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. 00023714 3 COMMITTEE NAME **OFFICE USE ONLY** Hale County Republican Party (P) Date Received **ELECTRONICALLY FILED** 07/09/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 1533 Date Hand-delivered or Date Postmarked Change of Address Plainview, TX 79072 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Gayleen NAME NICKNAME LAST **SUFFIX** Barrett STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1300 Borger St. STREET **ADDRESS** (Residence or Business) Plainview, TX 79072 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1300 Borger St. MAILING **ADDRESS** Plainview, TX 79072 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (303) 809-5461 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 **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

| 2 COMMITTEE NAME | Dorty (D) | | | 13 Filer ID | (Ethics Commission Filers) |
|---|--|---|---|--------------------|----------------------------|
| Hale County Republican | Рапу (Р) | | | 00023714 | 4 |
| A CTIV (IT) (| 1. Candidates | A. Supported | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| - | 2. Measures | A. Supported | | | |
| | (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | 3. Officeholders Assisted | | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | |
| TOTALS | PLEDGES, LOAN CONTRIBUTIONS | ZED POLITICAL CONTE S, OR GUARANTEES (MADE ELECTRONIC) ort qualifies for the higher i | ALLY) | \$ | 0.00 |
| 7 | 2. TOTAL POLITION | CAL CONTRIBUTION | NS | \$ | 1,720.00 |
| | (OTHER THAN P | LEDGES, LOANS, OR | GUARANTEES OF LOANS) | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZ | ED POLITICAL EXPEN | NDITURES | \$ | 0.00 |
| 7 | 4. TOTAL POLITION | CAL EXPENDITURE | S | \$ | 1,775.23 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICA OF THE REPORT | | AINTAINED AS OF THE LAST | DAY \$ | 42,939.00 |
| OUTSTANDING LOAN TOTALS | | L AMOUNT OF ALL OF E REPORTING PERIO | UTSTANDING LOANS AS OF TO | THE \$ | 0.00 |
| .6 AFFIDAVIT | | | | <u> </u> | |
| | | true a | ar, or affirm, under penalty of pe nd correct and includes all infor Title 15, Election Code. | | |
| | | | Gaylee | n Barrett | |
| | | | Signature of Ca | | uror |
| | | | Signature of Ca | inpaign meas | uici |
| AFFIX NOTARY S | STAMP / SEAL ABOV | E | | | |
| Sworn to and subscribed b | efore me, by the said | | , ti | his the | day |
| of, | | | | | |
| | | | | | |
| Signature of officer adm | ninistering oath | Printed name of office | cer administering oath | Title of off | icer administering oath |

SUBTOTALS - CEC FORM CEC **COVER SHEET PG 3** 18 Filer ID **17** COMMITTEE NAME (Ethics Commission Filers) Hale County Republican Party (P) 00023714 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 1,720.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 1,775.23 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 10. \$ TO FILER

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|------------------------|--|------------------------------|---|--|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 1/5 Rpt: 4/23 | |
| 2 | FILER NAME Hale County | Republican Party (P) | | 3 | Filer ID (Ethics Commission 00023714 | n Filers) |
| 4 | Date 05/03/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Anonymous, Anonymous 6 Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$90.00 |
| | | Plainview, TX 79072 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 05/03/2024 | Full name of contributor out-of-state PAC (ID#:_ Anonymous, Anonymous Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$160.00 |
| | Principal occu | Plainview, TX 79072 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 01/12/2024 | Full name of contributor out-of-state PAC (ID#:_Azua, Filipa Contributor address; City; State; Zip Code Plainview, TX 79072 | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/03/2024 | Full name of contributor out-of-state PAC (ID#:_Bellows, Amber Contributor address; City; State; Zip Code Plainview, TX 79072 | | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 01/20/2024 | Full name of contributor out-of-state PAC (ID#:_Bellows, Kimmet Contributor address; City; State; Zip Code Plainview, TX 79072 | | | Amount of Contribution (\$) | \$40.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDULI | E A1 |
|---|------------------------|---|------------------------------|---|--|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 2/5 Rpt: 5/23 | |
| 2 | FILER NAME Hale County | Republican Party (P) | | 3 | Filer ID (Ethics Commission 00023714 | ı Filers) |
| 4 | Date 05/03/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Bellows, Kimmet 6 Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$15.00 |
