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. 00060078 3 COMMITTEE NAME **OFFICE USE ONLY** Galveston County Republican Party County Executive Committee Date Received **ELECTRONICALLY FILED** 07/04/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO BOX 1423 Date Hand-delivered or Date Postmarked Change of Address League City, TX 77574 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. William C. NAME NICKNAME LAST **SUFFIX** Bill Hoffman Ш STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 505 Misty Ln. STREET **ADDRESS** (Residence or Business) Friendswood, TX 77546 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 505 Misty Ln. MAILING **ADDRESS** Friendswood, TX 77546 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 434-9821 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Galveston County Repu	ıblican Party County	Executive Committee	00060078	}
14 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 (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS check here if this rep	ZED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR S MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	0.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	12,357.90
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES	\$	31,215.49
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	7,009.01
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OUTSTANDING LOANS AS OF T E 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.		
		Mr. William (C. Hoffman I	II
		Signature of Car	mpaign Treası	urer
AFFIX NOTARY	STAMP / SEAL ABOV	E		
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		fy which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath

SUBTOTALS - CEC

FORM CEC **COVER SHEET PG 3**

					3 of 41
17 CC	DMMITTI	EE NAME	18 Filer ID	(Ethic	s Commission Filers)
Ga	alvestor	County Republican Party County Executive Committee	00060078		
		E SUBTOTALS SCHEDULE		;	SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	9,855.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,502.90
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.			\$		
5.	X	S	\$	31,215.49	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
10	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/41	
2	FILER NAME Galveston C	ounty Republican Party County E	Executive Committee		3	Filer ID (Ethics Commission 00060078	on Filers)
4	Date 04/20/2024	5 Full name of contributor	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$125.00
8	Principal occu	League City, TX 77573 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Project Mana	ager		Gulf Winds Int'l			
	Date 04/24/2024	Full name of contributor Armstrong, Robin (Dr.) Contributor address; City; State;				Amount of Contribution (\$)	\$500.00
		Friendswood , TX 77546					
	Principal occu Doctor	pation / Job title (See Instructions)		Employer (See Instructions self)		
	Date 04/12/2024	Full name of contributor Boondoggles Corp Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		Seabrook, TX 77586					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 04/17/2024	Full name of contributor Brown, Della Contributor address; City; State; League City, TX 77573	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$55.00
	Principal occu Designer	pation / Job title (See Instructions)		Employer (See Instructions RDM Development)		
	Date 04/04/2024	Full name of contributor Buckley, Linda Contributor address; City; State; Bayou Vista, TX 77563	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$110.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			1				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/41	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Galveston C	ounty Republican Party Count	y Executive Committee			00060078	
4	Date 06/03/2024	5 Full name of contributor Buckley, Linda6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Bayou Vista, TX 77563 pation / Job title (See Instructions)	l g	Employer (See Instructions	(;		
•	Retired	panen, our and (our mendenene,		Retired	,		
	Date 01/01/2024	Full name of contributor Cones, Tommy Contributor address; City; Sta	out-of-state PAC (ID#:atte; Zip Code)		Amount of Contribution (\$)	\$20.00
	5	League City, TX 77573		- · · · · · · · · · · · · · · · · · · ·	Ĺ		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/01/2024	Full name of contributor Cones, Tommy Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$20.00
		League City, TX 77573					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/01/2024	Full name of contributor Cones, Tommy Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 04/01/2024	Full name of contributor Cones, Tommy Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete t	his forn	n.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/41	
2	FILER NAME Galveston C	ounty Republican Party County Executive Con	nmittee		3	Filer ID (Ethics Commissio 00060078	n Filers)
4	Date 05/01/2024	 Full name of contributor out-of-state PAC Cones, Tommy Contributor address; City; State; Zip Code 	•)	7	Amount of Contribution (\$)	\$20.00
_	Delin dia al a a su	League City, TX 77573	- 10	Frankrick (October to the Atlantic october to the Atla			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 06/01/2024	Full name of contributor out-of-state PAC Cones, Tommy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Dringing! aggs	League City, TX 77573		Employer (See Instructions	<u></u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 04/08/2024	Full name of contributor)	•	Amount of Contribution (\$)	\$500.00
		Galveston, TX 77553					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/26/2024	Full name of contributor out-of-state PAC Dickson, Donald Contributor address; City; State; Zip Code Friendswood, TX 77546)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>l</u> 5)		
	Date 04/02/2024	Full name of contributor out-of-state PAC Dickson, Donald Contributor address; City; State; Zip Code Friendswood, TX 77546	C (ID#:			Amount of Contribution (\$)	\$110.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			<u> </u>				

