GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	The GPAC Instruction Guide explains how to complete this form.			Filer ID (Ethics Commission Filers) 00087637		2 Total pages filed: 53		
3	COMMITTEE NAME					OFFICE USE ONLY		
	Denton County Re	publican Lincoln Cabinet				Date Received		
						01/10/2024		
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CI	ΓY;	STATE; ZIP	CODE			
	ADDITESS	PO Box 50748				Date Hand-delivered or Date Postmarked		
	Change of Address							
		Denton, TX 76206				Receipt # Amount		
						Date Processed		
						Date Imaged		
5	CAMPAIGN	MS/MRS/MR FIRST				MI		
	TREASURER NAME	Mrs. Kellie						
	NAME							
		NICKNAME LAST				SUFFIX		
		Mason						
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE		
ľ	TREASURER	4120 Austin Circle			,	,		
	STREET ADDRESS							
	(Residence or Business)	Congor TV 76266						
Ŀ		Sanger, TX 76266				07475 710 0005		
7	CAMPAIGN TREASURER	STREET OR PO BOX;		APT / SUITE #;	CITY	; STATE; ZIP CODE		
	MAILING	PO Box 50748						
	ADDRESS							
	Change of Address	Denton, TX 76206						
8	CAMPAIGN	AREA CODE PHONE NUMBER	EX	ENSION				
	TREASURER	(940) 395-9377						
	PHONE							
9	REPORT	X January 15 3	Oth c	ay before election		Dissolution (Attach PAC-DR)		
	TYPE							
		July 15 8	n da	y before election		10th day after campaign treasurer termination		
			unot	f				
10	PERIOD	Month Day Year		Month	Day	Year		
ľ	COVERED	-	HRO		2/31/2023			
11	ELECTION	ELECTION DATE		ELECTION	TYPE			
			Prim			Other		
		03/05/2024	2000					
			Gene	eral Special				
L								
	GO TO PAGE 2							
Eor	rms provided by To			s.state.tx.us		Version V3.5.1.0bfcfb67		
ΓU	ms provided by Tex		unc	5.51a10.17.US				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID) (Ethics Commission Filers)
Denton County Republic	can Lincoln Cabinet		000870	637
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican		
(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		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	85,551.30
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)		85,551.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	47,355.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	64,078.13
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T 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.		
		Mrs. Kel	llie Mason	1
		Signature of Ca	mpaign Tre	easurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	his the	day
of	, 20, to certify w	which, witness my hand and seal of office.		
Signature of officer ad	ninistering 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 GPAC COVER SHEET PG 3 3 of 53

17 COMMITTI	(Ethics Commission Filers)							
Denton C								
	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$					
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$					
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$					
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$					
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$					
9.	SCHEDULE E: LOANS		\$					
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 47,355.43					
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					

SUBTOTALS - GPAC

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/26 Rpt: 4/53	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
[nty Republican Lincoln Cabinet		ľ	00087637	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/09/2023	Adams, Judy				\$209.00
		6 Contributor address; City; State; Zip Code		1		
		Frisco, TX 75033				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Entrepreneu	r	Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/24/2023	Adams, Judy				\$209.00
		Contributor address; City; State; Zip Code		1		
		Frisco, TX 75033				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Entrepreneu	r	Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/11/2023	Adams, Judy				\$209.00
		Contributor address; City; State; Zip Code		1		
		Frisco, TX 75033				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Entrepreneu	r	Self	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/11/2023	Adams, Judy				\$209.00
		Contributor address; City; State; Zip Code]		
	Duin sin stars a	Frisco, TX 75033	Environ (On a la struction			
		pation / Job title (See Instructions)	Employer (See Instructions Self	S)		
	Entrepreneu			_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/27/2023	Adams, Judy				\$209.00
		Contributor address; City; State; Zip Code				
		Frisco, TX 75033				
⊢	Drinoinal asso	l	Employer (See Instructions			
	Entrepreneu	pation / Job title (See Instructions) r	Employer (See Instructions Self	5)		
		1	Jeii			

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/26 Rpt: 5/53	
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
Denton Cou	unty Republican Lincoln Cabinet		00087637	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
07/19/2023	Altman, Rob			\$209.00
	6 Contributor address; City; State; Zip Code			
	Frisco, TX 75033			
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Business M	lanager	JPMorgan Chase		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/22/2023				\$209.00
	Contributor address; City; State; Zip Code			
	Frisco, TX 75033			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Business M	lanager	JPMorgan Chase		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/20/2023				\$209.00
	Contributor address; City; State; Zip Code			
	Frisco, TX 75033			
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Business M	lanager	JPMorgan Chase		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/19/2023	Altman, Rob			\$209.00
	Contributor address; City; State; Zip Code			
Driveire Less	Frisco, TX 75033		\	
	upation / Job title (See Instructions)	Employer (See Instructions JPMorgan Chase	5)	
Business M		JPMOIYall Chase		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	****
11/19/2023	Altman, Rob			\$209.00
	Contributor address; City; State; Zip Code			
	Frisco, TX 75033			
Dringing		Employer (See Instructions))	
Business M	upation / Job title (See Instructions)	Employer (See Instructions JPMorgan Chase)	
	เลาเลยูยา	JE WOLYALL CHASE		

The Inst	ruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 3/26 Rpt: 6/53
2 FILER NA	ΛE		3 Filer ID (Ethics Commission Filers)
	ounty Republican Lincoln Cabinet		00087637
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/20/202	3 Altman, Rob		\$209.00
	6 Contributor address; City; State; Zip Code		1
	Frisco, TX 75033		
8 Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instructions	5)
Business	Manager	JPMorgan Chase	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
12/22/202)	\$400.00
	Frisco, TX 75033		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	5)
Parent		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/06/202)	\$209.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76112		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	5)
Appeals (Court Justice	State of Texas	
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)
08/04/202			\$209.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76112		
-	ccupation / Job title (See Instructions)	Employer (See Instructions	5)
Appeals (Court Justice	State of Texas	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/06/202	3 Bassel, Dabney		\$209.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76112		
	ccupation / Job title (See Instructions)	Employer (See Instructions	5)
Appeals (Court Justice	State of Texas	

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/26 Rpt: 7/53	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-		nty Republican Lincoln Cabinet		ľ	00087637	
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/04/2023	Bassel, Dabney				\$209.00
		6 Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76112				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Appeals Cou	Irt Justice	State of Texas			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/04/2023	Bassel, Dabney				\$209.00
		;;				
		Fort Worth, TX 76112				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Appeals Cou	Int Justice	State of Texas			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	12/06/2023	Bassel, Dabney)			\$209.00
		Contributor address; City; State; Zip Code		•		+200.00
		Fort Worth, TX 76112				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Appeals Cou	· · · ·	State of Texas	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	08/02/2023	Bates, Diane)			\$209.00
	00/02/2020					Ψ205.00
		Contributor address; City; State; Zip Code				
		Trophy Club, TX 76262				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired	· · · · · · · · · · · · · · · · · · ·	Retired	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	\	Г	Amount of Contribution (\$)	
	08/30/2023	Bates, Diane)			\$209.00
	00/00/2020			•		Ψ205.00
		Contributor address; City; State; Zip Code				
		Trophy Club, TX 76262				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 S)		
	Retired		Retired	-,		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/26 Rpt: 8/53	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nty Republican Lincoln Cabinet			00087637	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/03/2023	Bates, Diane				\$209.00
		6 Contributor address: City: State: Zip Code		•		
	ļ					
	ļ	Trophy Club, TX 76262				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Retired	· · · · · · · · · · · · · · · · · · ·	Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/01/2023	Bates, Diane	/			\$209.00
				ł		
	ļ					
	ļ	Trophy Club, TX 76262				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Retired		Retired	,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	12/31/2023	Bates, Diane	/			\$209.00
	12/01/2020			•		Ψ200.00
	ļ	Culturbului audress, City, State, Zip Code				
		Trophy Club, TX 76262				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Retired	· · · · · · · · · · · · · · · · · · ·	Retired			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/04/2023	Bates, Diane	/		Allount of contraction (1)	\$209.00
	12/0 // 2020	Contributor address; City; State; Zip Code		•		<i>\\\\\\\\\\\\\</i>
		Cultinution address, City, State, Zip Code				
	ļ					
	ļ	Trophy Club, TX 76262				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	Retired		Retired			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/13/2023	Bowen, Brent	/			\$625.00
		Contributor address; City; State; Zip Code		ł		• -
	ļ					
		Denton, TX 76205				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ل ے 3)		
	Attorney		Law Office of Brent Bow		1	
\vdash			l			

