COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC COVER SHEET PG 1

Th	e CEC Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00086956	2 Total pages filed:20					
3	COMMITTEE NAME			OFFICE USE ONLY					
	Jim Wells County	Republican Party		Date Received					
	COMMITTEE	ELECTRONICALLY FILED 07/15/2024							
4	ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CIT PO Box 3184	TY; STATE; ZIP CODE						
	_	PO B0X 3164		Date Hand-delivered or Date Postmarked					
	Change of Address	Alice, TX 78372		Descript //					
		Alle, 1X 70372		Receipt # Amount					
				Date Processed					
				Date Imaged					
5		MS / MRS / MR FIRST		MI					
	TREASURER NAME	Mr. Charles H.							
		NICKNAME LAST		SUFFIX					
		Ragland							
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE					
	STREET	581 County Road 331							
	ADDRESS								
	(Residence or Business)	Alice, TX 78332							
7	CAMPAIGN TREASURER	STREET OR PO BOX;	APT / SUITE #; CITY	; STATE; ZIP CODE					
	MAILING	581 County Road 331							
	ADDRESS								
	Change of Address	Alice, TX 78332							
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION						
		(936) 348-4896							
	PHONE								
9	REPORT	January 15 30	Oth day before election	Final Report					
	TYPE		h day before election	10th day after campaign treasurer					
		X July 15	· _	termination					
			unoff						
10	PERIOD	Month Day Year	Month Day	Year					
	COVERED	01/01/2024 TH	HROUGH 06/30/202	4					
11	ELECTION								
			Primary Runoff	Other					
		11/05/2024	General Special						
		GO 1	TO PAGE 2						
Fo	rms provided by Te	xas Ethics Commission www.et	thics.state.tx.us	Version V4.1.0.d378aba0					

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID) (Ethics Commission Filers)
Jim Wells County Repu	blican Party		00086	956
14 COMMITTEE ACTIVITY	1. 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	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR S MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	415.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	415.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	\$	8,945.05
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	2,794.83
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 E REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			•	
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Charles		and
		Signature of Car	-	
AFFIX NOTARY	STAMP / SEAL ABOV	E		
		, the seal of office.	IIS the	day
01	<u>, 20</u> , to certif	y which, whices my hand and sear of onloc.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of	officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

SUBTOTALS - CEC	C	FORM CEC OVER SHEET PG 3 3 of 20
17 COMMITTEE NAME Jim Wells County Republican Party	18 Filer ID 00086956	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 415.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 8,945.05
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	\$

		EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)							
-	Sch: 1/17 Rpt: 4/20	Jim Wells County Republican Party	00086956							
4	Date 01/01/2024	4 City of Alice								
6										
0	6 Amount (\$) 7 Payee address; City; State; Zip Code \$85.03 500 E Main St									
_		Alice, TX 78332								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if Austin, TX, officeholder living expense Water/Gas Image: Check if Austin, TX, officeholder living expense Water/Gas										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/25/2024	City of Alice								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$85.03	500 E Main St Alice, TX 78332								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/21/2024	City of Alice								
	Amount (\$) \$85.03	Payee address; City; State; Zip Code 500 E Main St								
		Alice, TX 78332								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ittee Gift/Awa	verage Expense rds/Memorials Expens rvices		Office Over Polling Exp Printing Exp Salaries/Wa	head ense bense ages/	e 'Contract Labor	Travel in District Travel Out of Dis	quipment & Related	
	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1: Sch: 2/17 Rpt: 5/20		ILER NAME	Republican Pa	urty				Filer ID 00086956	(Ethics Commis	sion Filers)
	-				uty				000000000		
4	Date 03/25/2024		ayee name ity of Alice								
6 Amount (\$) 7 Payee address; City; State; Zip Code \$85.03 500 E Main St											
		A	lice, TX 78332								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Water/Gas											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officehold	er name	0	office soug	lht		Office he	eld	
	Date	P	ayee name								
	05/01/2024	С	ity of Alice								
	Amount (\$)	P	ayee address;	City;	State;	Zip Coc	le				
	\$85.03		00 E Main St lice, TX 78332								
	PURPOSE OF EXPENDITURE		ategory _{(See Catego} ffice Overhead/F			edule)			de of Texas. Com officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officehold	er name	0	office soug	lht		Office he	eld	
	Date	P	ayee name								
	05/29/2024	С	ity of Alice								
	Amount (\$) \$85.03		ayee address; 00 E Main St	City;	State;	Zip Coc	le				
		A	lice, TX 78332								
	PURPOSE OF EXPENDITURE		ategory _{(See Catego} Iffice Overhead/F			edule)			de of Texas. Com officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officehold	er name	0	office soug	lht		Office he	eld	

		EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)			
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)			
-	Sch: 3/17 Rpt: 6/20	Jim Wells County Republican Party	00086956			
4	Date 04/05/2024	Payee name HEB				
6	Amount (\$) \$43.39	Payee address; City; State; Zip Code 1115 E Main St. Alice, TX 78332				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Meals for Staff						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	05/03/2024	HEB				
	Amount (\$) \$41.67	Payee address; City; State; Zip Code 1115 E Main St. Alice, TX 78332				
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense iOP county office.			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	06/24/2024	Little Caesars				
	Amount (\$) \$16.87	Payee address;City;State; Zip Code1142 E Main St.				