| 0 | Dringing ogg | Plainview, TX 79072 | Employer /See Instructions | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 01/13/2024 | Full name of contributor out-of-state PAC (ID#:_ Bertelson, Rebecca Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$15.00 |
| | Dringinal occu | Plainview, TX 79072 pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | r inicipal occu | pation / 300 title (See Instructions) | Employer (See Instructions | , | | |
| | Date 01/05/2024 | Full name of contributor out-of-state PAC (ID#:_ Covington, Aline Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$15.00 |
| | | Plainview, TX 79072 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/03/2024 | Full name of contributor out-of-state PAC (ID#:_ Eaves, Carey Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu | Plainview, TX 79072 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | • | · | . , , | | | |
| | Date 01/20/2024 | Full name of contributor out-of-state PAC (ID#:_ Hall, Walter Contributor address; City; State; Zip Code Plainview, TX 79072 | | | Amount of Contribution (\$) | \$30.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDUL | E A1 |
|---|---------------------------|---|-------------------------------|----|--|-------------|
| | The Instruc | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 3/5 Rpt: 6/23 | |
| 2 | FILER NAME Hale County | Republican Party (P) | | 3 | Filer ID (Ethics Commission 00023714 | n Filers) |
| 4 | Date 01/20/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$15.00 |
| _ | Deignigal | Plainview, TX 79072 | O Franksian (Cas Instructions | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 05/02/2024 | Full name of contributor out-of-state PAC (ID#: Kelly, Julie Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$750.00 |
| | | Plainview, TX 79072 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 01/20/2024 | Full name of contributor out-of-state PAC (ID#: Marks, Cindy Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$15.00 |
| | | Plainview, TX 79072 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 01/12/2024 | Full name of contributor out-of-state PAC (ID#:_ Marks, Ed Contributor address; City; State; Zip Code Lockney, TX 79241 | | | Amount of Contribution (\$) | \$150.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 01/14/2024 | Full name of contributor out-of-state PAC (ID#:_ Marks, Ed Contributor address; City; State; Zip Code Lockney, TX 79241 | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | l | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|--------------------------|---|-------------------------------|---|--|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 4/5 Rpt: 7/23 | |
| 2 | FILER NAME Hale County | Republican Party (P) | | 3 | Filer ID (Ethics Commission 00023714 | n Filers) |
| 4 | Date 01/19/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$15.00 |
| _ | Delicalization of a con- | Plainview, TX 79072 | O Frankrije (Ozakasta stira | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | |
| | Date 05/03/2024 | Full name of contributor out-of-state PAC (ID#:_ Post, Karen Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu | Plainview, TX 79072 pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 01/20/2024 | Full name of contributor |) | | Amount of Contribution (\$) | \$105.00 |
| | | Plainview, TX 79072 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 01/16/2024 | Full name of contributor out-of-state PAC (ID#:_ Post, Wayne Contributor address; City; State; Zip Code Plainview, TX 79072 |) | | Amount of Contribution (\$) | \$30.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 05/03/2024 | Full name of contributor out-of-state PAC (ID#:_ Post, Wayne Contributor address; City; State; Zip Code Plainview, TX 79072 | | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDULE | ■ A1 |
|---|--|--|------------------------------|--------|--|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 5/5 Rpt: 8/23 | |
| 2 | FILER NAME Hale County | Republican Party (P) | | 3 | Filer ID (Ethics Commission 00023714 | Filers) |
| 4 | 05/03/2024 Reed, R L 6 Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) | \$15.00 |
| | | Plainview, TX 79072 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Date 01/20/2024 | Full name of contributor out-of-state PAC (ID#:_ Stan, Walter Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$30.00 |
| | | Plainview, TX 79072 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 01/17/2024 | Full name of contributor out-of-state PAC (ID#: Wade, Stacy Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$70.00 |
| | | Plainview, TX 79072 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (other a cottographed listed above)

| | 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: 1/8 Rpt: 9/23 | Hale County Republican Party (P) 00023714 |