The Instruct	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/26 Rpt: 9/53	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	ty Republican Lincoln Cabinet		00087637	,
4 Date 5	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
07/31/2023	Breading, Lee Ann			\$209.00
	6 Contributor address; City; State; Zip Code			
	Denton, TX 76209			
	ation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Judge		State of Texas		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/30/2023	Breading, Lee Ann			\$209.00
l 1"	Contributor address; City; State; Zip Code			
	Denton, TX 76209			
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	3)	
Judge		State of Texas		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/29/2023	Breading, Lee Ann			\$209.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76209			
	ation / Job title (See Instructions)	Employer (See Instructions	3)	
Judge		State of Texas		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/31/2023	Breading, Lee Ann			\$209.00
l "	Contributor address; City; State; Zip Code			
	Denton, TX 76209			
	ation / Job title (See Instructions)	Employer (See Instructions	3)	
Judge		State of Texas		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/29/2023	Breading, Lee Ann			\$209.00
l "	Contributor address; City; State; Zip Code			
	Denton, TX 76209			
	ation / Job title (See Instructions)	Employer (See Instructions	3)	
Judge		State of Texas		

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 7/26 Rpt: 10/53	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	nty Republican Lincoln Cabinet		00087637	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
12/28/2023	Breading, Lee Ann			\$209.00
	6 Contributor address; City; State; Zip Code		•	
	Denton, TX 76209			
	upation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Judge		State of Texas		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/04/2023	Carroll, Tom			\$209.00
	Contributor address; City; State; Zip Code			
	Lantana, TX 76226			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	S)	
Manager		Panasonic Connect Nor	rth America	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/17/2023	Clark, James			\$209.00
	Contributor address; City; State; Zip Code			
	Justin, TX 76247	·		
-	upation / Job title (See Instructions)	Employer (See Instructions	S)	
Mayor		City of Justin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/14/2023	Clark, James			\$209.00
	Contributor address; City; State; Zip Code			
	Justin, TX 76247		<u> </u>	
-	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Mayor		City of Justin		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/13/2023	Clark, James			\$209.00
	Contributor address; City; State; Zip Code			
	luctin TV 76247			
Dringinglass	Justin, TX 76247	Employor (Cas Instruction		
-	<pre>upation / Job title (See Instructions)</pre>	Employer (See Instructions City of Justin	5)	
Mayor				

-							
	The Instru	ction Guide explains how to comple	te this f	orm.	1	Total pages Schedule A1: Sch: 8/26 Rpt: 11/53	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Denton Cour	nty Republican Lincoln Cabinet				00087637	,
4	Date	5 Full name of contributor out-of-state	PAC (ID#:_)	7	Amount of Contribution (\$)	
	10/11/2023	Clark, James					\$209.00
		6 Contributor address; City; State; Zip Code			1		
		Justin, TX 76247			Ļ		
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Mayor			City of Justin			
	Date		PAC (ID#:_)		Amount of Contribution (\$)	
	09/13/2023						\$209.00
		Contributor address; City; State; Zip Code					
		Frisco, TX 75035					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	CPA			Marc R Core CPA PC)		
╞					_		
	Date 10/13/2023	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	\$209.00
	10/13/2023						φ209.00
		Contributor address; City; State; Zip Code					
		Frisco, TX 75035					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	CPA			Marc R Core CPA PC			
	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	11/15/2023	Core, Marc					\$209.00
		Contributor address; City; State; Zip Code					
		Frisco, TX 75035					
	-	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	СРА			Marc R Core CPA PC			
	Date	Full name of contributor out-of-state	PAC (ID#:_)		Amount of Contribution (\$)	
	12/14/2023	Core, Marc					\$209.00
		Contributor address; City; State; Zip Code					
		Frisco, TX 75035					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ა		
	CPA			Marc R Core CPA PC	·)		
⊢							

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/26 Rpt: 12/53	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nty Republican Lincoln Cabinet			00087637	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/19/2023	Costa, Dianne				\$209.00
		6 Contributor address; City; State; Zip Code				
		Highland Village, TX 75077				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Retired		Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/22/2023	Costa, Dianne	/			\$209.00
		Highland Village, TX 75077				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	09/20/2023	Costa, Dianne				\$209.00
		Contributor address; City; State; Zip Code				
		Highland Village, TX 75077				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/19/2023	Costa, Dianne				\$209.00
		Contributor address; City; State; Zip Code				
		Highland Village, TX 75077				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	11/19/2023	Costa, Dianne				\$209.00
		Contributor address; City; State; Zip Code				
		Highland Village, TX 75077		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			

	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 10/26 Rpt: 13/53	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Denton Cou	inty Republican Lincoln Cabinet	,		00087637	
4	Date	5 Full name of contributor out-of-state PAC (IE	 D#:)	7	Amount of Contribution (\$)	
	12/20/2023	Costa, Dianne	—			\$209.00
		6 Contributor address; City; State; Zip Code		·		
			,			
		Lichland Villago, TV 75077	,			
Q	Drincinal occi	Highland Village, TX 75077 upation / Job title (See Instructions)	Employer (See Instruction)			
Ô	Retired		9 Employer (See Instructions Retired	5)		
╞				—	Amount of Contribution (\$)	
	Date 07/19/2023	Full name of contributor out-of-state PAC (II Denny, Mary	D#:)		Amount of Contribution (\$)	\$209.00
	0111912023					ΦΖ ŬϿ.ŪŬ
		Contributor address; City; State; Zip Code	,			
			,			
		Aubrey , TX 76227	,			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Retired		Retired			
╞	Date	Full name of contributor Out-of-state PAC (IE	 D#:)	Т	Amount of Contribution (\$)	
	08/22/2023	Denny, Mary	····		• •	\$209.00
			,			
			,			
		Aubrey , TX 76227				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (IE)#:)		Amount of Contribution (\$)	_
	07/27/2023	Donnelly, Mike				\$209.00
		Contributor address; City; State; Zip Code	,			
			,			
		Double Oak, TX 75077	,			
┝	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Fleet Service		American Airlines	0)		
⊨	Date	Full name of contributor Out-of-state PAC (IE		Τ	Amount of Contribution (\$)	
	08/30/2023	Donnelly, Mike	J#J			\$209.00
	00,00,2:22	Contributor address; City; State; Zip Code				¥ L V V I I I
			,			
			,			
		Double Oak, TX 75077	,			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Fleet Service	e	American Airlines			

