#### 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. 00029533 3 COMMITTEE NAME **OFFICE USE ONLY** Republican Party Of Ellis County, Local (CEC) Date Received **ELECTRONICALLY FILED** 01/15/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 2656 Date Hand-delivered or Date Postmarked Change of Address Waxahachie, TX 75168-8656 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Thomas M. NAME NICKNAME LAST **SUFFIX** Tom Manning STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5640 Red Sage Ct. STREET **ADDRESS** (Residence or Business) Midlothian, TX 76065 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 2656 MAILING **ADDRESS** Waxahachie, TX 75168-8656 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 325-7186 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** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

# COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

# FORM CEC COVER SHEET PG 2

| 12 COMMITTEE NAME   |  |   |            | 3 Filer ID (Ethics Commission Filers) |  |  |  |
|---|--|---|------------|---------------------------------------|--|--|--|
| Republican Party Of Ellis County, Local (CEC)                       |  |   |            | 33                                    |  |  |  |
| 14 COMMITTEE<br>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 (Describe by date and location of election and nature of issue.)       | A. Supported  B. Opposed  |            |                                       |  |  |  |
|   |  |   |            |                                       |  |  |  |
|   | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) |   |            |                                       |  |  |  |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOAN CONTRIBUTIONS  | ZED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR S MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold | \$         | 2,020.00                              |  |  |  |
|   |  | CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$         | 11,920.00                             |  |  |  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZ  | ZED POLITICAL EXPENDITURES  | \$         | 803.78                                |  |  |  |
|   | 4. TOTAL POLITIC   | CAL EXPENDITURES  | \$         | 9,430.73                              |  |  |  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICA<br>OF THE REPORT   | L CONTRIBUTIONS MAINTAINED AS OF THE LAST<br>IING PERIOD  | DAY \$     | 17,784.98                             |  |  |  |
| OUTSTANDING<br>LOAN TOTALS  |  | AL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD   | THE \$     | 0.00                                  |  |  |  |
| 16 AFFIDAVIT  | <u>'</u>   |   |            |                                       |  |  |  |
|   |  | I swear, or affirm, under penalty of pe<br>true and correct and includes all informunder Title 15, Election Code.                               |            |                                       |  |  |  |
|   |  | Mr. Thomas  | . NA Manni |                                       |  |  |  |
|   |  | Mr. Thomas<br>Signature of Car  |            |                                       |  |  |  |
| AFFIX NOTARY  | STAMP / SEAL ABOV  |   | <b>, 3</b> |                                       |  |  |  |
| Sworn to and subscribed   | before me, by the said   | , th  | nis the    | day                                   |  |  |  |
| of  | _, 20, to certi  | fy which, witness my hand and seal of office.   |            |                                       |  |  |  |
|   |  |   |            |                                       |  |  |  |
| Signature of officer ad   | ministering oath   | Printed name of officer administering oath  | Title of o | fficer administering oath             |  |  |  |
| <u> </u>  | <b>3</b> <del></del> -   |   |            | <del>J</del>                          |  |  |  |

#### **SUBTOTALS - CEC** FORM CEC **COVER SHEET PG 3** 17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers) Republican Party Of Ellis County, Local (CEC) 00029533 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 11,920.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 9,430.73 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 10. \$ TO FILER