| 4 | Date | 5 Payee name |
| | 04/09/2024 | Air BNB |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$520.00 | 10410 Brisbane River |
| | | |
| | | Converse River, TX 78109 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Lodging |
| L | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| L | | • |
| | Date | Payee name |
| | 01/31/2024 | Constitution Society |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | P.O. Box 97 |
| | | |
| | | Wolford, TX 79382 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Speakers |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 01/05/2024 | Covington, Alline |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$40.00 | 111 Yonkers |
| | | |
| | | Plainview, TX 79072 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. |
| | LAI LINDITURE | Check if Austin, TX, officeholder living expense |
| | | Ticket Printing |
| | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experiencie to beliefft C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense Salaries/Wages/Contract Labor

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

| | Credit Card r dyment | The Instruction Guide explains how to co | mple | lete this form. |
|---|--|--|------|--|
| 1 | Total pages Schedule F1: Sch: 2/8 Rpt: 10/23 | 2 FILER NAME Hale County Republican Party (P) | | 3 Filer ID (Ethics Commission Filers) 00023714 |
| ı | Date 03/22/2024 | 5 Payee name Covington, Alline | | |
| 6 | Amount (\$) \$53.00 | 7 Payee address; City; State; Zip Co 111 Yonkers Plainview, TX 79072 | de | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pocket Constitutions |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ght | Office held |
| l | Date 05/25/2024 | Payee name Cracker Barrel | | |
| | Amount (\$) \$37.90 | Payee address; City; State; Zip Co CB0421 | de | |
| | | Kerrville, TX 78028 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) | Description X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ght | Office held |
| ı | Date 05/22/2024 | Payee name DQ | | |
| | Amount (\$) \$26.04 | Payee address; City; State; Zip Co 87 N 4th St | de | |
| | | Sterling City, TX 76951 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (see Categories listed at the top of this schedule) Travel In District | (b) | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou | ght | : Office held |
| | | | | |

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|----------|--|--|---|
| <u> </u> | Total manage Calcadala 54 | <u> </u> | _ |
| 1 | Total pages Schedule F1: Sch: 3/8 Rpt: 11/23 | 2 FILER NAME Hale County Republican Party (P) 3 Filer ID (Ethics Commission Filers) 00023714 | |
| 4 | Date | 5 Payee name | _ |
| | 05/23/2024 | Dennys | |
| 6 | Amount (\$) \$47.05 | 7 Payee address; City; State; Zip Code903 E Commerce St | |
| | | | |
| | | San Antonio, TX 78205 | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Travel In District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Food | |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | _ |
| | Date | Payee name | = |
| | 05/24/2024 | Dennys | |
| | Amount (\$) | Payee address; City; State; Zip Code | _ |
| | \$36.17 | 903 E Commerce St | |
| | | | |
| | | San Antonio, TX 78205 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Travel In District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Food | |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | Date | Payee name | = |
| | 05/23/2024 | Food | |
| | Amount (\$) | Payee address; City; State; Zip Code | _ |
| | \$78.98 | 903 E Commerce St | |
| | | | |
| | | San Antonio, TX 78205 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description [V] Check if travel outside of Taxas, Complete Schedule T | |
| | EXPENDITURE | Travel In District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Food | |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/OI | | |
| | | | - |
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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 Salaries (Contract Labor

| Candidate/Officeholder/Politica Credit Card Payment | Al 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: 4/8 Rpt: 12/23 | Hale County Republican Party (P) 00023714 |
| 4 Date | 5 Payee name |
| 05/24/2024 | Gas |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$74.01 | 11652 Bandera St |
| | |
| | San Antonio, TX 78205 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Travel In District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Gas |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| Data | T _ |
| Date | Payee name |
| 05/24/2024 | Golden Corral |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$38.61 | #2518 |
| | |