	MONET	ARY POLITICAL (CONTRIBUTION	N:	S		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/41	
2	FILER NAME Galveston C	ounty Republican Party Coun	ty Executive Committee			3	Filer ID (Ethics Commission 00060078	on Filers)
4	Date 04/12/2024	5 Full name of contributorDickson, Donald6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$250.00
0	Dringing oggu	Friendswood, TX 77546	. lo		Employer (See Instructions			
8	Retired	pation / Job title (See Instructions	9		Employer (See Instructions Retired	·)		
	Date 02/26/2024	Full name of contributor Dickson, Faye Contributor address; City; Si)		Amount of Contribution (\$)	\$50.00
	Principal occu	Pation / Job title (See Instructions	s)	-	Employer (See Instructions	5)		
	Retired				Retired			
	Date 04/22/2024	Full name of contributor Donald , Smith Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Galveston, TX 77550						
	Principal occu retired	pation / Job title (See Instructions	(3)		Employer (See Instructions retired	5)		
	Date 04/24/2024	Full name of contributor Frederickson, Cathy Contributor address; City; Si Galveston, TX 77550					Amount of Contribution (\$)	\$110.00
	Principal occu President	pation / Job title (See Instructions	5)		Employer (See Instructions Goldflex Life Science)		
	Date 04/04/2024	Full name of contributor Friends of Dr. Greg Bonne Contributor address; City; Si Friendswood, TX 77546					Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)	ļ	Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/41	
2	FILER NAME Galveston C	ounty Republican Party County	y Executive Committee		3	Filer ID (Ethics Commission 00060078	on Filers)
4	Date 04/16/2024	5 Full name of contributor Kitchen, Michael6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$125.00
0	Dringing oggu	Santa Fe, TX 77517	10	Employer (Coo Instructions	<u></u>		
•	Disabled Vet	pation / Job title (See Instructions) teran	9	Employer (See Instructions Disabled Veteran	·)		
	Date 04/25/2024	Full name of contributor Kovachik, Gerald Contributor address; City; Sta)		Amount of Contribution (\$)	\$100.00
	Principal occu	Houston, TX 77062 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	retired	,		retired			
	Date 04/09/2024	Full name of contributor Lewis, Roxann Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$1,000.00
		League City, TX 77573					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 04/10/2024	Full name of contributor Mann, Andy Contributor address; City; Sta League City, TX 77573				Amount of Contribution (\$)	\$500.00
	Principal occu city council	pation / Job title (See Instructions)		Employer (See Instructions League City	5)		
	Date 04/09/2024	Full name of contributor McGinnis, Parick (Dr.) Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu doctor	pation / Job title (See Instructions)		Employer (See Instructions Humana Inc.	s)		
			·				

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/41	
2	FILER NAME Galveston C	ounty Republican Party County Executive Commit	tee		3	Filer ID (Ethics Commission 00060078	n Filers)
4	Date 01/31/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	League City, TX 77573 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
•	Retired			Retired	-,		
	Date 04/18/2024	Full name of contributor out-of-state PAC (ID# Perillo, Diane Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
		League City, TX 77573	_				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 04/10/2024	Full name of contributor out-of-state PAC (ID# Perillo, Diane Contributor address; City; State; Zip Code	:		•	Amount of Contribution (\$)	\$100.00
		League City, TX 77573					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID# Petit, Thomas Contributor address; City; State; Zip Code High Island, TX 77623)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 04/11/2024	Full name of contributor out-of-state PAC (ID# Pollock, Donald (Mr.) Contributor address; City; State; Zip Code Texas City, TX 77590	:			Amount of Contribution (\$)	\$360.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			•				

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/41	
2	FILER NAME Galveston C	ounty Republican Party Count	ty Executive Committee	9		3	Filer ID (Ethics Commission 00060078	n Filers)
4	Date 04/11/2024	5 Full name of contributor Pollock, Donald (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$235.00
8	Principal occu	Texas City, TX 77590 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
0	retired	pation / 300 title (See matructions	,	<i>.</i>	Retired	·)		
	Date 04/17/2024	Full name of contributor R.B. White Industries LLC Contributor address; City; St)		Amount of Contribution (\$)	\$750.00
		Houston, TX 77058						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 04/11/2024	Full name of contributor Roberts, Loretta Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$55.00
		Kemah, TX 77565						
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 04/24/2024	Full name of contributor Russell, Justin Contributor address; City; St League City, TX 77573	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$125.00
	Principal occu IT	pation / Job title (See Instructions)		Employer (See Instructions Chevron	5)		
	Date 04/10/2024	Full name of contributor Scully, Cinnamon Contributor address; City; St League City, TX 77573	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Apple Towing Company			
			l					