| MONETARY POLITICAL CONTRIBUTIONS  |   |   |                        |                                    |          | SCHEDULE A1                                    |                  |  |  |
|---|---|---|------------------------|------------------------------------|----------|--|------------------|--|--|
|   | The Instruction Guide explains how to complete this form.                             |   |                        |                                    | 1        | Total pages Schedule A1:<br>Sch: 1/4 Rpt: 4/10 |                  |  |  |
| 2   | FILER NAME  |   |                        |                                    | 3        | Filer ID (Ethics Commission                    | on Filers)       |  |  |
|   | Republican I  | Party Of Ellis County, Local (C                       | CEC)                   |                                    |          | 00029533                                       |                  |  |  |
| 4   | Date 09/05/2023   | 5 Full name of contributor<br>Beaty, Lindy            | out-of-state PAC (ID#: | )                                  | 7        | Amount of Contribution (\$)                    | \$1,000.00       |  |  |
|   |   | 6 Contributor address; City; St  Waxahachie, TX 75165 | ate; Zip Code          |                                    |          |  |                  |  |  |
| •   | Dringinal occu  | pation / Job title (See Instructions                  | ) <u>la</u>            | Employer (See Instructions         | ,<br>    |  |                  |  |  |
| 0   | Attorney  | pation / Job title (See Instructions                  | 9                      | Beaty & Sipes Law PLL              |          |  |                  |  |  |
|   |   | T = "   |                        |                                    | _        |  |                  |  |  |
|   | Date  | Full name of contributor                              | out-of-state PAC (ID#: | )                                  |          | Amount of Contribution (\$)                    | ΦΕΩΩ ΩΩ          |  |  |
|   | 09/30/2023  | Birdwell, Brian (The Hono                             |                        |                                    |          |  | \$500.00         |  |  |
|   |   | Contributor address; City; St                         | ate; Zip Code          |                                    |          |  |                  |  |  |
|   |   | Granbury, TX 76048                                    |                        |                                    |          |  |                  |  |  |
|   |   | pation / Job title (See Instructions                  | (i)                    | Employer (See Instructions         | s)       |  |                  |  |  |
|   | State Senato  | or  |                        | State of Texas                     |          |  |                  |  |  |
|   | Date  | Full name of contributor                              | out-of-state PAC (ID#: | )                                  |          | Amount of Contribution (\$)                    |                  |  |  |
|   | 08/11/2023  | Buford, James   |                        |                                    |          |  | \$500.00         |  |  |
|   |   | Contributor address; City; St Palmer, TX 75152        | ate; Zip Code          |                                    |          |  |                  |  |  |
|   | Drincinal occu  | pation / Job title (See Instructions                  | )                      | Employer (See Instructions         | ·/<br>   |  |                  |  |  |
|   | Manager   | pation / Job title (See Instructions                  |                        | American Landmark                  | )        |  |                  |  |  |
|   |   |   |                        | 7 anerican Earlandia               | _        | A  |                  |  |  |
|   | Date  | Full name of contributor                              | out-of-state PAC (ID#: | )                                  |          | Amount of Contribution (\$)                    | <b>#1</b> 000 00 |  |  |
|   | 11/14/2023 Ellis County Young Republicans  Contributor address; City; State; Zip Code |   |                        |                                    |          |  | \$1,000.00       |  |  |
|   |   | Waxahachie, TX 75168                                  |                        |                                    |          |  |                  |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instruct |   |   |                        | Employer (See Instructions         | s)       |  |                  |  |  |
|   | Date  | Full name of contributor                              | out-of-state PAC (ID#: | )                                  |          | Amount of Contribution (\$)                    |                  |  |  |
|   | 12/31/2023  | Gardner, Edward                                       |                        |                                    |          |  | \$500.00         |  |  |
|   |   | Contributor address; City; St                         | ate; Zip Code          |                                    |          |  |                  |  |  |
|   |   | Midlothian, TX 76065                                  |                        |                                    | <u> </u> |  |                  |  |  |
|   | Principal occu<br>CEO   | pation / Job title (See Instructions                  | )                      | Employer (See Instructions MFR Inc | s)<br>   |  |                  |  |  |
|   |   |   |                        |                                    |          |  |                  |  |  |

