF EXPENDITURE		Event Expense								nplete Schedule T.
								C Meeting		officeholder living	g expense
								- meening		.perioe	
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officehol	der name	(Office soug	ıht			Office h	eld
	expenditure to benefit C/OI				,		,				
-											

	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: 9/16 Rpt: 14/21	Republican Party of Fort Bend County (CEC)	00037828				
4	Date	Payee name					
	09/26/2023	Safari Texas Ranch					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,000.00	11627 FM 1464					
		Richmond, TX 77479					
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T.				
	-		n, TX, officeholder living expense nvention - Deposit				
		2024 3D C0	Invention - Deposit				
9	Complete ONLY if direct	andidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OF						
	Date	Payee name					
	08/07/2023	Shell Service Station					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$82.06	2465 FM 1092 Rd					
		Missouri City, TX 77459					
	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				
			·				
⊢	Complete ONLY if direct	andidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OF						
⊨	Date	Pavee name					
	08/17/2023	Shell Service Station					
⊢	Amount (\$)	Payee address; City; State; Zip Code					
	\$74.54	2465 FM 1092 Rd					
	·····						
		Missouri City, TX 77459					
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel In District	outside of Texas. Complete Schedule T.				
	EXFENDITORE		n, TX, officeholder living expense				
		Fuel expense	3				
	0 1 4 0 m 4 m m						
	Complete <u>ONLY</u> 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	Event Expense Loan Repayment/F Fees Office Overhead/R Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense Printing Expense			yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:					2	Filer ID	(Ethics Commission Filers)
1			the of Fourt Double Count			1		
	Sch: 10/16 Rpt: 15/21	Republican Pa	rty of Fort Bend County	/ (CEC)			00037828	
4	Date	Payee name						
	08/30/2023	Shell Service S	Station					
6	Amount (\$)	Payee address;	City; State	e; Zip Coo	10			
ľ	\$76.95	2465 FM 1092		5, Zip 000				
	ψ/0.95	2403 FIVI 1092	Nu					
		Missouri City, 7	TX 77459					
8	PURPOSE	Category (See Ca	ategories listed at the top of this sc	hedule)	(b) Description			
	OF	Travel In Distrie		incutic)		outsid	de of Texas. Com	plete Schedule T.
	EXPENDITURE				Check if Austin	n, TX,	officeholder living	expense
					Fuel expense	Э		
9	Complete ONLY if direct	andidate/Officeh	older name	Office sour	ıht		Office he	ald
5	expenditure to benefit C/Oł	andidate/Onicen		Onice Sout	ji it		Onice ne	iu -
	•							
	Date	Payee name						
	09/07/2023	Shell Service S	Station					
⊢	Amount (\$) Payee address; City; State; Zip Code							
	\$77.97	2465 FM 1092		5, Zip 0 00				
	\$11.91	2405 FIVI 1092	Ru					
		Missouri City, 7	TX 77459					
	PURPOSE	Category (see c	ategories listed at the top of this sc	(hodulo)	(b) Description			
	OF	Travel In Distri		ineuule)		outsid	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Haver in Bistin			Check if Austin	n, TX,	officeholder living	expense
					Fuel expense	Э		
⊢	Complete ONLY if direct	andidate/Officeh	older name	Office soug	iht		Office he	ld
	expenditure to benefit C/Oł	and date, officer		Onice Sou	, itt		Office fie	
	Date	Payee name						
	09/12/2023	Shell Service S	Station					
	Amount (\$)	Payee address;	City; State	e; Zip Coo	le			
	\$71.99	2465 FM 1092	-					
	+. =							
		Missouri City, 7	TX 77459					
	PURPOSE	Category (See Ca	ategories listed at the top of this sc	hedule)	(b) Description			
	OF	Travel In Distri		,	Check if travel	outsid	de of Texas. Com	plete Schedule T.
	EXPENDITURE				Check if Austin	n, TX,	officeholder living	expense
					Fuel expense	Э		
	Complete ONLY if direct	andidate/Officeh	older name	Office soug	Iht		Office he	ld
	expenditure to benefit C/OI							
-								