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/41	
2	FILER NAME Galveston C	ounty Republican Party County Executive Comr	nittee		3	Filer ID (Ethics Commission 00060078	ı Filers)
4	Date 01/03/2024	 Full name of contributor out-of-state PAC (Sears, Joyce Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Dickinson, TX 77539 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Date 02/03/2024	Full name of contributor out-of-state PAC (Sears, Joyce Contributor address; City; State; Zip Code		Retired	•	Amount of Contribution (\$)	\$50.00
	Principal occu	Dickinson, TX 77539 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Date 03/03/2024	Full name of contributor out-of-state PAC (Sears, Joyce Contributor address; City; State; Zip Code	(ID#:	Retired	•	Amount of Contribution (\$)	\$50.00
	Principal occu Retired	Dickinson, TX 77539 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 05/03/2024	Full name of contributor out-of-state PAC (Sears, Joyce Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	Principal occu	Dickinson, TX 77539 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 06/03/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	Principal occu Retired	Dickinson, TX 77539 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> s)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this 1	form.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/41	
2	FILER NAME Galveston C	ounty Republican Party County Executive Committe	ee	3	Filer ID (Ethics Commission 00060078	n Filers)
4	Date 04/19/2024	 Full name of contributor out-of-state PAC (ID#: Smith, David Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$500.00
		Friendswood, TX 77546	T			
8	Principal occu retired	ipation / Job title (See Instructions)	9 Employer (See Instructions retired)		
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Taft, Ray Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Bacliff, TX 77518 upation / Job title (See Instructions)	Employer (See Instructions)		
	Cashier		Target			
	Date 04/23/2024	Full name of contributor out-of-state PAC (ID#:_ Tina , Kirbie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$55.00
		Friendswood, TX 77546				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)		
	Date 04/18/2024	Full name of contributor out-of-state PAC (ID#:_ Wemdt, Paul Contributor address; City; State; Zip Code GALVESTON, TX 77554			Amount of Contribution (\$)	\$125.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)		
	Date 04/18/2024	Full name of contributor out-of-state PAC (ID#:_Wiederhold, Dora Contributor address; City; State; Zip Code League City, TX 77573			Amount of Contribution (\$)	\$220.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this t	orm.	1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/41
2	FILER NAME Galveston C	county Republican Party County Executive Committee	ee	3 Filer ID (Ethics Commission Filers) 00060078
4	Date 05/11/2024	5 Full name of contributor out-of-state PAC (ID#:_lewis, Michelle 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$50.0
		League City, TX 77573		
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (Se retired	See Instructions)

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: 14/41 3 Filer ID (Ethics Commission Filers) FILER NAME Galveston County Republican Party County Executive Committee 00060078 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 03/23/2024 David Mayes Middleton II Campaign Account \$2,252.90 | Boxed lunches for SD-11 7 Contributor address; City; State; Zip Code Convention Galveston, TX 77553 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 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) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 03/23/2024 Long, Nick \$250.00 | Snacks for SD-11 Contributor address; City; State; Zip Code Convention League City, TX 77573 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) Employer (FOR NON-JUDICIAL) Bluewater Management Co-Owner Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) 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 Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	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: 1/27 Rpt: 15/41	Galveston County Republican Party County Executive 00060078					
4	Date	5 Payee name					
	04/26/2024	Allen, Gabriel					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$96.56	2104 Spyglass Drive					
		League City, TX 77573					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Solicitation/Fundraising Expense					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		reimbursement for website changes					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
_	expenditure to benefit C/OI						
	Date	Payee name					
	01/20/2024	Ambit Energy					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$429.92	PO Box 660462					
		Dallas, TX 75266					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		electric bill					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	H					
	Date	Payee name					
	02/26/2024	Ambit Energy					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$569.54	PO Box 660462					
		Dallas, TX 75266					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
		Check if Austin, TX, officeholder living expense electric bill					
		GIGGUIG DIII					
	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 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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 2/27 Rpt: 16/41	Galveston County Republican Party County Executive 00060078	
4	Date	5 Payee name	
	03/21/2024	Ambit Energy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$569.54	PO Box 660462	
		Dallas, TX 75266	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		electric bill	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	_
	04/01/2024	Ambit Energy	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$267.97	PO Box 660462	
		Dallas, TX 75266	
	PURPOSE 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	
		electric bill	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
	Date	Payee name	
	04/29/2024	Ambit Energy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$175.07	PO Box 660462	
		Dallas, TX 75266	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense electric bill	
		GIECUIC DIII	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	o	
			_