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/26 Rpt: 14/53	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		nty Republican Lincoln Cabinet			00087637	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/27/2023	Donnelly, Mike	1			\$209.00
	,	6 Contributor address; City; State; Zip Code	,	1		l
	,	l	!			
		Double Oak, TX 75077				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	<u>ا</u>		
	Fleet Service	Ś	American Airlines			
	Date	Full name of contributor out-of-state PAC (ID#:) !	Γ	Amount of Contribution (\$)	
	10/27/2023	Donnelly, Mike				\$209.00
	,					
	,		!			l
	,	l	!			
		Double Oak, TX 75077		_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Fleet Service		American Airlines			
	Date	Full name of contributor out-of-state PAC (ID#:) !	Γ	Amount of Contribution (\$)	
	11/29/2023	Donnelly, Mike				\$209.00
	ļ	Contributor address; City; State; Zip Code				
	,	l	!			
	,	l	!			
L		Double Oak, TX 75077				
	-	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
L	Fleet Service	<u></u>	American Airlines			
Γ	Date)	Γ	Amount of Contribution (\$)	
	12/28/2023	Donnelly, Mike				\$209.00
	,	Contributor address; City; State; Zip Code	!	1		
	,	l	!			
	,	Dauble Cale TV 75077	1			
┢	Dringing occi	Double Oak, TX 75077	Employer (See Instructions	ľ		
	Principal occu Fleet Service	pation / Job title (See Instructions)	Employer (See Instructions) American Airlines	5)		
╘				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷2 500 00
	09/21/2023	Friends of Andy Eads	!			\$2,500.00
	,	Contributor address; City; State; Zip Code	!			
	ł	1	1			
	ł	Flower Mound, TX 75028	1			
\vdash	Princinal OCCU	pation / Job title (See Instructions)	Employer (See Instructions)	ן: ד		
	Filliopa cooo			り		
\vdash		I				
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/26 Rpt: 15/53	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
ľ		nty Republican Lincoln Cabinet			00087637	1111013)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/21/2023	Goline, Greg				\$209.00
		6 Contributor address; City; State; Zip Code		1		
		Denton, TX 76209				
8		pation / Job title (See Instructions)	9 Employer (See Instructions			
	Attorney		Goline & Roland Law Fi	rm		
	Date	—)		Amount of Contribution (\$)	
	08/22/2023	Goline, Greg				\$209.00
		Contributor address; City; State; Zip Code]		
		Denten TV 70200				
	Dringinglaggy	Denton, TX 76209				
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Goline & Roland Law Fi			
╘	-			1		
	Date	—)		Amount of Contribution (\$)	#200 00
	09/21/2023	Goline, Greg				\$209.00
		Contributor address; City; State; Zip Code				
		Denton, TX 76209				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		Goline & Roland Law Fi	rm		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	10/23/2023	Goline, Greg				\$209.00
		Contributor address; City; State; Zip Code		1		
		Denton, TX 76209				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Attorney		Goline & Roland Law Fi	rm		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/19/2023	Goline, Greg				\$209.00
		Contributor address; City; State; Zip Code]		
		Denton, TX 76209				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Attorney		Goline & Roland Law Fi			
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 13/26 Rpt: 16/53
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Denton County Republican Lincoln Cabinet	00087637
4 Date 5 Full name of contributor out-of-state PAC (ID#:)) 7 Amount of Contribution (\$)
12/20/2023 Goline, Greg	\$209.0
6 Contributor address; City; State; Zip Code	
Denton, TX 76209	
8Principal occupation / Job title (See Instructions)9Employer (See Instructions)	
Attorney Goline & Roland Law	w Firm
Date Full name of contributor out-of-state PAC (ID#:)) Amount of Contribution (\$)
07/31/2023 Hagenbuch, Brent	\$209.0
Contributor address; City; State; Zip Code	
Little Elm, TX 75068	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Business Executive Titus Transport	
Date Full name of contributor out-of-state PAC (ID#:)) Amount of Contribution (\$)
08/30/2023 Hagenbuch, Brent	\$209.0
Contributor address; City; State; Zip Code	
Little Elm, TX 75068	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Business Executive Titus Transport	
Date Full name of contributor out-of-state PAC (ID#:)) Amount of Contribution (\$)
09/29/2023 Hagenbuch, Brent	\$209.0
Contributor address; City; State; Zip Code	
Little Elm, TX 75068	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Business Executive Titus Transport	
Date Full name of contributor out-of-state PAC (ID#:)) Amount of Contribution (\$)
10/31/2023 Hagenbuch, Brent	\$209.0
Contributor address; City; State; Zip Code	
Denton, TX 76210	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Business Executive Titus Transport	
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/26 Rpt: 17/53	
2	FILER NAME			3	Filer ID (Ethics Commissi	on Filers)
	Denton Cour	nty Republican Lincoln Cabinet			00087637	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/31/2023	Hagenbuch, Brent				\$10,000.00
	l	6 Contributor address; City; State; Zip Code]		
		1				
		Denton, TX 76210				
8			9 Employer (See Instructions)	3)		
	Business Ex	ecutive	Titus Transport			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/19/2023	Holliday, Mark				\$625.00
	1	Contributor address; City; State; Zip Code		1		
		1				
		1				
		The Colony, TX 75056				
		pation / Job title (See Instructions)	Employer (See Instructions)	5)		
L	Civil Enginee	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>	Quiddity Engineering			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/18/2023	Holliday, Mark				\$625.00
	I	Contributor address; City; State; Zip Code]		
		1				
		The Colony TY 75056				
⊢	Dringing oog	The Colony, TX 75056	Employer (See Instructions	<u> </u>		
	Civil Enginee	pation / Job title (See Instructions)	Employer (See Instructions) Quiddity Engineering	5)		
╞				—		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u> </u>
	07/07/2023	Jim Johnson Campaign				\$2,000.00
		Contributor address; City; State; Zip Code				
		1				
		Denton, TX 76210				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>ار</u> ج)		
		,	,	"		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Π	Amount of Contribution (\$)	
	12/31/2023	Jim Johnson Campaign	,			\$337.50
		Contributor address; City; State; Zip Code		•		+ -
		1				
		Denton, TX 76210				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/26 Rpt: 18/53	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nty Republican Lincoln Cabinet			00087637	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/18/2023	Johnson, Pam				\$209.00
		6 Contributor address; City; State; Zip Code		1		
		Denton, TX 76210				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Paralegal		Self			
╞	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	08/16/2023	Johnson, Pam				\$209.00
		Contributor address; City; State; Zip Code		1		
		Denton, TX 76210				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Paralegal		Self			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/19/2023	Johnson, Pam				\$209.00
		Contributor address; City; State; Zip Code		1		
		Denton, TX 76210	1	Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Paralegal		Self	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	+
	10/18/2023	Johnson, Pam				\$209.00
		Contributor address; City; State; Zip Code				
		Denton, TX 76210				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ג)		
	Paralegal		Self	-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	11/16/2023	Johnson, Pam			Allount of Contribution (4)	\$209.00
	11 , 10 , <u>-</u> <u>-</u>	Contributor address; City; State; Zip Code		{		+=0
		Denton, TX 76210				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Paralegal		Self			
⊢			<u> </u>			