| MONETARY POLITICAL CONTRIBUTIONS                     |  |  |          |   |  | SCHEDULE A1                                    |           |  |  |
|--|--|--|----------|---|--|--|-----------|--|--|
|  | The Instruction Guide explains how to complete this form.  |  |          |   | 1  | Total pages Schedule A1:<br>Sch: 2/4 Rpt: 5/10 |           |  |  |
| 2  | FILER NAME   | FILER NAME                               |          |   |  | Filer ID (Ethics Commission                    | n Filers) |  |  |
|  | -  | Party Of Ellis County, Local (CE         | EC)<br>= |   | L  | 00029533                                       |           |  |  |
| 4  | Date 5 Full name of contributor out-of-state PAC (ID#:)  08/11/2023 Grigsby, Sandy  6 Contributor address; City; State; Zip Code                     |  | 7        | Amount of Contribution (\$)             | \$200.00                                     |  |           |  |  |
|  |  | Midlothian, TX 76065                     |          |   |  |  |           |  |  |
| 8  | Principal occu<br>self   | pation / Job title (See Instructions)    | 9        | Employer (See Instructions self         | 5)   |  |           |  |  |
|  | Date<br>09/01/2023   |  |          |   | Amount of Contribution (\$)                  | \$200.00                                       |           |  |  |
|  |  | Waxahachie, TX 75165                     |          |   | <u>L</u>                                     |  |           |  |  |
|  |  |  |          | Employer (See Instructions Retired      | 5)   |  |           |  |  |
|  | Date Full name of contributor out-of-state PAC (ID#: 09/06/2023 Harrison, Ed  Contributor address; City; State; Zip Code                             |  | )        |   | Amount of Contribution (\$)                  | \$200.00                                       |           |  |  |
|  |  | Ovilla, TX 75154                         |          |   |  |  |           |  |  |
|  | Principal occu<br>Builder  | pation / Job title (See Instructions)    |          | Employer (See Instructions              | <u>.                                    </u> |  |           |  |  |
| Date Full name of contributor out-of-state PAC (ID#: |  | )  |          | Amount of Contribution (\$)             | \$200.00                                     |  |           |  |  |
|  | Principal occupation / Job title (See Instructions) Assistant DA   |  |          | Employer (See Instructions Ellis County | 5)   |  |           |  |  |
|  | Date   Full name of contributor   out-of-state PAC (ID#:)  Perry, Paul (Commissioner)  Contributor address; City; State; Zip Code  Milford, TX 76670 |  |          | Amount of Contribution (\$)             | \$500.00                                     |  |           |  |  |
|  | Principal occu<br>Commission   | pation / Job title (See Instructions) er |          | Employer (See Instructions Ellis County | s)   |  |           |  |  |
|  |  |  |          |   |  |  |           |  |  |

| MONETARY POLITICAL CONTRIBUTIONS   |  |  |                                    |  |                             | SCHEDULE A1                                    |            |  |  |
|--|--|--|------------------------------------|--|-----------------------------|--|------------|--|--|
|  | The Instruction Guide explains how to complete this form.  |  |                                    |  | 1                           | Total pages Schedule A1:<br>Sch: 3/4 Rpt: 6/10 |            |  |  |
| 2  | FILER NAME<br>Republican F   | Party Of Ellis County, Local (Cl                           | EC)                                |  | 3                           | Filer ID (Ethics Commission 00029533           | on Filers) |  |  |
| 4  | Date 08/31/2023  | 5 Full name of contributor out-of-state PAC (ID#:)         |                                    | 7  | Amount of Contribution (\$) | \$500.00                                       |            |  |  |
| •  | Principal occu   | Midlothian, TX 76065 pation / Job title (See Instructions) | l <sub>o</sub>                     | Employer (See Instructions                 | _                           |  |            |  |  |
| 0  | Justice of the   |  | 9                                  | Ellis County                               | ')                          |  |            |  |  |
|  | Date Full name of contributor out-of-state PAC (ID#:)  07/26/2023 Prentice, Danny  Contributor address; City; State; Zip Code                        |  |                                    | Amount of Contribution (\$)                | \$500.00                    |  |            |  |  |
|  | Dringing Lagra   | Grapevine, TX 76051  |                                    | Frankrian (Cookarationa                    | _                           |  |            |  |  |
|  |  |  | Employer (See Instructions Retired | 5)   |                             |  |            |  |  |
| Date Full name of contributor out-of-state PAC (ID#:   |  |  |                                    | Amount of Contribution (\$)                | \$200.00                    |  |            |  |  |
|  |  | MIDLOTHIAN, TX 76065                                       |                                    |  |                             |  |            |  |  |
| Principal occupation / Job title (See Instructions) Employer (See Instructions)  NA  NA  |  |  |                                    | Employer (See Instructions NA              | 5)                          |  |            |  |  |
| Date Full name of contributor out-of-state PAC (ID#:)  State of Texas  Contributor address; City; State; Zip Code  Austin , TX 78701 |  |  | Amount of Contribution (\$)        | \$2,800.00                                 |                             |  |            |  |  |
| Principal occupation / Job title (See Instructions)  Employer (See Instru  |  | Employer (See Instructions                                 | 5)                                 |  |                             |  |            |  |  |
|  | Date Full name of contributor out-of-state PAC (ID#:)  12/30/2023 Stinson, Randy (Mr.)  Contributor address; City; State; Zip Code  Palmer, TX 75152 |  |                                    | Amount of Contribution (\$)                | \$200.00                    |  |            |  |  |
|  | Principal occu<br>Commission   | pation / Job title (See Instructions)<br>er                |                                    | Employer (See Instructions<br>Ellis County | 5)                          |  |            |  |  |
|  |  |  |                                    |  |                             |  |            |  |  |