SCHEDULE F1

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

	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: 3/27 Rpt: 17/41	Galveston County Republican Party County Executive 00060078
4	Date	5 Payee name
	05/24/2024	Ambit Energy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$218.71	PO Box 660462
		Dallas, TX 75266
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		electric bill
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	06/21/2024	Ambit Energy
H	Amount (\$)	Payee address; City; State; Zip Code
	\$279.17	PO Box 660462
		Dallas, TX 75266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense electric bill
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/31/2024	Anedot
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3.40	P.O. Box 84314
		Baton Rouge, LA 70884
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Transaction Fee
		Transaction Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Legal Se		•		/ages	/Contract Labor			vel Out of Di HER (enter a	istrict a category not listed	above)
	•	_			struction Gu	iide explains	how to co	mple	ete this form.	_				
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	File	er ID	(Ethics Commi	ssion Filers)
L	Sch: 4/27 Rpt: 18/41	L	Galveston (County	Republica	an Party C	ounty Ex	ecu	tive		00	060078		
4	Date	5	Payee name											
L	02/29/2024		Anedot											
6	Amount (\$)	7	Payee addre	ss;	City;	State	; Zip Co	de						
	\$11.60		P.O. Box 84	1314										
			Baton Roug	je, LA	70884									
8	PURPOSE	(a)	Category (Se	ee Catego	ories listed at th	e top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Accounting/				<i>'</i>		Check if travel	outsi	ide of	Texas. Con	nplete Schedule T.	
	LAFLINDITORE								Check if Austin		, office	eholder livin	g expense	
									transaction fe	ee				
9	Complete ONLY if direct		Candidate/Offi	ceholde	er name		Office sou	ght				Office h	eld	
	expenditure to benefit C/OI	H 												
	Date		Payee name											
	04/17/2024		Anedot											
	Amount (\$)		Payee addre	SS;	City;	State	; Zip Co	de						
	\$360.00		P.O. Box 84	1314										
			Baton Roug	je, LA	70884									
	PURPOSE	(a)	Category (Se	ee Catego	ories listed at th	ne top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		donation re	fund					-				nplete Schedule T.	
	-								Check if Austin					
									reiuriu uoriali	IUII	ιΟ L	ווטכ ווטכ	UCK	
_	Operation Objects "	<u> </u>	D = 11 1 1 1 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7	! !!			04:	1 :				O(i, .	-1-1	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	cenoide	er name	(Office sou	gnt				Office h	eid	
\vdash	<u> </u>													
	Date		Payee name											
	04/30/2024		Anedot											
	Amount (\$)		Payee addre	ss;	City;	State	; Zip Co	de						
	\$249.50		P.O. Box 84	1314										
			Baton Roug	je, LA	70884					_				
	PURPOSE	(a)	Category (Se	ee Catego	ories listed at th	e top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Accounting/	/Bankir	ng				□				nplete Schedule T.	
									Check if Austin		, office	eholder livin	g expense	
									transaction fe	eе				
	Commission ONE V. C. F.	<u>L</u>	Dameli-1-+ 10.00				Offic -	aul- '				Ott	ماط	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	cenoide	er name	(Office sou	gnt				Office h	eia	
	Oriana.o to borioni O/Oi	•												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 5/27 Rpt: 19/41	Galveston County Republican Party County Executive 00060078
4	Date	5 Payee name
	05/31/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.70	P.O. Box 84314
		Baton Rouge, LA 70884
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 transaction fee
		transaction rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/30/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.70	P.O. Box 84314
	φ5.70	F.O. BOX 04314
		Pater Paule I A 70004
		Baton Rouge, LA 70884
	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
		transaction fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/18/2024	City of League City
	Amount (\$)	Payee address; City; State; Zip Code
	\$91.87	PO Box 2008
	Ψ31.01	1 0 Box 2000
		League City, TX 77574-2008
	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
		water bill
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/Of	1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	Credit Gard F dyment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/27 Rpt: 20/41	Galveston County Republican Party County Executive 00060078
4	Date	5 Payee name
	03/04/2024	City of League City
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.13	PO Box 2008
		League City, TX 77574-2008
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense water bill
		water bill
6	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
dash		
	Date	Payee name
	03/20/2024	City of League City
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.49	PO Box 2008
		League City, TX 77574-2008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense water bill
		water bill
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	•
_		
	Date	Payee name
	04/26/2024	City of League City
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.03	PO Box 2008
		League City, TX 77574-2008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense water bill
		Water Dill
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	o
_		