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 16/26 Rpt: 19/53
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ty Republican Lincoln Cabinet		00087637
	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
12/18/2023	Johnson, Pam)	\$209.00
ŀ	6 Contributor address; City; State; Zip Code		
	Denton, TX 76210		
	pation / Job title (See Instructions)	9 Employer (See Instructions	6)
Paralegal		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/27/2023	Johnson, Pam		\$12.00
İ	Contributor address; City; State; Zip Code		
	Denton, TX 76210		<u> </u>
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Paralegal		Self	l .
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/15/2023	Johnson, Pam		\$465.01
	Contributor address; City; State; Zip Code		
	Denton, TX 76210		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)
Paralegal		Self	,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/24/2023	King, Frank)	\$209.00
ŀ	Contributor address; City; State; Zip Code		
	Denton, TX 76207		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/22/2023	King, Frank		\$209.00
İ	Contributor address; City; State; Zip Code		
	Denton, TX 76207	- - - - - - - - - -	Į
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 17/26 Rpt: 20/53
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ty Republican Lincoln Cabinet		00087637
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/22/2023	King, Frank		\$209.00
	6 Contributor address; City; State; Zip Code		
	Denton, TX 76207		
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/13/2023	Kronda Thimesch Campaign		\$500.00
ľ	Contributor address; City; State; Zip Code		
	Lewisville, TX 75077		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/13/2023	Kronda Thimesch Campaign		\$6,000.00
ľ	Contributor address; City; State; Zip Code		
	Lewisville, TX 75077		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/09/2023	Lawrence, Bill		\$209.00
l i	Contributor address; City; State; Zip Code		
	Highland Village, TX 75077	i	
· · ·	pation / Job title (See Instructions)	Employer (See Instructions	5)
Consultant		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/10/2023	Lawrence, Bill		\$209.00
ĺ	Contributor address; City; State; Zip Code		
	Highland Village, TX 75077	I	
· · ·	ation / Job title (See Instructions)	Employer (See Instructions	6)
Consultant		Self	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 18/26 Rpt: 21/53
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Denton Cou	nty Republican Lincoln Cabinet		00087637
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/13/2023	Lawrence, Bill		\$209.00
	6 Contributor address; City; State; Zip Code		
	Highland Village, TX 75077		
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Consultant		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/11/2023	Lawrence, Bill		\$209.00
	Contributor address; City; State; Zip Code		
Dringinglass	Highland Village, TX 75077		
Consultant	upation / Job title (See Instructions)	Employer (See Instructions Self	5)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/09/2023	Lawrence, Bill		\$209.00
	Contributor address; City; State; Zip Code		
	Highland Village, TX 75077		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Consultant		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/12/2023	Lawrence, Bill		\$209.00
	Contributor address; City; State; Zip Code		
	Highland Village, TX 75077		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Consultant		Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/31/2023	Lipscomb D.D.S, Scott (Dr.)		\$209.00
	Contributor address; City; State; Zip Code		
	Cross Deade TV 76227		
Dringin - L	Cross Roads, TX 76227	Employeer (Cas lastaust)	
Principal occu Dentist	upation / Job title (See Instructions)	Employer (See Instructions Self	5)
		JUI	

The Instruction Guide explains how to complete this form. 1 Total rapes Schedule A1: Sch: 19/28 Ppt: 22/53 2 FLER NAME 3 Flerin [Efficies Commission Filers] 04/01/203 5 Full name of contributor in out of some PAC (DPC in the commission Filers) 00007/637 09/01/203 5 Full name of contributor in out of some PAC (DPC in the commission Filers) 7 Amount of Contribution (\$) 09/01/203 6 Contributor address; City, State; Zip Code 7 Amount of Contribution (\$) 09/01/203 Full name of contributor in out-of same PAC (DPC in the commission Filers) \$ Self 01/01 Constributor address; City, State; Zip Code \$ Amount of Contribution (\$) \$ 09/29/2023 Full name of contributor in out-of same PAC (DPC in the commission Filers) Amount of Contribution (\$) \$ \$ 09/29/2023 Full name of contributor in out-of same PAC (DPC in the commission / 3bo title (See Instructions) Employer (See Instructions) \$ \$ \$ 09/29/2023 Full name of contributor in out-of same PAC (DPC in the commission / 3bo title (See Instructions) Employer (See Instructions) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
2 FLER NAME 3 File riD (Ethics Commission Filers) Date 5 Full name of contributor out-of-state PAC (ID#	The Instru	ction Guide explains how to complete this f	orm.	
Denton County Republican Lincoln Cabinet 00087637 4 Date 5 Full name of contributor out-of-state PAC (Der	2 FILER NAME			
09/01/2023 Lipscomb D.D.S., Scott (Dr.) \$209.00 6 Contributor address; City; State; Zip Code \$209.00 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (DP Amount of Contribution (S) 1 Lipscomb D.D.S, Scott (Dr.) Employer (See Instructions) \$209.00 Contributor address; City; State; Zip Code Cross Roads, TX 76227 Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$209.00 Date Full name of contributor out-of-state PAC (DP Amount of Contribution (S) 10/31/2023 Full name of contributor out-of-state PAC (DP Amount of Contribution (S) 209.00 Contributor address; City; State; Zip Code Cross Roads, TX 76227 Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Setf Date Full name of contributor out-of-state PAC (DP Amount of Contribution (S) 11/30/2023 Lipscomb D.D.S, Scott (Or.) Employer (See Instructions) Setf Date Full name of contributor <t< td=""><td></td><td></td><td></td><td></td></t<>				
6 Contributor address: City: State: Zip Code B Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (Der	4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	09/01/2023			\$209.00
8 Principal occupation / Job title (See Instructions) Dentist 9 Employer (See Instructions) Self Date 09/29/2023 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$209.00 Op/29/2023 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$209.00 Op/29/2023 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$209.00 Principal occupation / Job title (See Instructions) Dentist Employer (See Instructions) Self Amount of Contribution (\$) \$209.00 Date 10/31/2023 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$209.00 Contributor address; City; State; Zip Code Cross Roads, TX 76227 Employer (See Instructions) Self Amount of Contribution (\$) \$209.00 Date 11/30/2023 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$209.00 Date 12/31/2023 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$209.00 Date 12/31/2023 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$209.00 Date 12/31/2023 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$209.00				
8 Principal occupation / Job title (See Instructions) Dentist 9 Employer (See Instructions) Self Date 09/29/2023 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$209.00 Op/29/2023 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$209.00 Op/29/2023 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$209.00 Principal occupation / Job title (See Instructions) Dentist Employer (See Instructions) Self Amount of Contribution (\$) \$209.00 Date 10/31/2023 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$209.00 Contributor address; City; State; Zip Code Cross Roads, TX 76227 Employer (See Instructions) Self Amount of Contribution (\$) \$209.00 Date 11/30/2023 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$209.00 Date 12/31/2023 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$209.00 Date 12/31/2023 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$209.00 Date 12/31/2023 Full name of contributor out-of-state PAC (Def:) Amount of Contribution (\$) \$209.00				
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2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
		nty Republican Lincoln Cabinet			-	00087637	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/06/2023	Livingston, Bryan					\$625.00
		6 Contributor address; City; State					
		Argyle, TX 76226					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u>		
ľ	Consultant			Oaklins Capital Alliance			
⊨	Date	Full name of contributor	out of state BAC (ID#:			Amount of Contribution (\$)	
	12/06/2023	Livingston, Bryan	out-of-state PAC (ID#)			\$625.00
	12,00,2020	Contributor address; City; State	· Zin Code				¢020.00
		Argyle, TX 76226					
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	Consultant			Oaklins Capital Alliance			
Γ	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/21/2023	Lynn Stucky Campaign					\$1,487.50
		Contributor address; City; State					
		Denton, TX 76202					
┝	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	i incipai occu				9		
╞	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/27/2023	Mason, Kellie					\$14.00
		Contributor address; City; State	; Zip Code				
		Sanger, TX 76266	i				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Business Ex			Rock On Framing, Inc.			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/13/2023	Mason, Kellie					\$10,000.29
		Contributor address; City; State	; Zip Code				
		Sanger, TX 76266					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Business Ex			Rock On Framing, Inc.			
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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 21/26 Rpt: 24/53	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
-		nty Republican Lincoln Cabinet		ľ	00087637	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/13/2023	Meek, Dena				\$2,500.00
		6 Contributor address; City; State; Zip Code				
		Oak Point, TX 75068				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/01/2023	Meek, Dena				\$1,700.00
	11/01/2020					φ <u>1</u> ,100.00
		Contributor address; City; State; Zip Code				
		Oak Point TX 75069				
	Dringing ago	Oak Point, TX 75068	Employer (Cap Instructions	$\frac{1}{1}$		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
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	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/10/2023	Melson, Bridget				\$2,500.00
		Contributor address; City; State; Zip Code		1		
		Bartonville, TX 76226				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Psychologist		Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/13/2023	Murad Auction Group, LLC				\$1.00
		Richardson, TX 75083				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/02/2023	Pausman, Karen)			\$625.00
	11/02/2020					Ψ020.00
		Contributor address; City; State; Zip Code				
		DENTON, TX 76210				
	Drincipal accu		Employor (Soo Instructions	<u> </u>		
		pation / Job title (See Instructions) er for Senator Drew Springer	Employer (See Instructions State of Texas	7		
	Alea Manay	er for Senator Diew Springer	State of Texas			

