

COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC
COVER SHEET PG 1

The CEC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00053162	2 Total pages filed: 103
3 COMMITTEE NAME Collin County Republican Party (CEC)		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 10/07/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2701 W 15th Street Suite 572 Plano, TX 75075	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI James P.	
		NICKNAME LAST SUFFIX Farley	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2213 Old Orchard Drive Plano, TX 75023	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 260687 Plano, TX 75026	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (214) 683-5388	
9 REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Final Report <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED		Month Day Year THROUGH Month Day Year 07/01/2024 09/26/2024	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC
COVER SHEET PG 2

12 COMMITTEE NAME Collin County Republican Party (CEC)	13 Filer ID (Ethics Commission Filers) 00053162
--	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported Donald Trump President
		B. Opposed
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported
		B. Opposed
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	21,246.00
	2. TOTAL POLITICAL CONTRIBUTIONS <small>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</small>	\$	50,001.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	37,470.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	173,160.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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.

 James P. Farley
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE

**FORM CEC
ADDENDUM**

Page 3 of 103

12 COMMITTEE NAME Collin County Republican Party (CEC)		13 Filer ID (Ethics Commission Filers) 00053162
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ted Cruz Senator 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Keith Self US House of Representatives 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Pat Fallon US House of Representatives 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.)	

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE

**FORM CEC
ADDENDUM**

Page 4 of 103

12 COMMITTEE NAME Collin County Republican Party (CEC)		13 Filer ID (Ethics Commission Filers) 00053162
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Darrell Day US House of Representatives 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Christi Craddick Railroad Commissioner 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jimmy Blacklock Supreme Court Chief Justice 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.)	

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE

**FORM CEC
ADDENDUM**

Page 5 of 103

12 COMMITTEE NAME Collin County Republican Party (CEC)		13 Filer ID (Ethics Commission Filers) 00053162
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported John Devine Supreme Court Justice 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jane Bland Supreme Court Justice 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported David Schenck Court Of Criminal Appeals, Judge 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.)	

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE

**FORM CEC
ADDENDUM**

Page 6 of 103

12 COMMITTEE NAME Collin County Republican Party (CEC)		13 Filer ID (Ethics Commission Filers) 00053162
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Gina Parker Court Of Criminal Appeals, Judge 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Lee Finley Court Of Criminal Appeals, Judge 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Pam Little State Board Of Education 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.)	

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE

**FORM CEC
ADDENDUM**

Page 7 of 103

12 COMMITTEE NAME Collin County Republican Party (CEC)		13 Filer ID (Ethics Commission Filers) 00053162
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Angela Paxton State Senator 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Brent Hagenbuch State Senator 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported JJ Koch Court of Appeals, Chief Justice 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.)	

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE

**FORM CEC
ADDENDUM**

Page 8 of 103

12 COMMITTEE NAME Collin County Republican Party (CEC)		13 Filer ID (Ethics Commission Filers) 00053162
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Earl Jackson Court Of Appeals, Justice 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Gino Rossini Court Of Appeals, Justice 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mike Lee Court Of Appeals, Justice 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.)	

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE

**FORM CEC
ADDENDUM**

Page 9 of 103

12 COMMITTEE NAME Collin County Republican Party (CEC)		13 Filer ID (Ethics Commission Filers) 00053162
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Emily Miskel Court Of Appeals, Justice 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jessica Lewis Court Of Appeals, Justice 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Cynthia Barbare Court Of Appeals, Justice 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.)	

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE

**FORM CEC
ADDENDUM**

Page 10 of 103

12 COMMITTEE NAME Collin County Republican Party (CEC)		13 Filer ID (Ethics Commission Filers) 00053162
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Matthew Kolodoski Court Of Appeals, Justice 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Susan Fletcher County Commissioner 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Darrell Hale County Commissioner 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.)	

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE

**FORM CEC
ADDENDUM**

Page 11 of 103

12 COMMITTEE NAME Collin County Republican Party (CEC)		13 Filer ID (Ethics Commission Filers) 00053162
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Matt Carpenter Constable 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Dwayne Kurtz Constable 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sammy Knapp Constable 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.)	

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE

**FORM CEC
ADDENDUM**

Page 12 of 103

12 COMMITTEE NAME Collin County Republican Party (CEC)		13 Filer ID (Ethics Commission Filers) 00053162
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Steve Asher Constable 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Katrina Pierson State Representative 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Keresa Richardson State Representative 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.)	

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE

**FORM CEC
ADDENDUM**

Page 13 of 103

12 COMMITTEE NAME Collin County Republican Party (CEC)		13 Filer ID (Ethics Commission Filers) 00053162
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Matt Shaheen State Representative 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Steve Kinard State Representative 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Candy Noble State Representative 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.)	