|   | MONETARY POLITICAL CONTRIBUTIONS   | SCHEDULE A1                                      |
|---|--|--|
|   | The Instruction Guide explains how to complete this form.  | 1 Total pages Schedule A1:<br>Sch: 4/4 Rpt: 7/10 |
| 2 | FILER NAME Republican Party Of Ellis County, Local (CEC)   | 3 Filer ID (Ethics Commission Filers) 00029533   |
| 4 | Date 11/14/2023  5 Full name of contributor out-of-state PAC (ID#:) Westbrook, Sandy  6 Contributor address; City; State; Zip Code | 7 Amount of Contribution (\$) \$300              |
|   | Italy, TX 76651  |  |
| 8 | Principal occupation / Job title (See Instructions)  retired  9 Employer (See Instruct retired                                     | ions)  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  12/12/2023 White, Mike  Contributor address; City; State; Zip Code          | Amount of Contribution (\$)                      |
|   | Waxahachie, TX 75168  Principal occupation / Job title (See Instructions)  Owner  Employer (See Instruct Texas Honey               | ions)  |
|   |  |  |
|   |  |  |

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

|          | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Committee Legal S       | ards/Memorials Expense<br>ervices<br>I <b>struction Guide explains</b> |              | ages/Co       | ontract Labor     |       | Travel Out of Dis<br>OTHER (enter a | strict category not listed above) |
|----------|--|-------------------------|--|--------------|---------------|-------------------|-------|-------------------------------------|-----------------------------------|
| ⊢        |  |                         |  | THOW TO COM  | ipicio        |                   |       |                                     |                                   |
| 1        | Total pages Schedule F1:<br>Sch: 1/3 Rpt: 8/10   |                         | Of Ellis County, Loca  | al (CEC)     |               |                   | 3     | Filer ID 00029533                   | (Ethics Commission Filers)        |
| ᆫ        | <u> </u>   |                         | ——————————————————————————————————————                                 | ui (OLO)     |               |                   |       |                                     |                                   |
| 4        | Date   | 5 Payee name            |  |              |               |                   |       |                                     |                                   |
|          | 07/07/2023   | BEG Partners LL         | С  |              |               |                   |       |                                     |                                   |
| 6        | Amount (\$)  | <b>7</b> Payee address; | City; State  | ; Zip Coo    | اما           |                   |       |                                     |                                   |
| ľ        | , ,  |                         | City, State  | ;, Zip Coc   | ic            |                   |       |                                     |                                   |
|          | \$1,150.00   | 104 Magnolia            |  |              |               |                   |       |                                     |                                   |
| l        |  |                         |  |              |               |                   |       |                                     |                                   |
|          |  | Waxhachie, TX 7         | 5165   |              |               |                   |       |                                     |                                   |
| 8        | DUDDOCE  |                         |  | 1.           | (b) 5         |                   |       |                                     |                                   |
| ľ        | PURPOSE<br>OF  |                         | ories listed at the top of this sch                                    | hedule)      | ( <b>0)</b> [ | escription        |       | df.T 0                              | alata Cabadula T                  |
| l        | EXPENDITURE  | Office Overhead/        | Rental Expense   |              | ⊢             | <b>≟</b>          |       |                                     | plete Schedule T.                 |
| l        |  |                         |  |              | Ļ             | _                 | IX,   | officeholder living                 | expense                           |
| l        |  |                         |  |              | J             | uly Rent          |       |                                     |                                   |
|          |  |                         |  |              |               |                   |       |                                     |                                   |
| 9        | Complete ONLY if direct  | Candidate/Officehold    | ler name (   | Office soug  | ht            |                   |       | Office he                           | eld                               |
|          | expenditure to benefit C/O   |                         |  |              |               |                   |       |                                     |                                   |
| ⊨        | Data   |                         |  |              |               |                   |       |                                     |                                   |
|          | Date   | Payee name              |  |              |               |                   |       |                                     |                                   |
|          | 08/01/2023   | BEG Partners LL         | С  |              |               |                   |       |                                     |                                   |
|          | Amount (\$)  | Payee address;          | City; State  | ; Zip Cod    | le            |                   |       |                                     |                                   |