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2	2 FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Denton Cour	nty Republican Lincoln Cabinet			00087637	
4	Date	5 Full name of contributor out-of-state PAC (ID#:))	7	Amount of Contribution (\$)	
	12/06/2023	Powers, Tim				\$6,000.00
	ł	6 Contributor address; City; State; Zip Code				
	ļ	1	ļ			
		Denton, TX 76201				
8		pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Attorney		Law Offices of Tim Powe	/ers		
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	08/28/2023	Robson Ranch Republican Club				\$2,800.00
	ł	Contributor address; City; State; Zip Code		1		
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		Denton, TX 76207				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
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	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/05/2023	Robson Ranch Republican Club				\$1,400.00
	1	Contributor address; City; State; Zip Code]		
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	Dringing age	Denton, TX 76207		<u> </u>		
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	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u>ቀ1 400 00</u>
	09/12/2023	Robson Ranch Republican Club	ļ			\$1,400.00
	ļ	Contributor address; City; State; Zip Code				
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	ł	Denton, TX 76207				
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⊢	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	09/12/2023	Robson Ranch Republican Club	,		Allount of Continential (+)	\$2,800.00
		Contributor address; City; State; Zip Code		-		- ,
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	ł	Denton, TX 76207				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	s)		
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2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		nty Republican Lincoln Cabinet			00087637	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	09/20/2023	Robson Ranch Republican Club				\$1,400.00
		6 Contributor address; City; State; Zip Code				
		Denton, TX 76207				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	12/31/2023	Shipman, Sherry				\$625.00
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	I	Denton, TX 76205				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>∟</u> ら)		
	Judge		State of Texas			
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	11/14/2023	Shugart, Keith	/			\$625.00
	11/17/2020	-				Ψ020.00
	I	Contributor address; City; State; Zip Code				
	I	1				
	I	Denton, TX 76201				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Business Ex		Legacy Airline	'n		
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	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷= === ==
	07/13/2023	Springer, Drew				\$2,500.00
	I	Contributor address; City; State; Zip Code				
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L		Muenster, TX 76252		Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions)	;)		
L	Finance		Springer Financial			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/13/2023	Tracy Murphree Campaign				\$1,750.00
	I	Contributor address; City; State; Zip Code		1		
	I	1				
	I	1				
	I	Sanger , TX 76266				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
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The Inst	ruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 24/26 Rpt: 27/53	
2 FILER NAI			3 Filer ID (Ethics Commission I	Filers)
	ounty Republican Lincoln Cabinet		00087637	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
07/09/202				\$209.00
	6 Contributor address; City; State; Zip Code			
	Carrollton, TX 75007			
	ccupation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Consultar	.t	Self		
Date)	Amount of Contribution (\$)	
08/10/202				\$209.00
	Contributor address; City; State; Zip Code			
-	Carrollton, TX 75007			
	ccupation / Job title (See Instructions)	Employer (See Instructions	;)	
Consultar		Self		
Date)	Amount of Contribution (\$)	
09/11/202	23 Washington, Tom			\$209.00
	Contributor address; City; State; Zip Code			
	Carrollton, TX 75007			
Dringinglig		Employer (See Instructions		
Consultar	ccupation / Job title (See Instructions)	Employer (See Instructions Self	<i>i)</i>	
			1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	****
10/11/202				\$209.00
	Contributor address; City; State; Zip Code			
	Carrollton, TX 75007			
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Consultar		Self	')	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
11/09/202)		\$209.00
11/00/201				Ψ200.00
	Contributor address; City; State; Zip Code			
	Carrollton, TX 75007			
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Consultar		Self	,	

	The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/26 Rpt: 28/53	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Denton Cour	inty Republican Lincoln Cabinet			00087637	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	12/12/2023	Washington, Tom				\$209.00
		6 Contributor address; City; State; Zip Code		1		
		Carrollton, TX 75007				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	Consultant		Self	.,		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/27/2023	Wheeler, Alan				\$209.00
		Contributor address; City; State; Zip Code		1		
		Lantana, TX 76226		Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Judge		Denton County	, –		
	Date	Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)	÷222.00
	07/06/2023	Woodard, Jordan				\$209.00
		Contributor address; City; State; Zip Code				
		Providence Village, TX 76227				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Court Clerk		Denton County	_		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	08/04/2023	Woodard, Jordan				\$209.00
		Contributor address; City; State; Zip Code		1		
		Providence Village, TX 76227				
⊢	Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
	Court Clerk		Denton County	"		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	09/06/2023	Woodard, Jordan				\$209.00
		Contributor address; City; State; Zip Code		1		
L		Providence Village, TX 76227				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Court Clerk		Denton County			