| | San Antonio, TX 78250 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| _/ | Check if Austin, TX, officeholder living expense |
| | Food |
| Complete ONLY if direct | Condidate/Officeholder name Office cought Office hold |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 05/24/2024 | Gonzales Convention Center |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$9.00 | 900 S Market |
| | |
| | San Antonio, TX 78205 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Food |
| Operation Objects in | Our distance (Office health as marries and Office health as marries and Of |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| - p | |
| | |
| | |

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 | | ittee Leç | /Awards/Memorials al Services e Instruction Gu | | | ages | /Contract Labor | | Travel Out of Di OTHER (enter a | strict category not listed | above) |
|----------|--|-------------|--------------------------|--|---------------------|-------------|------|-------------------|-------|---|-------------------------------|----------------|
| 1 | Total pages Schedule F1: | 2 [| | | • | | _ | | 3 | Filer ID | (Ethics Comm | ission Eilors) |
| 1 | Sch: 5/8 Rpt: 13/23 | | | epublican Pa | urty (P) | | | | 3 | 00023714 | (Ethics Comm | ission Filers) |
| 4 | Date | 5 Pa | ayee name | | | | | | | | | |
| | 05/22/2024 | | HOP | | | | | | | | | |
| 6 | Amount (\$) | 7 Pá | ayee address; | City; | State; | Zip Co | de | | | | | |
| | \$64.30 | | 197 Agora Pl | (WV | | | | | | | | |
| | | | J | , | | | | | | | | |
| | | C, | elma, TX 78: | 15.4 | | | | | | | | |
| Ļ | | | | | | i | | | | | | |
| 8 | PURPOSE OF | | | ategories listed at th | ne top of this sche | edule) | (b) | Description | | | | |
| | EXPENDITURE | Tr | ravel In Distr | ct | | | | = | | de of Texas. Com officeholder living | plete Schedule T. | |
| | | | | | | | | Food | , 17, | onicendider living | g expense | |
| | | | | | | | | . 000 | | | | |
| _ | Complete ONLY if direct | Car | ndidate/Officel | oldor nama | | Office soug | nh+ | | | Office h | old | |
| 9 | expenditure to benefit C/O | | nuluale/Onicel | ioidei name | | mice sou(| JIIL | | | Office fi | ciu | |
| | | | | | | | | | | | | |
| | Date | | ayee name | | | | | | | | | |
| | 05/23/2024 | Pi | arking | | | | | | | | | |
| | Amount (\$) | Pá | ayee address; | City; | State; | Zip Co | de | | | | | |
| | \$16.84 | 90 | 03 E Comme | rce St | | | | | | | | |
| | | | | | | | | | | | | |
| | | Sa | an Antonio, ⁻ | X 78205 | | | | | | | | |
| | PURPOSE OF | (a) Ca | ategory (See C | ategories listed at th | ne top of this sch | edule) | (b) | Description | | | | |
| | EXPENDITURE | Tr | ravel In Distr | ct | | | | Check if travel | | de of Texas. Com officeholder living | | |
| | | | | | | | | Parking | , 17, | onicendider living | g expense | |
| | | | | | | | | rannig | | | | |
| _ | Complete ONLY if direct | Car | ndidate/Officel | oldor namo | | Office soug | aht | | | Office h | old | |
| | expenditure to benefit C/O | | ndidate/Officer | ioluei riairie | C | nice sout | giit | | | Office II | ciu | |
| <u> </u> | Data | | | | | | | | | | | |
| | Date | | ayee name | | | | | | | | | |
| | 05/23/2024 | | arking | | | | | | | | | |
| | Amount (\$) | | ayee address; | City; | State; | Zip Co | de | | | | | |
| | \$56.13 | 90 | 03 E Comme | rce St | | | | | | | | |
| | | | | | | | | | | | | |
| | | Sa | an Antonio, ⁻ | X 78205 | | | | | | | | |
| | PURPOSE | (a) Ca | ategory (See C | ategories listed at th | ne top of this sche | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | ravel In Distr | | | | | X Check if travel | | | | |
| | | | | | | | | | , TX, | officeholder living | g expense | |
| | | | | | | | | Parking | | | | |
| | | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | ndidate/Officel | noider name | О | Office sou | ght | | | Office h | eid | |
| | onponditure to belieff 6/01 | • | | | | | | | | | | |
| | | | | | | | | | | | | |
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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 The Instruction Guide | Salaries | /Wages | /Contract Labor | | OTHER (enter a | category not listed above) |
|----------|--|-----------------------|---------------------------------------|----------------------|------------------|--------------------|---------|---|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 6/8 Rpt: 14/23 | Hale Count | y Republican Party | / (P) | | | | 00023714 | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 05/24/2024 | Parking | | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ss; City; | State; Zip C | ode | | | | |
| | \$56.13 | 903 E Com | merce St | | | | | | |
| | | | | | | | | | |
| | | San Antoni | o, TX 78205 | | | | | | |
| 8 | PURPOSE OF | | ee Categories listed at the t | op of this schedule) | (b) | Description | | | |