		Alice, TX 78332				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense f			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	E Fi G nmittee La T	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME				3 Filer ID (Ethics Commission Filers)				
	Sch: 4/17 Rpt: 7/20	Jim Wells County Republican Party 00086956								
4	Date	5 Payee name								
	01/01/2024	Nueces Elect	ric Coop							
6	Amount (\$)	Payee address	;; City;	State; Zip Co	ode					
	\$38.83	14353 Coope	erative Ave							
		Robstown, T	× 78380							
8	PURPOSE				(b) Description					
ľ	OF		Categories listed at the top of ead/Rental Expense			outside of Texas. Complete Schedule T.				
	EXPENDITURE				Check if Austin	n, TX, officeholder living expense				
					Electricity					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Office	eholder name	Office sou	ight	Office held				
	Date	Payee name								
	02/01/2024	Nueces Elect	ric Coop							
Amount (\$) Payee address; City; State; Zip Code										
	\$29.26	14353 Coope		, <u></u>						
	\$20.20	14000 00000								
		Robstown, TX	X 78380							
	PURPOSE OF EXPENDITURE		Categories listed at the top of ead/Rental Expense			outside of Texas. Complete Schedule T. 1, TX, officeholder living expense				
					Electricity					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Office	eholder name	Office sou	ight	Office held				
	Date	Payee name								
	03/01/2024	Nueces Elect	ric Coop							
	Amount (\$)	Payee address	; City;	State; Zip Co	ode					
	\$30.88	14353 Coope		•						
		Robstown, TX	X 78380							
	PURPOSE OF		Categories listed at the top of		(b) Description					
	EXPENDITURE	Office Overhe	ead/Rental Expense			outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Office	eholder name	Office sou	lght	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 5/17 Rpt: 8/20	Jim Wells County Republican Party	00086956							
4	Date 03/25/2024	5 Payee name Nueces Electric Coop								
6	6 Amount (\$) \$16.99 7 Payee address; City; State; Zip Code 14353 Cooperative Ave Robstown, TX 78380									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electricity										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/02/2024	Nueces Electric Coop								
	Amount (\$) \$22.92	Payee address; City; State; Zip Code 14353 Cooperative Ave Robstown, TX 78380								
	PURPOSE OF EXPENDITURE	 a) Category (See Categories listed at the top of this schedule) b) Description c) Check if travel of Check	utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/30/2024	Nueces Electric Coop								
	Amount (\$) \$18.98	Payee address;City;State;Zip Code14353 Cooperative Ave								
		Robstown, TX 78380								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburss Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract La The Instruction Guide explains how to complete this for	ense oor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3	Filer ID (Ethics Commission Filers)				
	Sch: 6/17 Rpt: 9/20	Jim Wells County Republican Party	00086956					
4		Payee name						
	01/01/2024	Ramos, C.P.						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00	1186. E. 3rd						
		Alice, TX 78332						
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descript						
	OF EXPENDITURE Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rent							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought		Office held				
	Date	Payee name						
	02/01/2024	Ramos, C.P.						
Amount (\$) Payee address; City; State; Zip Code								
	\$1,000.00	1186. E. 3rd						
		Alice, TX 78332						
	PURPOSE OF EXPENDITURE		f travel outs	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought		Office held				
	Date	Payee name						
	03/01/2024	Ramos, C.P.						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,000.00	1186. E. 3rd						
		Alice, TX 78332						
	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Descript						
	EXPENDITURE			ide of Texas. Complete Schedule T. r, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awa nittee Legal Se	verage Expense ds/Memorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2 6		•		•	2	Filer ID	(Ethics Commission Filers)
-	Sch: 7/17 Rpt: 10/20			Republican Party				00086956	
4	Date	5 F	Payee name						
	04/01/2024	F	Ramos, C.P.						