The Instru	The Instruction Guide explains how to complete this form.				
2 FILER NAME Denton Cou	2 FILER NAME Denton County Republican Lincoln Cabinet			Filer ID (Ethics Commission 00087637	n Filers)
4 Date 10/05/2023	5 Full name of contributor out-of-state PAC (ID#: Woodard, Jordan		7	Amount of Contribution (\$)	\$209.00
	6 Contributor address; City; State; Zip Code				
	Providence Village, TX 76227 upation / Job title (See Instructions)	9 Employer (See Instructions	-\		
Court Clerk	ipation / Job title (See instructions)	Denton County	<i>•</i>)		
Date 11/10/2023				Amount of Contribution (\$)	\$209.00
Dringinglagg	Providence Village, TX 76227		Ĺ		
Principal occu Court Clerk	upation / Job title (See Instructions)	Employer (See Instructions Denton County	3)		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
12/06/2023	Woodard, Jordan				\$209.00
Drippingl occl	Providence Village, TX 76227 upation / Job title (See Instructions)	Employer (See Instructions			
Court Clerk		Denton County	<i>.</i> ,		
Date 08/08/2023	Full name of contributor out-of-state PAC (ID#: Zilinsky, Peggy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Denton, TX 76207				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	ve Assistant	Town of Argyle	.,		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense L Fees C Food/Beverage Expense P Gft/Awards/Memorials Expense P	ban Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/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: 1/24 Rpt: 30/53	Denton County Republican Lincoln Cabir		00087637
4 Date	5 Payee name		
07/09/2023	Anedot		
6 Amount (\$)	7 Payee address; City; State; 2	Zip Code	
\$25.98	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedu		
OF EXPENDITURE	Accounting/Banking		ide of Texas. Complete Schedule T.
			, officeholder living expense
		Bank fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		ce sought	Office held
Date	Payee name		
10/11/2023	Anedot		
Amount (\$)	Payee address; City; State; Z	Zip Code	
\$17.32	1340 Poydras Street Suite 1770		
ψ11.52			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Accounting/Banking	Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ce sought	Office held
Date	Payee name		
11/19/2023	Anedot		
		Zin Codo	
Amount (\$)	, , ,	Zip Code	
\$17.32	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedu	le) (b) Description	
OF EXPENDITURE	Accounting/Banking		ide of Texas. Complete Schedule T.
			, officeholder living expense
		Bank fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ce sought	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repa Fees Office Over Food/Beverage Expense Polling Exp y - Gift/Awards/Memorials Expense Printing Ex	yment/Reinbursement Solicitation/Fundraising Expense head/Rental Expense Transportation Equipment & Related Expense ense Travel in District pense Travel Out of District ages/Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 2/24 Rpt: 31/53	Denton County Republican Lincoln Cabinet	00087637		
4 Date	5 Payee name			
12/31/2023	Anedot			
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le		
\$8.66	1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	G (Contragence many of the contract)	(b) Description		
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank fees		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ht Office held		
Date	Payee name			
07/07/2023	Anedot			
Amount (\$)	Payee address; City; State; Zip Cod	le		
\$80.30	1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H	ht Office held		
Date	Payee name			
07/06/2023	Anedot			
Amount (\$)	Payee address; City; State; Zip Cod	le		
\$8.66	1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H	ht Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repay Fees Office Overh Food/Beverage Expense Polling Expe y - Gift/Awards/Memorials Expense Printing Exp	ment/Reimbursement Solicitation/Fundraising Expense ead/Rental Expense Transportation Equipment & Related Expense nse Travel in District ense Travel Out of District ges/Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 3/24 Rpt: 32/53	Denton County Republican Lincoln Cabinet	00087637		
4 Date	5 Payee name			
07/06/2023	Anedot			
6 Amount (\$)	7 Payee address; City; State; Zip Code	9		
\$8.66	1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE OF		Description		
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank fees		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	nt Office held		
Date	Payee name			
07/13/2023	Anedot			
Amount (\$)	Payee address; City; State; Zip Code	9		
\$100.30	1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (I Accounting/Banking	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank fees 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	nt Office held		
Date	Payee name			
07/18/2023	Anedot			
Amount (\$)	Payee address; City; State; Zip Code	2		
\$8.66	1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (I Accounting/Banking	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank fees 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	t Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 4/24 Rpt: 33/53	Denton County Republican Lincoln Cabinet 00087637		
4 Date 07/17/2023	5 Payee name Anedot		
6 Amount (\$) \$8.66	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
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 Bank fees 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
07/19/2023	Anedot		
Amount (\$) \$17.32	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
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 Bank fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
07/27/2023	Anedot		
Amount (\$) \$8.66	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
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 Bank fees 		
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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense	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)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 5/24 Rpt: 34/53	Denton County Republican Lincoln Cat		00087637
4 Date	5 Payee name		
07/31/2023	Anedot		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$25.98	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this sche		
OF EXPENDITURE	Accounting/Banking		side of Texas. Complete Schedule T.
-			K, officeholder living expense
		Bank fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ffice sought	Office held
Date	Payee name		
08/02/2023	Anedot		
Amount (\$)	Payee address; City; State;	Zip Code	
\$8.66			
ΦΟ.00	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Accounting/Banking	Check if travel out	side of Texas. Complete Schedule T. K, officeholder living expense
	Condidate/Office.belder.com	ffice coucht	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ffice sought	Office held
Date	Payee name		
08/04/2023	Anedot		
Amount (\$)	Payee address; City; State;	Zip Code	
\$17.32	1340 Poydras Street Suite 1770		
φ17.52	1340 Foyulas Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
OF EXPENDITURE	Accounting/Banking		side of Texas. Complete Schedule T.
			K, officeholder living expense
		Bank fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ffice sought	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	bayment/Reimbursement Solicitation/Fundraising Expense erhead/Rental Expense Transportation Equipment & Related Expense cpense Travel in District ixpense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 6/24 Rpt: 35/53	Denton County Republican Lincoln Cabinet	00087637	
4 Date	5 Payee name		
08/10/2023	Anedot		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$17.32	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
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 Bank fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	Ight Office held	
Date	Payee name		
08/14/2023	Anedot		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$8.66	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
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 Bank fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ight Office held	
Date	Payee name		
08/16/2023	Anedot		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$8.66	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
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 Bank fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	Ight Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Expense Printing Expense Printing Expense Printing Expense Office Ov	ayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense prense Travel in District xpense Travel Out of District Vages/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)	
Sch: 7/24 Rpt: 36/53	Denton County Republican Lincoln Cabinet	00087637	
4 Date	5 Payee name		
08/24/2023	Anedot		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$8.66	1340 Poydras Street Suite 1770		
φ0.00			
Expenditure from			
corporate funds	New Orleans, LA 70112		
8 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.	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
		Bank fees	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	aht Office held	
expenditure to benefit C/OI		ight Office field	
Date	Payee name		
08/22/2023	Anedot		
Amount (\$)	Payee address; City; State; Zip Co	ado.	
.,		Jue	
\$17.32	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
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	
		Bank fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ight Office held	
Date	Payee name		
08/30/2023	Anedot		
Amount (۴)	Davios addross: Citure States Zin O	ado.	
Amount (\$)	Payee address; City; State; Zip Co		
\$8.66	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide e	Loan Repa Office Ove Polling Exp nse Printing Ex Salaries/W	ment/Reimbursement head/Rental Expense ense jense 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
1 Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID (Ethics Commission File	ers)
Sch: 8/24 Rpt: 37/53		ounty Republican Linc	oln Cabinet		00087637	,
4 Date	5 Payee nam	Payee name				
08/30/2023	Anedot					
6 Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	le		
\$25.98	1340 Poyo	Iras Street Suite 1770)			
Expenditure from corporate funds	New Orlea	ns, LA 70112				
8 PURPOSE OF EXPENDITURE	(a) Category (Accounting	See Categories listed at the top g/Banking	of this schedule)		l outside of Texas. Complete Schedule T.	
				Bank fees	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ht	Office held	
Date	Payee nam	9				
09/01/2023	Anedot					
Amount (\$)	Payee addr	ess; City;	State; Zip Co	le		
\$8.66	-	Iras Street Suite 1770)			
Expenditure from corporate funds	New Orlea	ns, LA 70112				
PURPOSE OF EXPENDITURE	(a) Category (Accounting	See Categories listed at the top g/Banking	of this schedule)		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ht	Office held	
Date	Payee nam	9				
09/06/2023	Anedot	-				
Amount (\$) \$8.66	Payee addr 1340 Povo	ess; City; Iras Street Suite 1770	State; Zip Co	le		
Expenditure from corporate funds		ins, LA 70112				
PURPOSE OF EXPENDITURE	(a) Category (Accounting	See Categories listed at the top g/Banking	of this schedule)		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	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	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I	bayment/Reimbursement Solicitation/Fundraising Expense rerhead/Rental Expense Transportation Equipment & Related Expense xpense Travel in District Expense Travel Qut of District Wages/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 9/24 Rpt: 38/53	Denton County Republican Lincoln Cabinet	00087637	
4 Date	5 Payee name		
09/06/2023	Anedot		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$8.66	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught Office held	
Date	Payee name		
09/11/2023	Anedot		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$17.32	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
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 Bank fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught Office held	
Date	Pavee name		
09/13/2023	Anedot		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$117.62	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
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 Bank fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 10/24 Rpt: 39/53	Denton County Republican Lincoln Cabinet 00087637			
4 Date 09/13/2023	5 Payee name Anedot			
6 Amount (\$) \$8.66	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
09/19/2023	Anedot			
Amount (\$) \$33.96	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
09/20/2023	Anedot			
Amount (\$) \$17.32	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 11/24 Rpt: 40/53	Denton County Republican Lincoln Cabinet 00087637			
4 Date 09/27/2023	5 Payee name Anedot			
6 Amount (\$) \$8.66	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
09/29/2023	Anedot			
Amount (\$)	Payee address; City; State; Zip Code			
\$25.98	1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
10/03/2023	Anedot			
Amount (\$)	Payee address; City; State; Zip Code			
\$8.66	1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 12/24 Rpt: 41/53	Denton County Republican Lincoln Cabinet 00087637			
4 Date 10/04/2023	5 Payee name Anedot			
6 Amount (\$) \$8.66	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/05/2023	Anedot			
Amount (\$) \$8.66	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/10/2023	Anedot			
Amount (\$)	Payee address; City; State; Zip Code			
\$100.30	1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees 			
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 B Candidate/Officeholder/Politic Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 13/24 Rpt: 42/53	Denton County Republican Lincoln Cabinet 00087637			
4 Date 10/11/2023	5 Payee name Anedot			
6 Amount (\$) \$17.32	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770			
corporate funds	New Orleans, LA 70112			
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 Bank fees 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/13/2023	Anedot			
Amount (\$) \$33.96	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/18/2023	Anedot			
Amount (\$) \$8.66	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees 			
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 Fees Food/Beverage I - Gift/Awards/Men Committee Legal Services	Loan Repa Office Ove Expense Polling Exp norials Expense Printing Ex	yment/Reimbursement rhead/Rental Expense ense 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: 14/24 Rpt: 43/53	Denton County Republ	ican Lincoln Cabinet		00087637	
4 Date	5 Payee name				
10/19/2023	Anedot				
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de		
\$17.32	1340 Poydras Street S	uite 1770			
Expenditure from corporate funds	New Orleans, LA 7011	i			
8 PURPOSE OF	(a) Category (See Categories list	ed at the top of this schedule)	(b) Description		
EXPENDITURE	Accounting/Banking			utside of Texas. Complete Schedule T.	
			Bank fees	TX, officeholder living expense	
			Dalik 1885		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nan I	ne Office sou	ght	Office held	
Date	Payee name				
10/24/2023	Anedot				
Amount (\$)	Payee address; City;	State; Zip Co	le		
\$8.66		· ·			
φ0.00	1340 Poydras Street Suite 1770				
Expenditure from corporate funds	New Orleans, LA 7011	2			
PURPOSE OF EXPENDITURE	(a) Category (See Categories list Accounting/Banking	ed at the top of this schedule)		utside of Texas. Complete Schedule T.	
			Bank fees	TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nan	ne Office sou	ght	Office held	
Date	Payee name				
10/27/2023	Anedot				
Amount (\$)	Payee address; City;	State; Zip Co	de		
\$8.66	1340 Poydras Street S	uite 1770			
Expenditure from corporate funds	New Orleans, LA 7011	2			
PURPOSE	(a) Category (See Categories list	ed at the top of this schedule)	(b) Description		
OF	Accounting/Banking			utside of Texas. Complete Schedule T.	
EXPENDITURE	5 5			TX, officeholder living expense	
			Bank fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nan	ne Office sou	ght	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Loan Repa Office Ove Polling Exp se Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense 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 NAM	E			3 Filer ID (Ethics Commission Filers)
Sch: 15/24 Rpt: 44/53		ounty Republican Linco	oln Cabinet		00087637
4 Date	5 Payee name	9			
10/31/2023	Anedot	Anedot			
6 Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	le	
\$25.98	1340 Poyc	Iras Street Suite 1770			
Expenditure from corporate funds	New Orlea	ns, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top o	of this schedule)	(b) Description	
OF EXPENDITURE	Accounting	g/Banking			outside of Texas. Complete Schedule T.
_/					n, TX, officeholder living expense
				Bank fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ht	Office held
Date	Payee name	9			
10/01/2023	Anedot				
Amount (\$)	Payee addr	ess; City;	State; Zip Co	le le	
\$8.66	-		• •		
φ0.00	1340 Poydras Street Suite 1770				
Expenditure from corporate funds	New Orlea	ns, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (Accounting	See Categories listed at the top o J/Banking	of this schedule)		outside of Texas. Complete Schedule T. I, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	lht	Office held
Date	Payee name	9			
11/15/2023	Anedot				
		Cit u	Chatas Zin Ca	1.0	
Amount (\$)	Payee addr		State; Zip Co	ie	
\$8.66	1340 Poyc	Iras Street Suite 1770			
Expenditure from corporate funds	New Orlea	ns, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top o	of this schedule)	(b) Description	
OF EXPENDITURE	Accounting			Check if travel	outside of Texas. Complete Schedule T.
					I, TX, officeholder living expense
				Bank fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ht	Office held