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	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: 7/27 Rpt: 21/41	Galveston County Republican Party County Executive 00060078
4	Date	5 Payee name
	05/20/2024	City of League City
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$49.83	PO Box 2008
		League City, TX 77574-2008
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense water bill
		water bill
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	06/20/2024	City of League City
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.65	300 W Walker St.
		League City, TX 77573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	_/	Check if Austin, TX, officeholder living expense
		water bill
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	· ·
	Date	Payee name
	01/24/2024	Galveston County Republican Party Federal Account
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.10	PO Box 1423
		League City, TX 77574
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		expenses
_	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 Conditions/ Defice Polydox/Pol 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		•	Wages	s/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
L		_	The Instruction Guide explains how to co	ompl			
1	' "	2			3		(Ethics Commission Filers)
	Sch: 8/27 Rpt: 22/41		Galveston County Republican Party County E	хесі	ıtive	00060078	
4	Date	5	Payee name				
	01/05/2024		Gateway				
6	Amount (\$)	7	Payee address; City; State; Zip C	ode			
	\$8.00		1450 American Ln				
			Suite 1200				
			Schaumburg, IL 60173				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense			side of Texas. Com	plete Schedule T.
	EXPENDITORE				<u> </u>	K, officeholder living	expense
					internet		
_	Complete ONII V Stalling at	L_	Condidate/Officeholder in the	ا ا		Off: !	Nd.
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office so	ugnt		Office he	eia
_	Data	Г					
	Date		Payee name				
	02/06/2024		Gateway				
	Amount (\$)		Payee address; City; State; Zip C	ode			
	\$8.00		1450 American Ln				
			Suite 1200				
			Schaumburg, IL 60173				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense		=	side of Texas. Com	
					internet	K, officeholder living	expense
					internet		
	Complete ONLY if direct		Candidate/Officeholder name Office so	<u>l</u> uaht		Office he	eld
	expenditure to benefit C/O	Н		3			
-	Date	Π	Payee name				
	03/05/2024		Gateway				
	Amount (\$)	\vdash	Payee address; City; State; Zip C	nde			
	\$8.00		1450 American Ln	ouc			
	Ψ0.00		Suite 1200				
	DUDDOGE	/	Schaumburg, IL 60173	14.	5		
	PURPOSE OF	(a) 	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outs	side of Texas. Com	nlete Schedule T
	EXPENDITURE		Advertising Expense			K, officeholder living	
					Webpage	·	
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught		Office he	eld
	expenditure to benefit C/OF	Н					

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		•	s/Wag	ges/Contract Labor		Out of District R (enter a cate	egory not listed above)
	·		The Instruction Guide explains how to	com	plete this form.			
1	' "	2			3		-	Ethics Commission Filers)
	Sch: 9/27 Rpt: 23/41		Galveston County Republican Party County	Exec	cutive	0006	0078	
4	Date	5	Payee name					
L	04/08/2024	L	Gateway					
6	Amount (\$)	7	Payee address; City; State; Zip	Code	9			
	\$8.00		1450 American Ln					
			Suite 1200					
			Schaumburg, IL 60173					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(k	Description			
	OF EXPENDITURE		Advertising Expense		Check if travel out			
	ZAI ENDITORE				Check if Austin, T	X, officeho	lder living exp	pense
					webpage			
<u>_</u>	Occupation Of the Community of the Commu	<u> </u>	Description of the second of t	<u> </u>		-	.ee:	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office s	ough	nt	0	office held	
	Date		Payee name					
	05/07/2024		Gateway					
	Amount (\$)		Payee address; City; State; Zip	Code	9			
	\$8.00		1450 American Ln					
			Suite 1200					
			Schaumburg, IL 60173					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(k	Description	_	_	
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if Austin T			
					Check if Austin, T website fees	A, UIIICEIIO	idei iiviiiy exp	วGH3C
H	Complete ONLY if direct		Candidate/Officeholder name Office s	<u> </u>	nt	0	office held	
	expenditure to benefit C/O	Н		-				
—	Date		Payee name					
	06/06/2024		Gateway					
	Amount (\$)		Payee address; City; State; Zip	Code	.			
	\$8.00		1450 American Ln	Joue	-			
	Ψ0.00		Suite 1200					
	DUDESCE		Schaumburg, IL 60173	1				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(k	DescriptionCheck if travel out	tside of Te	xas. Complete	e Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense		Check if Austin, T			
					website			
	Complete ONLY if direct		Candidate/Officeholder name Office s	ough	nt	0	office held	
	expenditure to benefit C/OH	Н						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 10/27 Rpt: 24/41	Galveston County Republican Party County Executive 00060078
4	Date	5 Payee name
	01/02/2024	Google Suite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.39	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Internet support
		internet support
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dougo nama
		Payee name
	02/01/2024	Google Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.39	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Internet
	Compulate ONLY if direct	Condidate/Office helds name Office accepts
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2024	Google Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.39	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		internet
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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:	
	Sch: 11/27 Rpt: 25/41	Galveston County Republican Party County Executive 00060078
4	Date	5 Payee name
	04/02/2024	Google Suite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.23	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	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
		website fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- parameter action of the	
	Date	Payee name
	05/01/2024	Google Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.70	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense website software
		website software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Davis same
	06/03/2024	Payee name Google Suite
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.70	1600 Amphitheatre Parkway
		Mauratain Vieus QA 04040
		Mountain View, CA 94043
	PURPOSE 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
		website support
	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
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 Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 12/27 Rpt: 26/41	Galveston County Republican Party County Executive 00060078
4	Date	5 Payee name
	01/16/2024	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.25	675 Ponce De Leon Ave, NE
		Atlanta, GA 30308
8	PURPOSE 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
		email
		O. I.d.i.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/13/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.25	675 Ponce De Leon Ave, NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		email
	Commiste ONLY if divest	Constitute /Office helder no year
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/13/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.25	675 Ponce De Leon Ave, NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		email email
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	'