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Fees Offrice Overhead/Rental Expense Food/Beverage Expense Poling Expense offt/Awards/Memorials Expense Printing Expense Legal Services 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)				
	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
ľ	Sch: 11/16 Rpt: 16/21	Republican Party of Fort Bend County (CEC)	00037828				
	-		00037828				
4	Date	Payee name					
	08/10/2023	Shell Service Station					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$68.00	2465 FM 1092 Rd					
		Missouri City, TX 77459					
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE		utside of Texas. Complete Schedule T.				
			TX, officeholder living expense				
		Fuel expense					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI						
⊨	Date						
		Payee name					
	10/05/2023 Shell						
	Amount (\$) Payee address; City; State; Zip Code						
	\$77.23	\$77.23 2465 FM 1092 Rd					
		Missouri City, TX 77459					
	PURPOSE OF	(b) Description					
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
		Fuel expense	TX, Uniceriolder living expense				
		Fuel expense					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OI						
	Date	Payee name					
	10/11/2023	Shell					
_	Amount (¢)	Davias address: Citur State: Zin Code					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$74.70	2465 FM 1092 Rd					
		Missouri City, TX 77459					
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF		utside of Texas. Complete Schedule T.				
	EXPENDITURE		TX, officeholder living expense				
		Fuel expense					
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/Oł		Onice field				

	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)					
	Sch: 12/16 Rpt: 17/21	Republican Party of Fort Bend County (CEC)	00037828					
4	Date 10/19/2023	5 Payee name Shell						
6	Amount (\$) \$72.50	7 Payee address; City; State; Zip Code 2465 FM 1092 Rd Missouri City, TX 77459						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date 10/23/2023	Payee name Shell						
	Amount (\$) \$53.05	Payee address; City; State; Zip Code 2465 FM 1092 Rd Missouri City, TX 77459						
	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						
	10/26/2023	Shell						
	Amount (\$) \$67.57	Payee address; City; State; Zip Code 2465 FM 1092 Rd						
		Missouri City, TX 77459						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	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				3	Filer ID (Ethics Commission Filers)
	Sch: 13/16 Rpt: 18/21		Republican Party of Fort Bend Cou	inty (CEC)				00037828
4	Date	5	Payee name					
	11/06/2023		Shell					
6	Amount (\$)	7	Payee address; City; S	state; Zip C	ode			
	\$66.77		2465 FM 1092 Rd					
			Missouri City, TX 77459					
8	PURPOSE	(a)	Category (See Categories listed at the top of th	ia aabadula)	(b)	Description		
ľ	OF		Travel In District	ils schedule)	(,		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin	ı, TX,	officeholder living expense
						Fuel expense	Э	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held
		·						
	Date		Payee name					
	11/13/2023		Shell					
	Amount (\$)		Payee address; City; S	state; Zip C	ode			
	\$72.55		2465 FM 1092 Rd					
			Missouri City , TX 77459					
⊢	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description		
	OF		Travel In District				outsi	de of Texas. Complete Schedule T.
	EXPENDITURE							officeholder living expense
						Fuel expense	Э	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held
	Date		Payee name					
	11/17/2023		Shell					
	Amount (\$)		Payee address; City; S	state; Zip C	ode			
	\$62.88		2465 FM 1092 Rd					
			Missouri City, TX 77459					
	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b)	Description		
	OF EXPENDITURE		Travel In District					de of Texas. Complete Schedule T.
								officeholder living expense
						Fuel expense	=	
_			Condidate (Office held	0#				Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ugnt			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic 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			3	Filer ID (Ethics Commission Filers)	
	Sch: 14/16 Rpt: 19/21		Republican Party of Fort Bend Count	ty (CEC)		-	00037828	
4	Date	5	Payee name					
	11/20/2023		Shell					
6	Amount (\$) \$68.66	7 Payee address; City; State; Zip Code 2465 FM 1092 Rd Missouri City , TX 77459						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught		Office held	
	Date		Payee name					
	12/13/2023		Shell					
	Amount (\$) \$65.91	Payee address; City; State; Zip Code 65.91 2465 FM 1092 Rd						
	PURPOSE	(a)	Missouri, TX 77459 Category (See Categories listed at the top of this s		(b) Description			
	OF EXPENDITURE		Travel In District	schedule)	Check if travel of	тx,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught		Office held	
	Date		Payee name					
	12/18/2023		Shell					
	Amount (\$) \$61.72		Payee address; City; Stat 2465 FM 1092 Rd	te; Zip Co	ode			
			Missouri City, TX 77459					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this s Travel In District	schedule)		тx,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught		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/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Gift/Awards/Memorials 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:	· · ·	3 Filer ID (Ethics Commission Filers)					
-	Sch: 15/16 Rpt: 20/21	Republican Party of Fort Bend County (CEC)	00037828					
4	Date 12/22/2023	5 Payee name Shell						
6	Amount (\$) \$64.14	7 Payee address; City; State; Zip Code 2465 FM 1092 Rd Missouri City, TX 77459						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date 10/19/2023	Payee name Shri Sita Ram Foundation, USA						
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 1200 Blalock Rd. Ste. 205 Houston, TX 77055						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Sponsor					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/20/2023	SwiftKode						
	Amount (\$) \$640.00	Payee address; City; State; Zip Code 830 Deer Hallow						
		Sugar Land, TX 77479						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense IS to voters					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					