FORM CEC COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 18 00015765 3 COMMITTEE NAME **OFFICE USE ONLY** Montgomery County Republican Party of Texas (CEC) Date Received **ELECTRONICALLY FILED** 01/15/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 115 wild garden court Date Hand-delivered or Date Postmarked Change of Address conroe, TX 77304 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Michael NAME NICKNAME LAST **SUFFIX** Medved STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 115 Wild Garden Ct. STREET **ADDRESS** (Residence or Business) Conroe, TX 77304 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 115 Wild Garden Ct. MAILING **ADDRESS** Conroe, TX 77304 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (936) 524-3060 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** X Other Month Day Year Primary Runoff General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Montgomery County R	epublican Party of Te	xas (CEC)		00015765	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
L5 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ED POLITICAL CONTRIBUTION S, OR GUARANTEES OF LOAN MADE ELECTRONICALLY) ort qualifies for the higher itemization	S, ÒR	\$	1,857.81
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARAN	ITEES OF LOANS)	\$	6,729.65
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURE:	S	\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES		\$	2,698.90
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	_ CONTRIBUTIONS MAINTAINE NG PERIOD	ED AS OF THE LAST I	DAY \$	1,035.53
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTAND E REPORTING PERIOD	DING LOANS AS OF T	HE \$	0.00
.6 AFFIDAVIT	1			l	
			and includes all inforn		accompanying report is d to be reported by me
			Mr. Micha	el Medved	
			Signature of Can		rer
AFFIX NOTARY	Y STAMP / SEAL ABOV	≣			
Sworn to and subscribed	d before me, by the said		, th	is the	day
of	, 20, to certi	y which, witness my hand and se	eal of office.		
Signature of officer ac	dministering oath	Printed name of officer admin	istering oath	Title of offic	cer administering oath

SUBTOTALS - CEC

FORM CEC COVER SHEET PG 3

					3 of 18				
17 COMMITTEE NAME 18 Filer ID (Ethics Commiss									
М	ontgome	00015765							
19 SC	HEDULI	E SUBTOTALS			SUBTOTAL AMOUNT				
NA	ME OF	SCHEDULE			SUBTUTAL AMOUNT				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,829.65				
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,900.00				
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.		SCHEDULE E: LOANS		\$					
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	2,698.90				
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$					
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
10	. 🔲	\$							

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	1	otal pages Schedule A1: ch: 1/1 Rpt: 4/18		
2	FILER NAME Montgomery	/ County Republican Party of Texas (CEC)	1	ler ID (Ethics Commission 0015765	n Filers)	
4	Date 07/17/2023	 Full name of contributor		7 Ai	mount of Contribution (\$)	\$206.46
	Dringing agg	Conroe, TX 77302	9 Employer (See Instructional			
8	self employe	upation / Job title (See Instructions) ed	9 Employer (See Instruction:	is)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/01/2023 Spinks, Lisa Contributor address; City; State; Zip Code				mount of Contribution (\$)	\$515.38
		Willis, TX 77318				
	Principal occurretired	upation / Job title (See Instructions)	Employer (See Instruction:	ıs)		
	Date 09/15/2023	Full name of contributor ut-of-state PAC (ID# Tammy McRae Tax Campaign Contributor address; City; State; Zip Code	f:)		mount of Contribution (\$)	\$250.00
	Principal occu	Conroe, TX 77385 upation / Job title (See Instructions)	Employer (See Instruction	 s)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/18 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Montgomery County Republican Party of Texas (CEC) 00015765 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 8 In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 12/31/2023 Montgomery County Republican Club \$3,900.00 Use of Office (including 7 Contributor address; City; State; Zip Code maintenance & utilities: electric, water, internet) for 7/1-12/31/2023 Conroe, TX 77301 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/13 Rpt: 6/18	Montgomery County Republican Party of Texas (CEC) 00015765
4	Date	5 Payee name
	07/07/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$286.61	410 Terry Avenue N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Decorations and Supplies for the parade float
		Decorations and Supplies for the parade float
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/09/2023	Calendarwiz
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.00	45 Lafayette road Suite 312
		North Hampton, NH 03862
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Calendar Fees
		Event Calendar Fees
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	08/09/2023	Calendarwiz
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.00	45 Lafayette road Suite 312
	Ψ3.00	45 Larayette Todd Suite 312
		North Hampton, NH 03862
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event Calendar Fees
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	<u> </u>
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 2/13 Rpt: 7/18	Montgomery County Republican Party of Texas (CEC) 00015765
4	Date	5 Payee name
	09/09/2023	Calendarwiz
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.00	45 Lafayette road Suite 312
		North Hampton, NH 03862
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Calendar Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Payee name
	10/09/2023	Calendarwiz
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.00	45 Lafayette road Suite 312
	Ψ3.00	40 Landy one 10dd Gaille 012
		North Hampton, NH 03862
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Calendar Fees
		270/10 Galerida 1 666
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Payee name
	11/09/2023	Calendarwiz
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.00	45 Lafayette road Suite 312
		North Hampton, NH 03862
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Calendar Fees
		Everit Caleflual Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/13 Rpt: 8/18	Montgomery County Republican Party of Texas (CEC)	00015765
4	Date	5 Payee name	
	12/09/2023	Calendarwiz	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.00	45 Lafayette road Suite 312	
		North Hampton, NH 02962	
_	BUBBOOF	North Hampton, NH 03862	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if trave	el outside of Texas. Complete Schedule T.