	EXPENDITURE CATEGORIES FOR	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex Gitt/Awards/Memorials Expense Printing E	xpense Travel Out of District Vages/Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 16/24 Rpt: 45/53	Denton County Republican Lincoln Cabinet	00087637		
4 Date 11/16/2023	Payee name Anedot			
6 Amount (\$) \$8.66	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held		
Date	Payee name			
11/10/2023	Anedot			
Amount (\$) \$17.32	Payee address; City; State; Zip Co 1340 Poydras Street Suite 1770	de		
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held		
Date	Payee name			
11/09/2023	Anedot			
Amount (\$) \$17.32	Payee address; City; State; Zip Co 1340 Poydras Street Suite 1770	de		
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repay Office Over Polling Expe Printing Exp Salaries/Wa	ment/Reimbursement lead/Rental Expense inse ense ges/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 NAM	1E			3 Filer ID (Ethics Commission Filers)
Sch: 17/24 Rpt: 46/53	Denton Co	ounty Republican Lincoln (Cabinet		00087637
4 Date	5 Payee nam	Payee name			
11/22/2023	Anedot	-			
6 Amount (\$)	7 Payee addr	ess; City; Sta	ate; Zip Cod	е	
\$8.66	1340 Poyo	lras Street Suite 1770			
Expenditure from corporate funds	New Orlea	ans, LA 70112			
8 PURPOSE	(a) Category	See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE	Accountin	g/Banking			outside of Texas. Complete Schedule T.
-				Bank fees	n, TX, officeholder living expense
				Ballk lees	
			011		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office soug	nt	Office held
Date	Payee nam	е			
11/27/2023	Anedot				
Amount (\$)	Payee addr	ess; City; Sta	ate; Zip Cod	٩	
\$8.66	-	Iras Street Suite 1770	, <u>Lip</u> 000	0	
φ0.00	1340 P 0y0				
Expenditure from corporate funds	New Orlea	ans, LA 70112			
PURPOSE	(a) Category	See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense				
				Bank fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		fficeholder name	Office soug	nt	Office held
Date	Payee nam	e			
12/04/2023	Anedot				
Amount (\$)	Payee addr	ess; City; Sta	ate; Zip Cod	<u></u>	
\$8.66		Iras Street Suite 1770	αιε, Ζιρ Ουυ	6	
φ0.00	1340 POyt				
Expenditure from corporate funds	New Orlea	ans, LA 70112			
PURPOSE	(a) Category	See Categories listed at the top of this	schedule) (b) Description	
OF EXPENDITURE	Accountin				outside of Texas. Complete Schedule T.
					n, TX, officeholder living expense
				Bank fees	
Complete ONLY if direct		fficeholder name	Office soug	nt	Office held
expenditure to benefit C/O					

