FORM PTY-CORP POLITICAL PARTY REPORT REGARDING FUNDS FROM CORPORATIONS AND LABOR ORGANIZATIONS **COVER SHEET PG 1** Filer ID 2 Total pages filed The Form PTY-CORP Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00017162 3 POLITICAL PARTY Mitchell County Republican Party (P) **OFFICE USE ONLY** NAME Date Received STATE OR COUNTY **ELECTRONICALLY FILED** State **PARTY** 01/17/2024 X County: Mitchell POLITICAL PARTY Democrat **TYPE** Republican Libertarian Other: Date Hand-delivered or Date Postmarked (Party name) Receipt # Amount POLITICAL PARTY ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE MAILING ADDRESS 2110 N Fm 1229 Date Processed Change of Address Colorado City, TX 79512 Date Imaged POLITICAL PARTY TITLE **FIRST NICKNAME** LAST **SUFFIX** MΙ **CHAIR** Kristin **Browne** CHAIR MAILING ADDRESS / PO BOX; STATE: ZIP CODE APT / SUITE #; CITY; **ADDRESS** Change of Address TX CHAIR STREET STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **ADDRESS** 2110 N Fm 1229 (Residence or Business) Colorado City, TX 79512 PHONE NUMBER **10** CHAIR PHONE AREA CODE **EXTENSION** (325) 242-0567 11 REPORT TYPE X January 15 8th day before primary election July 15 50th day before general election 12 PERIOD COVERED Month Day Year Month Day Year **THROUGH** 07/01/2023 12/30/2023

Forms provided by Texas Ethics Commission

GO TO PAGE 2
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POLITICAL PARTY REPORT: TOTALS AND AFFIDAVIT

FORM PTY-CORP COVER SHEET PG 2

3 POLITICAL PARTY NAME			(Ethics Commission Filers)			
Mitchell County Republican Party (P)			2			
5 TOTALS	TOTAL CONTRIBUTIONS FROM CORPORATE OR I ORGANIZATIONS (OTHER THAN LOANS OR GUARANTEES OF LOANS)	\$	0.00			
	2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	\$	56.85			
	3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	56.85			
corporate or labor o	st file a report on FORM PTY-CORP for any representation contributions, maintains corporate or labor organization contributions.					
6 AFFIDAVIT						
	l swear, or affirm, u true and correct an under Title 15, Elec	inder penalty of perjury, that dincludes all information requition Code. Kristin Browne	the accompanying report is uired to be reported by me			
		Signature of Political Party Chair				
Sworn to and subscrib	RY STAMP / SEAL ed before me, by the said, 20, to certify which, witness my hand and seal	, this the of office.	day			
Signature of officer	administering oath Printed name of officer administe	ring oath Title of	officer administering oath			

FORM PTY-CORP **SUBTOTALS - PTYCORP COVER SHEET PG 3** 3 of 4 17 POLITICAL PARTY NAME 18 Filer ID (Ethics Commission Filers) Mitchell County Republican Party (P) 00017162 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR \$ **ORGANIZATION** SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR 2. \$ LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$ 3. SCHEDULE E: LOANS \$ SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 5. X 56.85 \$ **CONTRIBUTIONS** SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

eimbursement Solicitation/Fundraising Expense
rntal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	l Cor		tion Guide explains h	Salaries/W how to cor			OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/1 Rpt: 4/4	ı	Mitchell County Repu	blican Party (P)				00017162	
4	Date	5	Payee name						
	07/30/2023	<u> </u>	Browne, Kristin						
6	Amount (\$)	ı	Payee address; City	; State;	Zip Co	de			
	\$56.85 2110 N FM 1229								
	- Evnanditura from								
Х			Colorado City, TX 795	512					
8	PURPOSE OF		Category (See Categories li	sted at the top of this sche	edule)	(b) De	scription		
	EXPENDITURE		office supplies			Ш	Check if travel outs	ide of Texas. Com	olete Schedule T.
						ne	ns, black ink,	color ink	
						ро	no, black mit,	00101 11110	
9	Complete ONLY if direct		Candidate/Officeholder na	ıme O	Office soug	jht		Office he	eld
	expenditure to benefit C/OI	H							