	EXPENDITURE		tin, TX, officeholder living expense
		Event Caler	ndar Fees
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	09/22/2023	Christ, Bryan (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$474.63	921 Austin street	
		conroe, TX 77301	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	al autaida of Tayaa Complete Cabadula T
	EXPENDITURE	Loan Repayment Relimbulsement	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
			SepOct22Bills:Google25.2,Calendarwiz18
		.00,Mailchin	mp84.10,Consolidated247.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	н	
	Date	Payee name	
	10/24/2023	Christ, Bryan (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$373.06	921 Austin Street	
		conroe, TX 77301	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Loui Repayment Relimbulsement	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
			NovDec22CECBills:Google50.4,Calendar
			himp184.10,Consolidated120.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Polling I nse Printing Salaries	Expens Expens Mages	se s/Contract Labor		Travel in Distric		
	·		The Instruction Guide	explains how to d	comple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	ΛE				3	Filer ID	(Ethics Commission Filer	rs)
	Sch: 4/13 Rpt: 9/18	Montgom	ery County Republica	n Party of Tex	as (C	EC)		00015765		
4	Date	5 Payee nam								
-	12/19/2023	l								
	12/19/2023	Christ, Br	yan (wii.)							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip C	Code					
	\$387.86	115 wild g	arden court							
		conroe, T	¥ 77204							
		comoe, n	X 11304							
8	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Loan Rep	ayment/Reimbursem	ent					nplete Schedule T.	
						ш		, officeholder livin		
									Google 25.2,	7.00
						Calendarwiz	9,1	ланспітр т	05.8,Consolidated247	.30
9	Complete ONLY if direct		fficeholder name	Office so	ought			Office h	eld	
	expenditure to benefit C/OI	4								
_	Date	Payee nam	IP.							
	07/26/2023	l	ted Communications							
	Amount (\$)	Payee add	•	State; Zip C	Code					
	\$50.00	350 S Loc	p 336W							
		Conroe, T	X 77304							
	PURPOSE				T _(b)	Description				
	OF	l	(See Categories listed at the top	of this schedule)	(5)	_ ·	outs	ide of Teyas, Cor	nplete Schedule T.	
	EXPENDITURE	Fees						, officeholder livin		
						Phone Service			· ,	
_	Complete ONLY if direct	Candidata/C	fficeholder name	Office so	l Numbt			Office h	ald	
	expenditure to benefit C/OI		ilicendidei name	Office Sc	Jugrit			Office fi	eiu	
		-								
	Date	Payee nam	ie							
	08/24/2023	Consolida	ted Communications							
	Amount (\$)	Payee add	ress; City;	State; Zip C	Code					
	\$25.00	350 S Loc		, ,						
	Ψ23.00	330 3 200	pp 330 v v							
		Conroe, T	X 77304							
	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b)	Description				
	OF	Fees		•		Check if travel	outs	ide of Texas. Cor	nplete Schedule T.	