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printin	Repayment/Reinbursement Solicitation/Fundraising Expense Overhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District gExpense Travel Out of District usrWages/Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 18/24 Rpt: 47/53	Denton County Republican Lincoln Cabinet	00087637		
4 Date	5 Payee name			
11/30/2023	Anedot			
6 Amount (\$) \$8.66	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770			
corporate funds	New Orleans, LA 70112			
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 Bank fees		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	ought Office held		
Date	Payee name			
11/29/2023	Anedot			
Amount (\$) \$17.32	Payee address; City; State; Zip 1340 Poydras Street Suite 1770	Code		
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	ought Office held		
Date	Payee name			
12/20/2023	Anedot			
Amount (\$)	Payee address; City; State; Zip	Code		
\$17.32	1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	ought Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 19/24 Rpt: 48/53	Denton County Republican Lincoln Cabinet 00087637			
4 Date 12/06/2023	5 Payee name Anedot			
6 Amount (\$) \$17.32	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
12/22/2023	Anedot			
Amount (\$) \$8.66	Payee address;City;State;Zip Code1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
12/28/2023	Anedot			
Amount (\$) \$17.32	Payee address;City;State; Zip Code1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees 			
Complete ONLY 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 B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising f Fees Office Overhead/Rental Expense Transportation Equipment Food/Beverage Expense Polling Expense Travel in District By - Gift/Awards/Memorials Expense Travel Out of District	ent & Related Expense				
1 Total pages Schedule F1:	L: 2 FILER NAME 3 Filer ID (Ethic	cs Commission Filers)				
Sch: 20/24 Rpt: 49/53	B Denton County Republican Lincoln Cabinet 00087637					
4 Date	5 Payee name					
12/12/2023	Anedot					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$17.32	2 1340 Poydras Street Suite 1770	1340 Poydras Street Suite 1770				
Expenditure from corporate funds	New Orleans, LA 70112					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Sc Check if Austin, TX, officeholder living expens Bank fees					
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name					
12/18/2023	Anedot					
Amount (\$)	Payee address; City; State; Zip Code					
\$33.96						
Expenditure from corporate funds	New Orleans, LA 70112					
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 Sc Check if Austin, TX, officeholder living expense Bank fees					
Complete <u>ONLY</u> if direct expenditure to benefit C/C	•					
Date	Payee name					
12/14/2023	Anedot					
Amount (\$)	Payee address; City; State; Zip Code					
\$8.66	5 1340 Poydras Street Suite 1770					
Expenditure from corporate funds	New Orleans, LA 70112					
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 Sc Check if Austin, TX, officeholder living expense Bank fees 					
Complete <u>ONLY</u> if direct expenditure to benefit C/C						

	EXPENDITURE CATEGORIES FO	R BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense cpense 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 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 21/24 Rpt: 50/53	Denton County Republican Lincoln Cabinet		00087637	
4 Date	5 Payee name	I		
12/31/2023	Anedot			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$8.66	1340 Poydras Street Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
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 Bank fees		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sou	ight	Office held	
Date	Payee name			
12/05/2023	Embassy Suites by Hilton Denton Convention	Center		
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$25,000.00	3100 Town Center Trail			
Expenditure from corporate funds	Denton, TX 76201			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	Check if Austin, TX,	de of Texas. Complete Schedule T. officeholder living expense deposit for annual gala event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held			
Date	Payee name			
09/12/2023	Embassy Suites by Hilton Denton Convention	Center		
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$9,000.00	3100 Town Center Trail			
Expenditure from corporate funds	Denton, TX 76201			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	Check if Austin, TX,	de of Texas. Complete Schedule T. officeholder living expense deposit for annual gala event	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ight	Office held	

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

11/20/2023

Expenditure from

corporate funds PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

6 Amount (\$)

Sch: 22/24 Rpt: 51/53

\$1,326.60

\$2,947.50

1

8

9

Date

Date

08/28/2023

Amount (\$)

Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

07/03/2023

Amount (\$)

Expenditure from

OF

EXPENDITURE

Complete ONLY if direct

corporate funds PURPOSE

4 Date

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Denton County Republican Lincoln Cabinet 00087637 5 Payee name Genuine Texas Hospitality LLC dba Circle R Ranch Payee address; City; State; Zip Code 7 5901 Cross Timbers Road Flower Mound, TX 75022 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Event Expense Check if Austin, TX, officeholder living expense Facility fee and refreshments for Lincoln Cabinet Members meeting. Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Murad Auction Group LLC Payee address; City; State; Zip Code PO Box 831902 Richardson, TX 75083 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Event Expense Check if Austin, TX, officeholder living expense Software subscription for event management software Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name North Texas Print Solutions Payee address; City: State; Zip Code 2077 Switzer Rd Sanger, TX 76266 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundraising Expense Check if Austin, TX, officeholder living expense

\$115.81

Save the Date flyers to promote Lincoln Cabinet

	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 Tatal pages Sabadula E1:	· · · · · · · · · · · · · · · · · · ·	Eller ID (Ethics Commission Eilors)		
1 Total pages Schedule F1: Sch: 23/24 Rpt: 52/53	Denton County Republican Lincoln Cabinet	Filer ID (Ethics Commission Filers) 00087637		
4 Date 11/13/2023	5 Payee name North Texas Print Solutions			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$41.44	2077 Switzer Rd			
Expenditure from corporate funds	Sanger, TX 76266			
8 PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. 'X, officeholder living expense igns to promote Lincoln Cabinet		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
12/29/2023	Premiere Speakers Bureau			
Amount (\$)	Payee address; City; State; Zip Code			
\$7,500.00	109 International Drive, Ste. 300			
Expenditure from corporate funds	Franklin, TX 37064			
PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. "X, officeholder living expense o reserve Riley Gaines as a speaker for et annual gala.		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
12/31/2023	Stripe Payments Company			
Amount (\$)	Payee address; City; State; Zip Code			
\$11.80	354 Oyster Point Blvd S			
Expenditure from corporate funds	San Francisco, TX 94080			
PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	CORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Ins 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 NAME		3 Filer ID (Ethics Commission Filers)			
Sch: 24/24 Rpt: 53/53	Denton County Republican Lincoln	Cabinet	00087637			
4 Date	5 Payee name					
09/27/2023	Stripe Payments Company					
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code				
\$0.42	354 Oyster Point Blvd S					
Expenditure from corporate funds	San Francisco, TX 94080					
8 PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description				
OF EXPENDITURE	Accounting/Banking		outside of Texas. Complete Schedule T.			
			ı, TX, officeholder living expense			
		Bank fees				
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held			
expenditure to benefit C/O	Н	-				
Date	Payee name					
10/06/2023	Stripe Payments Company					
Amount (\$)	Payee address; City; Sta	ate; Zip Code				
\$210.00	354 Oyster Point Blvd S					
Expenditure from	San Francisco, TX 94080					
Corporate funds						
PURPOSE OF	(a) Category (See Categories listed at the top of this		outside of Texas, Complete Schedule T			
EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Bank fees				
Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sought	Office held			
expenditure to benefit C/O		embe bought				