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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:	
	Sch: 13/27 Rpt: 27/41	Galveston County Republican Party County Executive 00060078
4	Date	5 Payee name
	04/15/2024	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.25	675 Ponce De Leon Ave, NE
		Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		email
Ļ	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/13/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.25	675 Ponce De Leon Ave, NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense email
		Citidii
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Pausa noma
	06/13/2024	Payee name Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.25	675 Ponce De Leon Ave, NE
		All - 1 - 0 A 22222
		Atlanta, GA 30308
	PURPOSE 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
		email
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising 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

	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: 14/27 Rpt: 28/41	Galveston County Republican Party County Executive 00060078	
4	Date	5 Payee name	
	05/06/2024	SGL Consultants	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$561.80	PO Box 591015	
		Houston, TX 77259	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense reimbursement for direct expenses	
		reimbursement for uncer expenses	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
H	Date	Payee name	
	02/01/2024	Select Marketing	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$225.00	500 West 2nd Street	
	Ψ220.00	500 West 2nd Offeet	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
		Check if Austin, TX, officeholder living expense internet	
		internet	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Date	Payee name	
	03/01/2024	Select Marketing	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$225.00	500 West 2nd Street	
	Ψ223.00	300 West zhu Street	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Internet	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OH		
	·		

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	oense Prii Sal	-	e /Contract Labor	Т	ravel in District ravel Out of Dis THER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	E				3 F	iler ID	(Ethics Commission Filers))
	Sch: 15/27 Rpt: 29/41		County Republican	Party Count	ty Execu	tive	0	0060078		
4	Date	5 Payee name	<u>,</u>				<u> </u>			
	04/01/2024	Select Mar								
6	Amount (\$)	7 Payee addre		State; Zi	n Code					
	\$225.00	500 West 2		J. J	- 5546					
	+==0.00		-							
		Austin, TX	78701							
8	PURPOSE	(a) Category (s	See Categories listed at the to	op of this schedule) (b)	Description				
	OF EXPENDITURE	Advertising				=			plete Schedule T.	
						Check if Austin	ı, TX, of	nceholder living	expense	
						WEDSILE				
9	Complete ONLY if direct	Candidate/∩f	ficeholder name	Office	e sought			Office he	ald	
_	expenditure to benefit C/OI		nocholder Hame	<u></u>						
	Date	Payee name	9							
L	05/01/2024	Select Mar	keting							
	Amount (\$)	Payee addre	ess; City;	State; Zi	p Code					
	\$225.00	500 West 2	2nd Street							
		Austin, TX	78701							
	PURPOSE	(a) Category (S	See Categories listed at the to	op of this schedule	(b)	Description				
	OF EXPENDITURE		rhead/Rental Exper			-			plete Schedule T.	
						Check if Austin		ncenolder living	expense	
						website expe	,,,,,,			
\vdash	Complete ONLY if direct	Candidate/∩f	ficeholder name	Office	e sought			Office he	ald	
	expenditure to benefit C/O			Onici	o oougiit			Since He		
	Data	Devise	`							
	Date 05/31/2024	Payee name Select Mar								
				Ot. : -:	0: 1					
	Amount (\$)	Payee addre		State; Zi	p Code					
	\$225.00	500 West 2	zna Street							
		Austin, TX	78701							
	PURPOSE OF		See Categories listed at the to		(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expe	nse		Check if travel of Check if Austin			plete Schedule T.	
						website	i, i //, UI	nocholaet livilit	Гемропас	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office	e sought			Office he	eld	
	expenditure to benefit C/OI			2.110						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 16/27 Rpt: 30/41	Galveston County Republican Party County Executive 00060078
4	Date	5 Payee name
	01/08/2024	T Mobile
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.58	PO Box 1322
		Friendswood , TX 77549
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense cell phone
		Cell phone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Davies same
	Date	Payee name
	02/08/2024	T Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.58	PO Box 1322
		Friendswood , TX 77549
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense cell phone
		Cell priorie
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 03/06/2024	Payee name T Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.58	PO Box 1322
		Friendswood , TX 77549
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense cell phone
		Cell phone
_	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 Committ