	EXPENDITURE					Check if Austin	n, TX	, officeholder livin	g expense	
						Phone Service	се			
	Complete ONLY if direct	Candidate/C	fficeholder name	Office so	ought			Office h	eld	
	expenditure to benefit C/OI				-					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/13 Rpt: 10/18	Montgomery County Republican Party of Texas (CEC) 00015765
4	Date	5 Payee name
	11/14/2023	Consolidated Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	350 S Loop 336W
		Conroe, TX 77304
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Phone Service
		I have seened
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Data	D
	Date	Payee name Coordo
	07/02/2023	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.90	1600 Amphitheatre
		Parkway Moutain, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email System Fees
		Lilian System 1 ees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	08/01/2023	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.90	1600 Amphitheatre
		Parkway Moutain, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Email System Fees
	Complete ONLY if direct	Condidate/Office helder no rec
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	<u> </u>	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ttee I	Gift/Awards/Memor egal Services			/ages	/Contract Labor		Travel Out of Dis OTHER (enter a		ed above)
Ļ		l <u></u>		The Instruction	Guide explain	is now to co	пріє		_		/=:: o	
1	Total pages Schedule F1:	1					٠.	1	3	Filer ID	(Etnics Comi	nission Filers)
	Sch: 6/13 Rpt: 11/18	Mo	ontgomery	County Rep	ublican Part	y of Texas	s (C	EC)		00015765		
4	Date	5 Pa	yee name									
	09/02/2023	Go	oogle									
6	Amount (\$)	7 Pa	yee addres	s; City;	Stat	te; Zip Co	de					
	\$18.90	16	600 Amphit	heatre								
		Pa	arkway Mo	utain, CA 94	043							
8	PURPOSE	(a) Ca	ategory (See	Categories listed	at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE	Fe	ees					브		de of Texas. Com		
								_		officeholder living	expense	
								Email System	1 –	:63		
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>										
9	Complete ONLY if direct expenditure to benefit C/OH		ididate/Offic	eholder name		Office sou	gnt			Office he	eia	
	Date	Pa	ayee name									
	10/02/2023	Go	oogle									
	Amount (\$)	Pa	yee addres	s; City;	Stat	te; Zip Co	de					
	\$18.90	16	600 Amphit	heatre								
		Pa	arkway Mo	utain, CA 94	043							
	PURPOSE OF	(a) Ca	ategory (See	Categories listed	at the top of this s	chedule)	(b)	Description				
	EXPENDITURE	Fe	ees					=		de of Texas. Com		
								Email System		officeholder living	expense	
								Linaii System		,63		
_	Complete ONLY if direct	Can	didata/Offia	eholder name		Office cou	abt			Office he	vid.	
	Complete ONLY if direct expenditure to benefit C/OH		ididate/Onic	enoluei name		Office sou	ynı			Office fie	iu	
H	Date											
	11/02/2023	1	yee name									
			oogle									
	Amount (\$)		yee addres		Stat	te; Zip Co	de					
	\$18.90	16	600 Amphit	heatre								
		Pa	arkway Mo	utain, CA 94	043							
	PURPOSE	(a) Ca	ategory (See	Categories listed	at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE	Fe	ees	ŭ	·	,		ш		de of Texas. Com		
	EXPENDITURE									officeholder living	expense	
								Email System	ı Fe	ees		
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Offic	eholder name		Office sou	ght			Office he	eld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/13 Rpt: 12/18	Montgomery County Republican Party of Texas (CEC) 00015765
4	Date	5 Payee name
	12/02/2023	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.90	1600 Amphitheatre
		Parkway Moutain, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email System Fees
		,
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/10/2023	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.00	675 Ponce de Leon Ave NE
	\$73.00	
		Suite 5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Newsletter Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	08/10/2023	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.00	675 Ponce de Leon Ave NE
	Ψ13.00	
		Suite 5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Newsletter Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributing 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: 8/13 Rpt: 13/18	Montgomery County Republican Party of Texas (CEC) 00015765
4	Date	5 Payee name
	09/10/2023	MailChimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$73.00	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