|          | \$1,150.00   | 104 Magnolia            |  |              |               |                   |       |                                     |                                   |
|          | • •  | 3                       |  |              |               |                   |       |                                     |                                   |
|          |  |                         |  |              |               |                   |       |                                     |                                   |
|          |  | Waxhachie, TX 7         | 5165   |              |               |                   |       |                                     |                                   |
|          | PURPOSE  | (a) Category (See Cated | ories listed at the top of this sch                                    | hedule)      | <b>(b)</b> D  | escription        |       |                                     |                                   |
|          | OF   | Office Overhead/        |  |              |               | Check if travel o | outsi | de of Texas. Com                    | plete Schedule T.                 |
|          | EXPENDITURE  |                         | •  |              |               | Check if Austin,  | TX,   | officeholder living                 | expense                           |
|          |  |                         |  |              | Α             | ugust Rent        |       |                                     |                                   |
|          |  |                         |  |              |               |                   |       |                                     |                                   |
| H        | Complete ONLY if direct  | Candidate/Officehold    | ler name (   | Office soug  | ht            |                   |       | Office he                           | ilq                               |
|          | expenditure to benefit C/O   |                         |  |              |               |                   |       |                                     |                                   |
| ⊨        |  |                         |  |              |               |                   |       |                                     |                                   |
|          | Date   | Payee name              |  |              |               |                   |       |                                     |                                   |
|          | 09/05/2023   | BEG Partners LL         | С  |              |               |                   |       |                                     |                                   |
|          | Amount (\$)  | Payee address;          | City; State  | ; Zip Coc    | le            |                   |       |                                     |                                   |
|          | \$1,150.00   | 104 Magnolia            | •  | •            |               |                   |       |                                     |                                   |
|          | Ψ1,100.00  | 104 Magnona             |  |              |               |                   |       |                                     |                                   |
|          |  |                         |  |              |               |                   |       |                                     |                                   |
|          |  | Waxhachie, TX 7         | 5165   |              |               |                   |       |                                     |                                   |
| Г        | PURPOSE  | (a) Category (See Cated | ories listed at the top of this sch                                    | hedule)      | <b>(b)</b> D  | escription        |       |                                     |                                   |
|          | OF   | Office Overhead/        |  | neddic)      | ÌГ            | _                 | outsi | de of Texas. Com                    | plete Schedule T.                 |
|          | EXPENDITURE  | Office Overfiedd/       | rtental Expense  |              | F             | Check if Austin,  | TX,   | officeholder living                 | expense                           |
|          |  |                         |  |              | S             | ept Rent          |       |                                     |                                   |
| 1        |  |                         |  |              |               | •                 |       |                                     |                                   |
| $\vdash$ | Complete ONLY if direct  | Candidata/Office half   | lor namo   | Office cours | ht            |                   |       | Office he                           | nld                               |
| ĺ        | Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 | Candidate/Officehold    | ici IIallie (  | Office soug  | ıı IL         |                   |       | Onice ne                            | īu                                |
| L        | portanare to borront O/OI  | -                       |  |              |               |                   |       |                                     |                                   |
|          |  |                         |  |              |               |                   | _     |                                     |                                   |
|          |  |                         |  |              |               |                   |       |                                     |                                   |
| I        |  |                         |  |              |               |                   |       |                                     |                                   |