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: 17/27 Rpt: 31/41	Galveston County Republican Party County Executive 00060078
4	Date	5 Payee name
	04/08/2024	T Mobile
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.58	PO Box 1322
		Friendswood , TX 77549
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense cell phone
		Cell phone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	05/08/2024	T Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.78	PO Box 1322
		Friendswood , TX 77549
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense cell phone
		Cell phone
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 06/10/2024	Payee name T Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.78	PO Box 1322
		Friendswood , TX 77549
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense cell phone
		Cell phone
_	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 Comr

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	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: 18/27 Rpt: 32/41	Galveston County Republican Party County Executive 00060078	
4	Date	5 Payee name	
	01/02/2024	Texas First Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$23.67	111 W. Parkwood Ave.	
		Friendswood, TX 77546	
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 Schedule T. Check if Austin, TX, officeholder living expense	
		bankcard fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
H	Date	Payee name	
	01/03/2024	Texas First Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	111 W. Parkwood Ave.	
	Ψ3.00	III W. I anwood / WC.	
		Friendswood, TX 77546	
	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 internet fee	
		internet lee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_	Data		
	Date	Payee name Texas First Bank	
	01/30/2024		
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.25	111 W. Parkwood Ave.	
		Friendswood, TX 77546	
	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 Bankcard fee	
		Daircaid ice	
	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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By 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: 19/27 Rpt: 33/41	Galveston County Republican Party County Executive 00060078	
4	Date	5 Payee name	_
	02/01/2024	Texas First Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
-	\$23.67	111 W. Parkwood Ave.	
		Friendswood, TX 77546	
8	PURPOSE		_
o	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Bankcard fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	02/02/2024	Texas First Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00	111 W. Parkwood Ave.	
		Friendswood, TX 77546	
	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 internet	
		internet	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Davies same	_
	02/29/2024	Payee name Texas First Bank	
	Amount (\$) \$6.25	Payee address; City; State; Zip Code 111 W. Parkwood Ave.	
	Ψ0.23	III W. I arwood Ave.	
		Friendswood TV 77FAC	
		Friendswood, TX 77546	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/(Banking) (b) Description Check if travel 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	
		Bankcard fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
_	expenditure to benefit C/OI	<u> </u>	
_			

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	d 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: 20/27 Rpt: 34/41	Galveston County Republican Party County Executive 00060078
4	Date	5 Payee name
L	03/01/2024	Texas First Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.67	111 W. Parkwood Ave.
		Friendswood, TX 77546
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
		Bankcard fee
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/Of	•
	Date	Payee name
	03/04/2024	Texas First Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	111 W. Parkwood Ave.
		Friendswood, TX 77546
	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
		internet
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	The straight of the portion of the	
	Date	Payee name
L	03/22/2024	Texas First Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.50	111 W. Parkwood Ave.
		Friendswood, TX 77546
	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.
	LAI LIBITOIL	Check if Austin, TX, officeholder living expense
		stop hold fee for cancelled check- lost in mail
	2	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Superiord to belieff 0/01	•