8	PURPOSE	To.
°	OF	(a) Category (See Categories listed at the top of this schedule) FRES (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Newsletter Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/11/2023	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.00	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Newsletter Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/05/2023	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.56	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Newsletter Software
		Email Novoletter Coltivate
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 9/13 Rpt: 14/18	2 FILER NAME Montgomery County Republican Party of Texas (CEC) 3 Filer ID (Ethics Commission Filers) 00015765
4	Date	5 Payee name
	11/11/2023	MailChimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.80	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Fees (D) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email Newsletter Software
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/10/2023	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.18	675 Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Chock if travel outside of Taxes, Complete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email Newsletter Software
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/31/2023	PayPal
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.54	2211 N. 1st Street
	¥2210 ·	
		San Jose, CA 95131
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees on donations 7/1/2023 - 12/31/2023
		1-663 OH GOHALIOHS 1/1/2023 - 12/31/2023
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor		Legal Se		•		Wages	e /Contract Labor ete this form.		Travel Out of D OTHER (enter	istrict a category not listed abov	e)
1	Total pages Schedule F1:	2	FII FR NAME							3	Filer ID	(Ethics Commission	n Filers)
-	Sch: 10/13 Rpt: 15/18		Montgomery		nty Republ	ican Party	of Texa	s (C	EC)		00015765	(24,000 00,000,000	
4	Date	5	Payee name							<u> </u>			
	07/07/2023		South Coun	ty 4th	of July par	rade comn	nittee						
6	Amount (\$)	7	Payee address	SS;	City;	State	; Zip Co	ode					
	\$25.00		9320 Lakes	ide BL	VD								
			woodlands,	TX 77	381								
8	PURPOSE OF	(a)	Category (Se	ee Catego	ries listed at the	e top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Event Exper	nse					—		de of Texas. Cor officeholder livir	nplete Schedule T.	
									Entry fee for			ig expense	
									,		parado		
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholde	ar name		Office sou	ıaht			Office h	neld	
۱	expenditure to benefit C/OI		zarialdate/Oniv	ceriolae	i name	·	Jilioc 300	agrit			Office i	iciu	
	Date		Payee name										
	07/22/2023		Squarespac	e									
	Amount (\$)		Payee addres	SS;	City;	State	; Zip Co	ode					
	\$35.72		8 Clackson	Street									
			New York, N	NY 100)14								
	PURPOSE	(a)	Category (Se	ee Catego	ries listed at the	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees						=			nplete Schedule T.	
									Web Hosting		officeholder livir	ig expense	
									vvcb i losting	,			
	Complete ONLY if direct		Candidate/Offic	ceholde	er name	(Office sou	<u>l</u> uaht			Office h	eld	
	expenditure to benefit C/OI							3					
F	Date		Payee name										
	08/22/2023		Squarespac	e									
	Amount (\$)		Payee addres	SS;	City;	State	; Zip Co	ode					
	\$34.91		8 Clackson				•						
			New York, N	NY 100)14								
	PURPOSE	(a)	Category (Se	ee Catego	ries listed at the	e top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees						=			nplete Schedule T.	
									—		officeholder livir	ig expense	
									Web Hosting	j			
<u> </u>	Computate ONU V Station	Ļ	Sandidet-100	l - l - l			Office -	ا داده			Office 1	ماما	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenoide	er name	(Office sou	ugnt			Office h	ieiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/13 Rpt: 16/18	Montgomery County Republican Party of Texas (CEC) 00015765
4	Date	5 Payee name
	09/22/2023	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.91	8 Clackson Street
		New York, NY 10014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Web Hosting
		Web Hosting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	10/22/2023	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.91	8 Clackson Street
		New York, NY 10014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Web Hosting
		Web Hosting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	•
_		
	Date	Payee name
	12/22/2023	Squarespace
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.91	8 Clackson Street
		New York, NY 10014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Web Hosting
_	Complete ONLY if alice at	Candidate/Officeholder name Office sought
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/13 Rpt: 17/18	Montgomery County Republican Party of Texas (CEC) 00015765
4	Date	5 Payee name
	11/22/2023	Squarespace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.91	8 Clackson Street
		New York, NY 10014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Web Hosting
		The strict stric
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	12/20/2023	Walmart
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$17.99	1407 west Loop
	Ψ17.33	1401 West 200p
		Conroe, TX 77305
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		assorted office supplies
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	07/31/2023	Woodforest national Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	18535 1488 suite 110
L		Magnolia, TX 77354
	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 Fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, - I Coi	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ov Polling E Printing I Salaries/	verhea expens expens Wage	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 13/13 Rpt: 18/18		Montgomery County Republican Party	of Texa	as (C	CEC)		00015765
4	Date	5	Payee name					
	12/31/2023		Woodforest national Bank					
6	Amount (\$) \$5.00	7	Payee address; City; State 18535 1488 suite 110 Magnolia, TX 77354	e; Zip C	ode			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Accounting/Banking	hedule)	(b)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense e
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	ught			Office held