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

|          | Candidate/Officeholder/Politica<br>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: 2/3 Rpt: 9/10                                     | Republican Party Of Ellis County, Local (CEC) 00029533  |
| 4        | Date   | 5 Payee name  |
|          | 10/03/2023   | BEG Partners LLC  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$1,150.00   | 104 Magnolia  |
|          |  |   |
|          |  | Waxhachie, TX 75165   |
| 8        | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                       |
|          |  | October Rent  |
|          |  | October Nent  |
| Ļ        | Commission ONII V if disposi                           | Condidate/Officeholder name   |
| 9        | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held   |
| ⊨        | Date   | Payee name  |
|          | 11/14/2023   | BEG Partners LLC  |
| L        |  |   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$1,150.00   | 104 Magnolia  |
|          |  |   |
|          |  | Waxhachie, TX 75165   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense  |
|          | EXPENDITORE  | Check if Austin, TX, officeholder living expense  |
|          |  | November Rent   |
| L        |  |   |
|          | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held   |
|          | experiditure to beriefit C/O                           |   |
|          | Date   | Payee name  |
|          | 12/05/2023   | BEG Partners LLC  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$1,150.00   | 104 Magnolia  |
|          |  |   |
|          |  | Waxhachie, TX 75165   |
| H        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF   | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |
|          | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|          |  | December Rent   |
|          |  |   |
| Г        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/OI                            | <del>1</del>  |
| $\vdash$ |  |   |
|          |  |   |
|          |  |   |

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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/Wages/Contract Labor

eimbursement Solicitation/Fundraising Expense
rental Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
ntract Labor 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: 3/3 Rpt: 10/10                                 | Republican Party Of Ellis County, Local (CEC) 00029533   |
| 4 | Date  | 5 Payee name   |
|   | 12/05/2023  | Jennifer, Zarate   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |
|   | \$342.95  | P.O. Box 396   |
|   |   |  |
|   |   | Maypearl, TX 76064   |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                   | Event Expense  |
|   | EXI ENDITORE  | Check if Austin, TX, officeholder living expense  Tables   |
|   |   | Tables   |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                         |  |
| _ | Date  | David and the second se |
|   | 12/04/2023  | Payee name<br>Lakeview Camp  |
|   |   |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$384.00  | 5128 FM 66   |
|   |   | W. J. W. TV 7F40F  |
|   |   | Waxahachie, TX 75165   |
|   | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxas, Complete Schedule T   |
|   | EXPENDITURE   | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
|   |   | County Convention Deposit  |
|   |   |  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/OI                         | 1  |
|   | Date  | Payee name   |
|   | 12/04/2023  | Paula, Anz   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$1,000.00  | 700 Arrowhead Rd   |
|   |   |  |
|   |   | Waxahachie, TX 75168   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                   | Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense   |
|   |   | New Printer  |
|   | 0 1. 0  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |
|   |   |  |
|   |   |  |
|   |   |  |