

**POLITICAL PARTY REPORT REGARDING FUNDS  
FROM CORPORATIONS AND LABOR ORGANIZATIONS**

**FORM PTY-CORP  
COVER SHEET PG 1**

<b>The Form PTY-CORP Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00023800	<b>2</b> Total pages filed 4
<b>3</b> POLITICAL PARTY NAME	Caldwell County Republican Party (P)		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 07/01/2024 Date Hand-delivered or Date Postmarked
<b>4</b> STATE OR COUNTY PARTY	<input type="checkbox"/> State <input checked="" type="checkbox"/> County: <u>Caldwell</u>		
<b>5</b> POLITICAL PARTY TYPE	<input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Other: _____ (Party name)		
<b>6</b> POLITICAL PARTY MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 7 Lockhart, TX 78644		Receipt # Amount Date Processed Date Imaged
<b>7</b> POLITICAL PARTY CHAIR	TITLE	FIRST MI NICKNAME LAST	SUFFIX
		Luz Riley	
<b>8</b> CHAIR MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TX		
<b>9</b> CHAIR STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 471 Grouse Ln Dale, TX 78616		
<b>10</b> CHAIR PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	922-6508	
<b>11</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before primary election <input type="checkbox"/> 50th day before general election		
<b>12</b> PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	02/25/2024		06/30/2024

**GO TO PAGE 2**

**POLITICAL PARTY REPORT:  
TOTALS AND AFFIDAVIT**

**FORM PTY-CORP  
COVER SHEET PG 2**

<b>13</b> POLITICAL PARTY NAME Caldwell County Republican Party (P)		<b>14</b> Filer ID (Ethics Commission Filers) 00023800
<b>15</b> TOTALS	<b>1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS</b>  (OTHER THAN LOANS OR GUARANTEES OF LOANS)	\$ 0.00
	<b>2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS</b>	\$ 490.73
	<b>3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</b>	\$ 2,977.08

**A political party must file a report on FORM PTY-CORP for any reporting period during which the party accepts corporate or labor organization contributions, maintains corporate or labor organization contributions, or makes expenditures from corporate or labor organization contributions.**

**16** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Luz Riley  
\_\_\_\_\_  
Signature of Political Party Chair

AFFIX NOTARY STAMP / SEAL

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - PTYCORP****FORM PTY-CORP  
COVER SHEET PG 3**  
3 of 4

<b>17</b> POLITICAL PARTY NAME Caldwell County Republican Party (P)		<b>18</b> Filer ID (Ethics Commission Filers) 00023800
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
2.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
3.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	\$ 490.73
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> 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  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 4/4	<b>2</b> FILER NAME Caldwell County Republican Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00023800			
<b>4</b> Date 06/18/2024	<b>5</b> Payee name Markel American Insurance Company				
<b>6</b> Amount (\$) \$338.00	<b>7</b> Payee address; City; State; Zip Code PO Box 906  Pewaukee, WI 53072				
<input checked="" type="checkbox"/> Expenditure from corporate funds					
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Liability Insurance	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Liability Insurance			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:35%; border:none;">Candidate/Officeholder name</td> <td style="width:30%; border:none;">Office sought</td> <td style="width:10%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 06/12/2024	Payee name Tschirhart, David				
Amount (\$) \$8.73	Payee address; City; State; Zip Code 386 Cricket Hollow Road  Dale, TX 78616				
<input checked="" type="checkbox"/> Expenditure from corporate funds					
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Reimbursement for Postage expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:35%; border:none;">Candidate/Officeholder name</td> <td style="width:30%; border:none;">Office sought</td> <td style="width:10%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 06/12/2024	Payee name USPS				
Amount (\$) \$144.00	Payee address; City; State; Zip Code 217 W Market St  Lockhart, TX 78644				
<input checked="" type="checkbox"/> Expenditure from corporate funds					
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  PO Box Rental			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:35%; border:none;">Candidate/Officeholder name</td> <td style="width:30%; border:none;">Office sought</td> <td style="width:10%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
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