| | EXPENDITURE | Travel In Di | strict | | | Check if travel of | | de of Texas. Com officeholder living | |
| | | | | | | Parking | , 17, | , omcendaer nving | у схренас |
| | | | | | | · carraing | | | |
| 9 | Complete ONLY if direct | Candidate/Off | ceholder name | Office so | <u>l</u> ught | | | Office h | eld |
| | expenditure to benefit C/O | | | 000 00 | ug | | | 55 | |
| | Date | Payee name | | | | | | | |
| | 05/24/2024 | Parking | | | | | | | |
| | Amount (\$) | Payee addre | ss; City; | State; Zip C | ode | | | | |
| | \$37.90 | 903 E Com | merce St | | | | | | |
| | · | | | | | | | | |
| | | San Antoni | o, TX 78250 | | | | | | |
| | PURPOSE OF | (a) Category (S | ee Categories listed at the t | op of this schedule) | (b) | Description | | | |
| | EXPENDITURE | Travel In Di | strict | | | = | | de of Texas. Com officeholder living | plete Schedule T. |
| | | | | | | Parking | , I.A., | , onicendaer living | g expense |
| | | | | | | r arking | | | |
| | Complete ONLY if direct | Candidate/Off | ceholder name | Office so | uaht | | | Office he | eld. |
| | expenditure to benefit C/O | | centider name | Onice 30 | agni | | | Omice in | ciu |
| \vdash | Date | Dayes nome | | | | | | | |
| | 05/25/2024 | Payee name Parking | | | | | | | |
| | | | 0'' | | | | | | |
| | Amount (\$) | Payee addre | • | State; Zip C | ode | | | | |
| | \$28.06 | 903 E Com | merce St | | | | | | |
| | | | | | | | | | |
| | | San Antoni | o, TX 78205 | | | | | | |
| | PURPOSE | (a) Category (S | ee Categories listed at the t | op of this schedule) | (b) | Description | | | |
| | OF EXPENDITURE | Travel In D | strict | | | Check if travel of | | | |
| | | | | | | ш | , TX, | officeholder living | g expense |
| | | | | | | Parking | | | |
| _ | Complete ONLY if direct | CandidatalO# | ceholder name | Office | liaht | | | Office he | old |
| | Complete ONLY if direct expenditure to benefit C/OH | | centituel Hallie | Office so | uynı | | | Office N | ciu |
| _ | • | | | | | | | | |
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| | | | | | | | _ | | |
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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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|---|--|---|---|
| ┰ | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | _ |
| 1 | Sch: 7/8 Rpt: 15/23 | 2 FILER NAME Hale County Republican Party (P) 3 Filer ID (Ethics Commission Filers) 00023714 | |
| 4 | Date | 5 Payee name | |
| | 05/22/2024 | SEI Fuels | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$50.00 | 2715 Olton Rd | |
| | | Plainview, TX 79072 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Travel In District X Check if travel outside of Texas. Complete Schedule T. | |
| | LXI LINDITORL | Check if Austin, TX, officeholder living expense | |
| | | Gas | |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | Date | Payee name | = |
| | 05/24/2024 | Star Stop | |
| | Amount (\$) | Payee address; City; State; Zip Code | _ |
| | \$45.00 | 2902 N Bryant | |
| | | | |
| | | San Angelo, TX 76903 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Travel In District X Check if travel outside of Texas. Complete Schedule T. | |
| | | Check if Austin, TX, officeholder living expense Gas | |
| | | Gus | |
| _ | Compulate ONLY if direct | Condidate/Officeholder name Office country | _ |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| | Date | Payee name | |
| | 05/22/2024 | Sunoco | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$72.55 | 1001 4th Ave | |
| | | | |
| | | Sterling City, TX 76951 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Travel In District X Check if travel outside of Texas. Complete Schedule T. | |
| | | Check if Austin, TX, officeholder living expense Gas | |
| | | Jus | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office cought Office hold | _ |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | , | | |
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| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

| l | 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) |
| l | Sch: 8/8 Rpt: 16/23 | Hale County Republican Party (P) | 00023714 |
| 4 | Date | 5 Payee name | |
| l | 01/19/2024 | Tasty Donuts | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| l | \$41.60 | | |
| l | | | |
| l | | Plainview, TX 79072 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | 1 · · · · · · · · · · · · · · · · · · · | side of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, T. | X, officeholder living expense |
| | | Food | |
| L | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| L | | | |
| l | Date | Payee name | |
| | 01/19/2024 | United Supermarkets | |