6	Amount (\$)	7 F	Payee address;	City; State	; Zip Co	de			
	\$1,000.00	1	L186. E. 3rd						
			Alice, TX 78332						
_	DUDDOOT					4 \			
8	PURPOSE OF			ries listed at the top of this sch	nedule)	(b) Description	outoi	de of Toyloo Com	nlata Cabadula T
	EXPENDITURE		Office Overhead/F	ental Expense				de of Texas. Com officeholder living	
						Rent	.,,		,
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officehold	er name C	Dffice sou	jht		Office he	eld
	Date	F	Payee name						
	05/01/2024		Ramos, C.P.						
				City Ctoto	, Zin Co	40			
	Amount (\$)		Payee address;	City; State	; Zip Co	le			
	\$1,000.00		186. E. 3rd						
		A	Alice, TX 78332						
	PURPOSE OF EXPENDITURE		Category _{(See Catego} Office Overhead/F	ries listed at the top of this sch Rental Expense	nedule)			de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officehold	er name C	Dffice sou	Jht		Office he	eld
	Date	F	Payee name						
	06/01/2024		Ramos, C.P.						
	Amount (\$)		Payee address;	City; State	; Zip Co	10			
	\$1,000.00		186. E. 3rd	City, State	, zip co				
	φ1,000.00		L100. L. Siu						
		ŀ	Alice, TX 78332						
	PURPOSE	(a) (Category (See Catego	ries listed at the top of this sch	nedule)	(b) Description			
	OF EXPENDITURE	(Office Overhead/F	Rental Expense				de of Texas. Com officeholder living	plete Schedule T. J expense
-	Complete ONLY if direct	L Cá	andidate/Officehold	er name (Office sou	iht		Office he	eld
	expenditure to benefit C/Oł				22 0000	• · · ·		2	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	lains h	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 8/17 Rpt: 11/20		Jim Wells County Republican Part	у				00086956
4	Date	5	Payee name					
	01/08/2024		Silver Star					
6	Amount (\$)	7	Payee address; City; S	State;	Zip Coc	le		
	\$75.00		910 S Cameron St					
			Alice, TX 78332					
_								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of th	nis sche	edule)	(b) Description		
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense
						Gas	1, 1 A	, uncertoider living expense
						Cus		
_								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	Office soug	Int		Office held
	Date		Payee name					
	01/16/2024		Silver Star					
	Amount (\$)		Payee address; City; S	State;	Zip Coc	le		
	\$71.72		910 S Cameron St					
			Alice, TX 78332					
	PURPOSE	(a)	Category (See Categories listed at the top of th	nis sche	edule)	(b) Description		
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.
							n, TX	, officeholder living expense
						Gas		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	Office soug	lht		Office held
	expenditure to benefit C/OI							
	Date		Payee name					
	01/22/2024		Silver Star					
	Amount (\$)		Payee address; City; S	State;	Zip Coc	le		
	\$61.60		910 S Cameron St					
			Alice, TX 78332					
	DUDDOOF				<u> </u>	(I-) - · · ·		
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	nis sche	edule)	(b) Description	outo	ida of Toylog, Complete Cabadula T
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense
						Gas	.,	
						240		
	Complete ON! V if direct	Ļ	andidate/Officeholder name		office cours	ubt		Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	Office soug	µ it		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees O Food/Beverage Expense Pe Gift/Awards/Memorials Expense Pr	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 9/17 Rpt: 12/20		Jim Wells County Republican Party	00086956						
4	Date 01/29/2024		Payee name Silver Star							
6	Amount (\$)	7	Payee address; City; State; Z	Zin Cod	<u>م</u>					
6 Amount (\$) 7 Payee address; City; State; Zip Code \$60.34 910 S Cameron St Alice, TX 78332										
8	DURDOSE	(2)	Cotogon		b) Description					
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ice soug	ht		Office held			
	Date		Payee name							
	02/06/2024		Silver Star							
	Amount (\$)		Payee address; City; State; Z	Zip Cod	e					
	\$75.00		910 S Cameron St Alice, TX 78332							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedul Travel In District	ule) (de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ice soug	ht		Office held			
	Date		Payee name							
	02/14/2024		Silver Star							
-	Amount (\$)		Payee address; City; State; Z	Zip Cod	е					
	\$75.00		910 S Cameron St	·						
			Alice, TX 78332							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedul Travel In District	ule) (de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Offic	ice soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment									
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 10/17 Rpt: 13/20		Jim Wells County Republican Par	ty				00086956	
4	Date	5	Payee name						
	02/26/2024		Silver Star						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de			
	\$75.00		910 S Cameron St						
			Alice, TX 78332						
_									
8	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sch	edule)	(b) Description			
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense	
						Gas	II, IA	, uncertoider living expense	
						Ous			
_						1.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	int		Office held	
	Date		Payee name						
	02/21/2024		Silver Star						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	de			
	\$74.02		910 S Cameron St						
			Alice, TX 78332						
	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	edule)	(b) Description			
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.	