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 C

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: 21/27 Rpt: 35/41	Galveston County Republican Party County Executive 00060078
4	Date	5 Payee name
	03/29/2024	Texas First Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.25	111 W. Parkwood Ave.
		Friendswood, TX 77546
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 Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fee
		Bankiree
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
L		
	Date	Payee name
	04/01/2024	Texas First Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.67	111 W. Parkwood Ave.
		Friendswood, TX 77546
	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 Bankcard Fee
		Dankoard i ee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/02/2024	Texas First Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	111 W. Parkwood Ave.
		Friendswood, TX 77546
	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
		Internet fee
	2	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to beliefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/27 Rpt: 36/41	Galveston County Republican Party County Executive 00060078
4	Date	5 Payee name
	04/30/2024	Texas First Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.25	111 W. Parkwood Ave.
		Friendswood, TX 77546
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 Schedule T. Check if Austin, TX, officeholder living expense
		bankcard fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/01/2024	Texas First Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.07	111 W. Parkwood Ave.
		Friendswood, TX 77546
	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 bankcard monthly fees
		Samoad monany root
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	05/03/2024	Texas First Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	111 W. Parkwood Ave.
	Ψ0.00	TIT W. Takwood / We.
		Friendswood, TX 77546
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		internet fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

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

	Candidate/Officeholder/Politica		ategory 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: 23/27 Rpt: 37/41	Galveston County Republican Party County Executive 00060078	
4	Date	5 Payee name	
	05/29/2024	Texas First Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6.25	111 W. Parkwood Ave.	
		Friendswood, TX 77546	
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. Compl	
		bankcard fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hel	d
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	06/03/2024	Texas First Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.67	111 W. Parkwood Ave.	
		Friendswood, TX 77546	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Compl	
		bankcard monthly fees	expense
		Samous monany ross	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hel	d
	expenditure to benefit C/O		
_	Date	Payee name	
	06/04/2024	Texas First Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.00		
		Friendswood, TX 77546	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living e internet fee	expense
		internet rec	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hel	d
	expenditure to benefit C/OI		
Eo:	me provided by Texas F	Ethics Commission www.athics.state.tv.us.	Version V// 1 0 d378aha0

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 24/27 Rpt: 38/41	Galveston County Republican Party County Executive 00060078
4	Date	5 Payee name
	03/18/2024	Top Golf
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,023.09	21401 Gulf Freeway
		Webster, TX 77598
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense down payment for fund raising event
		down payment for fund raising event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
	Date	Payee name
	04/23/2024	Top Golf
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,023.09	21401 Gulf Freeway
	, ,	
		Webster, TX 77598
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Remainder of Fundraising venue expense
		Tromainadi di Fanaratang Vende dispense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	04/26/2024	Top Golf
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,162.80	21401 Gulf Freeway
	Ψ2,102.00	ZITOI Guil 1166Way
		Webster, TX 77598
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Fee for additional fund raiser participants
_	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

	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: 25/27 Rpt: 39/41	Galveston County Republican Party County Executive 00060078			
4	Date	5 Payee name			
	02/01/2024	Triada Properties, LLC			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$2,678.30	11111 Katy Freeway, Suite 535			
		Houston, TX 77079			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense rent			
		Tent.			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	Complete ONLY if direct expenditure to benefit C/O				
	Date	Payee name			
	03/01/2024	Triada Properties, LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,678.30	11111 Katy Freeway STE 535			
		Houston, TX 77079			
	PURPOSE 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 rent			
		Total			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Data	D			
	Date 04/04/2024	Payee name Triada Properties, LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,806.25	11111 Katy Freeway STE 535			
		Houston, TX 77079			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		rent			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/OH				
L					

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

	Contributions/ Donations Made By 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: 26/27 Rpt: 40/41	Galveston County Republican Party County Executive 00060078			
4	Date	5 Payee name			
	04/22/2024	Triada Properties, LLC			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,919.28	11111 Katy Freeway STE 535			
		Houston, TX 77079			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
		Check if Austin, TX, officeholder living expense			
		Adjustment of Rent Overhead retroactive for past year.			
		,			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experience to benefit Gree				
	Date	Payee name			
	04/29/2024	Triada Properties, LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,806.25	11111 Katy Freeway, STE 535			
		Houston, TX 77079			
	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			
		rent			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH				
	Date	Payee name			
	06/03/2024	Triada Properties, LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,806.25	11111 Katy Freeway, STE 535			
		Houston, TX 77079			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		rent			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experience to benefit O/OTT					

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Four Expense Four Expense Frinting Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District 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: 27/27 Rpt: 41/41	Galveston County Republican Party County Executive 00060078
4	Date	5 Payee name
	06/28/2024	Triada Properties, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,806.25	11111 Katy Freeway, STE 535
		Houston, TX 77079
8	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
		rent
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held