| l | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$49.98 | 3501 Olton Rd | |
| | | | |
| | | Plainview, TX 79072 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | OF EXPENDITURE | 1 000/Develage Expense | side of Texas. Complete Schedule T. |
| | | Food | X, officeholder living expense |
| | | | |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| l | expenditure to benefit C/OI | | |
| F | Date | Payee name | |
| l | 05/03/2024 | United Supermarkets | |
| ┝ | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$45.98 | | |
| l | Ψ 10.00 | SSSI SKENTKU | |
| | | Plainview, TX 79072 | |
| ┝ | DUDDOCE | | |
| l | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description X Check if travel out | side of Texas. Complete Schedule T. |
| l | EXPENDITURE | Haver III District | X, officeholder living expense |
| l | | Food Const Cla | ass |
| L | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| L | expenditure to benefit C/OI | ער | |
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| The Insti | ruction (| Guide explain | 1 Total pages Schedule T: Sch: 1/7 Rpt: 17/23 | | | | | | |
|--|--|--------------------------------------|--|-------------------------|--------------------------|---|--|--|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| Hale County Rep | publican F | Party (P) | | | 00023714 | | | | |
| 4 Name of Contribut Air BNB | Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Air BNB | | | | | | | | |
| 5 Contribution / Expe | enditure rei | oorted on: | | | | | | | |
| Schedule A2 | | Schedule B | Schedule B(J) | Schedule C2 | Schedule D X Schedule F1 | | | | |
| Schedule F2 | 브 | Schedule F4 | Schedule G | Schedule H | Schedule COH-UC | | | | |
| | | | | Schedule 11 | | | | | |
| 6 Dates of Travel | | of person(s) trave Wayne and Kare | | | | | | | |
| | 8 Depart | ture city or name o | f departure location | | | | | | |
| 05/03/2024 | Plainv | | • | | | | | | |
| | 9 Destin | ation city or name | of destination location | | | | | | |
| 05/03/2024 | San A | ntonio | | | | | | | |
| 10 Means of transport Private Automob | | 11 Purpose of tra | avel (including name of o | conference, seminar, or | other event) | | | | |
| | or / Corpor | ation or Labor Org | anization / Pledgor /Pay | ee | | | | | |
| Cracker Barrel | | | | | | | | | |
| Contribution / Expe | enditure re _l | ported on: | | | | | | | |
| Schedule A2 | | Schedule B | Schedule B(J) | Schedule C2 | Schedule D X Schedule F1 | | | | |
| Schedule F2 | | Schedule F4 | Schedule G | Schedule H | Schedule COH-UC | | | | |
| Dates of Travel | Name | of person(s) trave | ling | | | | | | |
| | Post, | Wayne and Kare | en | | | | | | |
| | Depart | ture city or name o | f departure location | | | | | | |
| 05/03/2024 | Plainv | view | | | | | | | |
| | Destin | ation city or name | of destination location | | | | | | |
| 05/03/2024 | San A | ntonio | | | | | | | |
| Means of transpor | tation | Purpose of tra | avel (including name of o | conference, seminar, or | other event) | | | | |
| Private Automob | oile | State GOP | Convention | | | | | | |
| Name of Contribut | or / Corpor | ation or Labor Ord | anization / Pledgor /Pay | ree | | | | | |
| DQ | | | | | | | | | |
| Contribution / Expe | enditure rej | oorted on: | | | | | | | |
| Schedule A2 | | Schedule B | Schedule B(J) | Schedule C2 | Schedule D X Schedule F1 | | | | |
| Schedule F2 | 닏 | Schedule F4 | Schedule G | Schedule H | Schedule COH-UC | | | | |
| | | | | | | | | | |
| Dates of Travel | | of person(s) trave Wayne and Kare | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| 05/03/2024 | Departure city or name of departure location 05/03/2024 Plainview | | | | | | | | |
| Destination city or name of destination location | | | | | | | | | |
| 05/03/2024 | San A | ntonio | | | | _ | | | |
| Means of transpor | tation | Purpose of tra | avel (including name of o | conference, seminar, or | other event) | | | | |
| Private Automob | oile | State GOP | Convention | | | | | | |
| | | | | | | | | | |
| I | | | | | | | | | |

| 4 Name of Contribut | or / Corpor | ation or Labor Org | anization / Pledgor /Pay | /ee | | | | | | |
|------------------------------------|--|---------------------|--|-------------------------|-----------------|---------------|--|--|--|--|
| Dennys | | | | | | | | | | |
| 5 Contribution / Expe | oution / Expenditure reported on: | | | | | | | | | |
| Schedule A2 | | Schedule B | Schedule B(J) | Schedule C2 | Schedule D | X Schedule F1 | | | | |
| Schedule F2 | | Schedule F4 | Schedule G | Schedule H | Schedule COH-UC | | | | | |
| 6 Dates of Travel | | of person(s) travel | | | | | | | | |
| | Post, Wayne and Karen | | | | | | | | | |
| | | | f departure location | | | | | | | |
| 05/03/2024 | 05/03/2024 Plainview | | | | | | | | | |