							in, TX	, officeholder living expense	
						Gas			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght		Office held	
	experiatare to benefit C/OI	1							
	Date		Payee name						
	03/04/2024		Silver Star						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	de			
	\$75.00		910 S Cameron St						
			Alice, TX 78332						
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sch	edule)	(b) Description	l aut	ide of Touron Complete Color-Inde T	
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense	
						Gas	,	, oncensider nying expense	
						005			
	Campalate ONUX Station	Ļ	and date (Office held						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment									
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 11/17 Rpt: 14/20		Jim Wells County Republican Party				00086956		
4	Date	5	Payee name						
	03/15/2024		Silver Star						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de				
	\$75.00		910 S Cameron St						
			Alice, TX 78332						
_									
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description				
	EXPENDITURE		Travel In District				de of Texas. Complete Schedule T. , officeholder living expense		
					Gas	, 17,			
					Cus				
_							0///		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	gnt		Office held		
	Date		Payee name						
	03/07/2024		Silver Star						
	Amount (\$)		Payee address; City; State	; Zip Co	de				
	\$57.25		910 S Cameron St						
			Alice, TX 78332						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Travel In District				de of Texas. Complete Schedule T.		
						, TX,	officeholder living expense		
					Gas				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	Office sou	ght		Office held		
	experiatare to benefit C/OI								
	Date		Payee name						
	03/19/2024		Silver Star						
	Amount (\$)		Payee address; City; State	; Zip Co	de				
	\$75.00		910 S Cameron St						
			Alice, TX 78332						
	DUDDOOF								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description	oute	de of Texas. Complete Schedule T.		
	EXPENDITURE		Travel In District				officeholder living expense		
					Gas	,			
					- 40				
	Complete ON! V if direct	Ļ	condidate/Officeholder asma	Office com	abt		Office hold		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 12/17 Rpt: 15/20		Jim Wells County Republican Part	y				00086956
4	Date	5	Payee name					
	03/25/2024		Silver Star					
6	Amount (\$)	7	Payee address; City; S	State;	Zip Coc	le		
	\$66.50		910 S Cameron St					
			Alice, TX 78332					
8	PURPOSE					(b) Description		
	OF		Category (See Categories listed at the top of th Travel In District	his sche	edule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE							, officeholder living expense
						Gas		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	Office soug	ht		Office held
	Date		Payee name					
	04/01/2024		Silver Star					
	Amount (\$)		Payee address; City; S	State:	Zip Coc	le		
	\$75.00		910 S Cameron St	,				
	\$10100							
			Alice, TX 78332					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Travel In District	his sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C			Candidate/Officeholder name Office sought Office held					
	Date		Payee name					
	04/05/2024		Silver Star					
	Amount (\$)		Payee address; City; S	State:	Zip Coc	le		
	\$75.00		910 S Cameron St	,				
	¢10100							
			Alice, TX 78332					
	PURPOSE		Category (See Categories listed at the top of the	his sche	edule)	(b) Description		
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.
							I, TX,	, officeholder living expense
						Gas		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	Office soug	lht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment									
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 13/17 Rpt: 16/20		Jim Wells County Republican Par	ty				00086956	
4	Date	5	Payee name						
	04/15/2024		Silver Star						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de			
	\$75.00		910 S Cameron St						
			Alice, TX 78332						
_									
8	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sch	edule)	(b) Description			
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense	
						Gas	1, 17,	, uncertoider hving expense	
						Ous			
_						1.		0///	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	int		Office held	
	Date		Payee name						
	04/18/2024		Silver Star						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	de			
	\$72.42		910 S Cameron St						
			Alice, TX 78332						
	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	edule)	(b) Description			
	OF EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T.	