| | | | of destination location | | | | | | | |
| 05/03/2024 | | ntonio | | | | | | | | |
| 10 Means of transpor | | · · | | conference, seminar, or | other event) | | | | | |
| Private Automob | oile ———— | State GOP (| Convention | | | | | | | |
| Name of Contribut | or / Corpor | ation or Labor Org | anization / Pledgor /Pay | /ee | | | | | | |
| Dennys | | | | | | | | | | |
| Contribution / Expe | enditure re _l | ported on: | | | | | | | | |
| Schedule A2 | 느 | Schedule B | Schedule B(J) | Schedule C2 | Schedule D | X Schedule F1 | | | | |
| Schedule F2 | | Schedule F4 | Schedule G | Schedule H | Schedule COH-UC | | | | | |
| Dates of Travel | | of person(s) travel | | | | | | | | |
| | Post, | Wayne and Kare | en ———————————————————————————————————— | | | | | | | |
| | · · | | f departure location | | | | | | | |
| 05/03/2024 | Plainv | riew | | | | | | | | |
| | | | of destination location | | | | | | | |
| 05/03/2024 | | ntonio | | | | | | | | |
| Means of transpor Private Automob | | · · | | conference, seminar, or | other event) | | | | | |
| | | State GOP | | | | | | | | |
| | or / Corpor | ation or Labor Org | anization / Pledgor /Pay | /ee | | | | | | |
| Food | | | | | | | | | | |
| Contribution / Expo | | | Cabadula R(1) | Cobodulo C2 | Cabadula D | Cohodulo E1 | | | | |
| Schedule A2 | 느 | Schedule B | Schedule B(J) | Schedule C2 | Schedule D | X Schedule F1 | | | | |
| Schedule F2 | | Schedule F4 | Schedule G | Schedule H | Schedule COH-UC | | | | | |
| Dates of Travel | | of person(s) travel | | | | | | | | |
| | | Wayne and Kare | | | | | | | | |
| 05/02/2024 | · · | • | f departure location | | | | | | | |
| 05/03/2024 | Plainv | | | | | | | | | |
| 05/03/3034 | Destination city or name of destination location 05/03/2024 San Antonio | | | | | | | | | |
| 05/03/2024 | <u> </u> | | aval (in alvelina anama of | | ath an arrant\ | | | | | |
| Means of transpor Private Automob | | State GOP | ` • | conference, seminar, or | other event) | | | | | |
| 1 IIVate Automot | ліс ———————————————————————————————————— | Jane 001 | | | | | | | | |
| | | | | | | | | | | |
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| _ | or / Corpor | ation or Labor Org | anization / Pledgor /Pay | /ee | | | | | | |
|--|-----------------------|---------------------|--------------------------|-------------------------|-----------------|---------------|--|--|--|--|
| Gas 5 Contribution / Expenditure reported on: | | | | | | | | | | |
| | | | | | | | | | | |
| Schedule A2 | 브 | Schedule B | Schedule B(J) | Schedule C2 | Schedule D | X Schedule F1 | | | | |
| Schedule F2 | | Schedule F4 | Schedule G | Schedule H | Schedule COH-UC | | | | | |
| 6 Dates of Travel | 7 Name | of person(s) travel | ing | | | | | | | |
| | Post, Wayne and Karen | | | | | | | | | |
| | 8 Depart | ture city or name o | f departure location | | | | | | | |
| 05/03/2024 | Plainv | view | | | | | | | | |
| | 9 Destin | ation city or name | of destination location | | | | | | | |
| 05/03/2024 | San A | ntonio | | | | | | | | |
| 10 Means of transpor | tation | 11 Purpose of tra | avel (including name of | conference, seminar, or | other event) | | | | | |
| Private Automob | oile | State GOP | Convention | | | | | | | |
| Name of Contribut | or / Corpor | ation or Labor Org | anization / Pledgor /Pay | /ee | | | | | | |
| Golden Corral | | | | | | | | | | |
| Contribution / Expe | enditure rep | oorted on: | | | | | | | | |
| Schedule A2 | | Schedule B | Schedule B(J) | Schedule C2 | Schedule D | X Schedule F1 | | | | |
| Schedule F2 | | Schedule F4 | Schedule G | Schedule H | Schedule COH-UC | _ | | | | |
| Dates of Travel | Name | of person(s) travel | ing | | | | | | | |
| | Post, | Wayne and Kare | en | | | | | | | |
| | Depart | ture city or name o | f departure location | | | | | | | |
| 05/03/2024 | Plainv | view | | | | | | | | |
| | Destin | ation city or name | of destination location | | | | | | | |
| 05/03/2024 | San A | ntonio | | | | | | | | |
| Means of transpor | tation | Purpose of tra | avel (including name of | conference, seminar, or | other event) | | | | | |
| Private Automob | oile | State GOP | Convention | | | | | | | |
| Name of Contribut | or / Corpor | ation or Labor Org | anization / Pledgor /Pay | /ee | | | | | | |
| Gonzales Conve | ention Cer | nter | | | | | | | | |
| Contribution / Expe | enditure rej | ported on: | | | | | | | | |
| Schedule A2 | | Schedule B | Schedule B(J) | Schedule C2 | Schedule D | X Schedule F1 | | | | |
| Schedule F2 | | Schedule F4 | Schedule G | Schedule H | Schedule COH-UC | | | | | |
| Dates of Travel | Name | of person(s) travel | ing | | | | | | | |
| | Post, | Wayne and Kare | en | | | | | | | |
| | Depart | ture city or name o | f departure location | | | | | | | |
| 05/03/2024 | Plainv | riew | | | | | | | | |
| | Destin | ation city or name | of destination location | | | | | | | |
| 05/03/2024 | San A | ntonio | | | | | | | | |
| Means of transpor | tation | Purpose of tra | avel (including name of | conference, seminar, or | other event) | | | | | |
| Private Automob | oile | State GOP (| Convention | | | | | | | |
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| | | | | | | | | | | |
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| 4 Name of Contribut | or / Corpor | ation or Labor Org | anization / Pledgor /Pay | /ee | | | | | | |
|------------------------------------|---|-------------------------------|---------------------------|-------------------------|-----------------|--------------------|--|--|--|--|
| | 5 Contribution / Expenditure reported on: | | | | | | | | | |
| Schedule A2 | | | | | | | | | | |
| I <u> </u> | 닏 | | | 블 | 브 | X Schedule F1 | | | | |
| Schedule F2 | | Schedule F4 | Schedule G | Schedule H | Schedule COH-UC | | | | | |
| 6 Dates of Travel | 7 Name | of person(s) travel | ing | | | | | | | |
| | Post, Wayne and Karen | | | | | | | | | |
| | 8 Depart | ture city or name o | f departure location | | | | | | | |
| 05/03/2024 | | | | | | | | | | |
| | 9 Destin | ation city or name | of destination location | | | | | | | |
| 05/03/2024 | San A | ntonio | | | | | | | | |
| 10 Means of transpor | tation | 11 Purpose of tra | avel (including name of | conference, seminar, or | other event) | | | | | |
| Private Automob | oile | State GOP | Convention | | | | | | | |
| Name of Contribut | or / Corpor | ation or Labor Org | anization / Pledgor /Pay | /ee | | | | | | |
| Parking | | | | | | | | | | |
| Contribution / Exp | enditure re | oorted on: | | | | | | | | |
| Schedule A2 | | Schedule B | Schedule B(J) | Schedule C2 | Schedule D | X Schedule F1 | | | | |
| Schedule F2 | 一百 | Schedule F4 | Schedule G | Schedule H | Schedule COH-UC | | | | | |
| Dates of Travel | Name | of person(s) travel | ing | | | | | | | |
| Dates of Traver | | Wayne and Kare | | | | | | | | |
| | | | f departure location | | | | | | | |
| 05/03/2024 | Plainy | | i departure location | | | | | | | |
| 03/03/2024 | | | of doctionation location | | | | | | | |
| 05/03/2024 | | ation city or name Intonio | of destination location | | | | | | | |
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| | or / Corpor | ation or Labor Org | anization / Pledgor /Pay | /ee | | | | | | |
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| Dates of Travel | | of person(s) travel | | | | | | | | |
| | Post, | Wayne and Kare | en | | | | | | | |
| | Depart | ture city or name o | f departure location | | | | | | | |
| 05/03/2024 | Plainv | riew | | | | | | | | |
| | Destin | ation city or name | of destination location | | | | | | | |
| 05/03/2024 | San A | Intonio | | | | | | | | |
| Means of transpor | tation | Purpose of tra | avel (including name of | conference, seminar, or | other event) | | | | | |
| Private Automob | oile | State GOP | Convention | | | | | | | |
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| 05/03/2024 | 05/03/2024 Plainview | | | | | | | | | |
| | | | of destination location | | | | | | | |
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| 10 Means of transpor | | | | conference, seminar, or | other event) | | | | | |
| Private Automob | oile ———— | State GOP (| Convention | | | | | | | |
| Name of Contribut | or / Corpor | ation or Labor Org | anization / Pledgor /Pay | yee | | | | | | |
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| Private Automob | | State GOP | Convention | | | | | | | |
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| Means of transpor | | 1 | , - | conference, seminar, or | other event) | | | | | |
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| 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee | | | | | | | | | |
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| Name of Contribut | tor / Corpor | ation or Labor Orga | anization / Pledgor /Pay | /ee | | | | | |
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| Dates of Travel | Name | of person(s) traveli | ng | | | | | | |
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| 05/03/2024 | San A | ntonio | | | | | | | |
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Supermarkets** 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1 Schedule F2 Schedule F4 Schedule COH-UC Schedule G Schedule H 6 Dates of Travel Name of person(s) traveling Post, Wayne and Karen 8 Departure city or name of departure location 05/03/2024 Plainview Destination city or name of destination location 05/03/2024 San Antonio 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation State GOP Convention Private Automobile