							ι, TΧ	, officeholder living expense	
						Gas			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght		Office held	
	experiatare to benefit C/OI	1							
	Date		Payee name						
	04/18/2024		Silver Star						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	de			
	\$74.00		910 S Cameron St						
			Alice, TX 78332						
						a >			
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sch	edule)	(b) Description	0	ide of Toyas, Complete Schedule T	
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense	
						Gas	., . ,		
						240			
	Complete ON! V if direct	Ļ	andidata/Officeholder name			t		Office hold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment									
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 14/17 Rpt: 17/20		Jim Wells County Republican Party					00086956	
4	Date	5	Payee name						
	05/07/2024		Silver Star						
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de				
	\$75.00		910 S Cameron St						
			Alice, TX 78332						
_									
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description			
	EXPENDITURE		Travel In District					de of Texas. Complete Schedule T. officeholder living expense	
						Gas	, 17,		
						Oas			
_				o <i>''</i> '				0	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	gnt			Office held	
	Date		Payee name						
	05/31/2024		Silver Star						
	Amount (\$)		Payee address; City; State	e; Zip Co	de				
	\$75.00		910 S Cameron St						
			Alice, TX 78332						
	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description			
	OF EXPENDITURE		Travel In District					de of Texas. Complete Schedule T.	
							, TX,	officeholder living expense	
						Gas			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held	
	experiatare to benefit C/OI								
	Date		Payee name						
	06/10/2024		Silver Star						
	Amount (\$)		Payee address; City; State	e; Zip Co	de				
	\$75.00		910 S Cameron St						
			Alice, TX 78332						
					(h)	Department			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	hedule)	(0)	Description	nutei	de of Texas. Complete Schedule T.	
	EXPENDITURE		Travel In District					officeholder living expense	
						Gas			
	Complete ON! V if direct	Ļ	andidata/Officebolder asma	Office acti	abt			Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:						2	Filer ID	(Ethics Commission Filers)	
-	Sch: 15/17 Rpt: 18/20		/ells County Republica	n Party				00086956		
4	Date 06/17/2024	5 Payee Silver								
6	Amount (\$)	7 Pavee	address; City;	State:	; Zip Co	le				
-	\$75.00		Cameron St	,	, 1					
		Δlice	TX 78332							
_	BUBBOCE					(h)				
8	PURPOSE OF		Ory (See Categories listed at the	e top of this sch	nedule)	(b) Description	outsi	de of Texas Com	nplete Schedule T.	
	EXPENDITURE	Trave	I In District					officeholder living		
						Gas				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate/Officeholder name	C	Dffice sou	yht		Office h	eld	
	Date	Payee	name							
	06/25/2024	Silver								
	Amount (\$)	Pavee	address; City;	State:	; Zip Co	de				
	\$75.00	2	Cameron St	,	,					
	\$10.00	0100								
		Alice,	TX 78332							
	PURPOSE OF EXPENDITURE		Ory (See Categories listed at the I In District	e top of this sch	nedule)			de of Texas. Com , officeholder living	nplete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ate/Officeholder name	C	l Office sou	jht		Office h	eld	
	Date	Pave	name							
	03/13/2024		on Wireless							
	Amount (\$)		address; City;	State	; Zip Co	10				
	\$129.41		/erizon Way	State,	, zip coi					
	ψ123.41	One	Venzon Way							
		Bask	ng Ridge, NJ 07920							
	PURPOSE		Ory (See Categories listed at the		nedule)	(b) Description				
	OF EXPENDITURE	Office	e Overhead/Rental Exp	ense			n, TX,	officeholder living	nplete Schedule T. g expense	
-	Complete ONLY if direct	Candid	ate/Officeholder name	C	Office soug	ght		Office h	eld	
	expenditure to benefit C/OI			_						
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	· · · · · ·	3 Filer ID (Ethics Commission Filers)				
1	Sch: 16/17 Rpt: 19/20	Jim Wells County Republican Party	00086956				
4	Date 04/17/2024	5 Payee name Verizon Wireless					
6	Amount (\$) \$129.41	7 Payee address; City; State; Zip Code One Verizon Way Basking Ridge, NJ 07920					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense X PENSE.				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/23/2024	Verizon Wireless					
	Amount (\$) \$129.34	Payee address; City; State; Zip Code One Verizon Way					
		Basking Ridge, NJ 07920					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense X pense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	03/22/2024	Walmart					
	Amount (\$) \$113.27	Payee address; City; State; Zip Code 2701 E Main St					
		Alice, TX 78332					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense es for GOP county office.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	Advertising Expense Accounting/Banking Consulting 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: Sch: 17/17 Rpt: 20/20	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jim Wells County Republican Party 00086956
4	Date 04/02/2024	5 Payee name Walmart
6	Amount (\$) \$10.80	7 Payee address; City; State; Zip Code 2701 E Main St Alice, TX 78332
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for GOP county office.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held