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE

**FORM CEC
ADDENDUM**

Page 14 of 103

12 COMMITTEE NAME Collin County Republican Party (CEC)	13 Filer ID (Ethics Commission Filers) 00053162
--	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Piper McGraw District Judge 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.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Angela Tucker District Judge 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.)	

COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ben Smith District Judge 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.)	

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE

**FORM CEC
ADDENDUM**

Page 15 of 103

12 COMMITTEE NAME Collin County Republican Party (CEC)		13 Filer ID (Ethics Commission Filers) 00053162
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Kim Laseter District Judge 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Brook Fulks District Judge 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Andrea Thompson District Judge 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.)	

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE

**FORM CEC
ADDENDUM**

Page 16 of 103

12 COMMITTEE NAME Collin County Republican Party (CEC)		13 Filer ID (Ethics Commission Filers) 00053162
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Lynsey Wynne District Judge 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Andrea Bouressa District Judge 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Christine Nowak District Judge 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.)	

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE

**FORM CEC
ADDENDUM**

Page 17 of 103

12 COMMITTEE NAME Collin County Republican Party (CEC)		13 Filer ID (Ethics Commission Filers) 00053162
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sarah Duff Probate Judge 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Jim Skinner Sheriff 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.)	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Scott Grigg Tax Assessor 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.)	

SUBTOTALS - CEC**FORM CEC**
COVER SHEET PG 3
18 of 103

17 COMMITTEE NAME Collin County Republican Party (CEC)		18 Filer ID (Ethics Commission Filers) 00053162
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50,001.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 37,470.45
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 68.28

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/46 Rpt: 19/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arrant, Debora <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75074-3585	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arrant, Debora <hr/> Contributor address; City; State; Zip Code Plano, TX 75074-3585	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Daniel Scott <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252	Amount of Contribution (\$) \$123.89
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) self
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Debbi <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072	Amount of Contribution (\$) \$260.05
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bao, Lily <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Legacy Premier Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/46 Rpt: 20/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bao, Lily	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Plano, TX 75025		
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Legacy Premier Group
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bao, Lily	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Plano, TX 75025		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Legacy Premier Group
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckham, Christina	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Frisco, TX 75035		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergerson, Ashley	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Anna, TX 75409		
Principal occupation / Job title (See Instructions) Investment Banking		Employer (See Instructions) SitusAMC
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergerson, Ashley	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Anna, TX 75409		
Principal occupation / Job title (See Instructions) Investment Banking		Employer (See Instructions) SitusAMC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/46 Rpt: 21/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergerson, Ashley	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Anna, TX 75409		
8 Principal occupation / Job title (See Instructions) Investment Banking		9 Employer (See Instructions) SitusAMC
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bickford, Chris	Amount of Contribution (\$) \$10.72
Contributor address; City; State; Zip Code Allen, TX 75002		
Principal occupation / Job title (See Instructions) IT manager		Employer (See Instructions) BCBSTX
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bickford, Chris	Amount of Contribution (\$) \$10.72
Contributor address; City; State; Zip Code Allen, TX 75002		
Principal occupation / Job title (See Instructions) IT manager		Employer (See Instructions) BCBSTX
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bickford, Chris	Amount of Contribution (\$) \$10.72
Contributor address; City; State; Zip Code Allen, TX 75002		
Principal occupation / Job title (See Instructions) IT manager		Employer (See Instructions) BCBSTX
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Patricia	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Frisco, TX 75035		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) PBNJ Solutions LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/46 Rpt: 22/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Patricia <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) PBNJ Solutions LLC
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Patricia <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) PBNJ Solutions LLC
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackwell, Melvin <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blencowe, Debra <hr/> Contributor address; City; State; Zip Code Princeton, TX 75407	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assoc Faculty		Employer (See Instructions) Collin College
Date 07/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blencowe, Debra <hr/> Contributor address; City; State; Zip Code Princeton, TX 75407	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Assoc Faculty		Employer (See Instructions) Collin College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/46 Rpt: 23/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blencowe, Debra	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Princeton, TX 75407		
8 Principal occupation / Job title (See Instructions) Assoc Faculty		9 Employer (See Instructions) Collin College
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bollner, Dan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Frisco, TX 75034		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bollner, Dan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Frisco, TX 75034		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bollner, Dan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Frisco, TX 75034		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Botkin, Dennis	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richardson, TX 75082		
Principal occupation / Job title (See Instructions) Quality Engineer		Employer (See Instructions) SQA Serives

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/46 Rpt: 24/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Botkin, Dennis	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Richardson, TX 75082		
8 Principal occupation / Job title (See Instructions) Quality Engineer		9 Employer (See Instructions) SQA Serives
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Botkin, Dennis	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richardson, TX 75082		
Principal occupation / Job title (See Instructions) Quality Engineer		Employer (See Instructions) SQA Serives
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brezette, Mark	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Allen, TX 75013		
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Self
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassel, James	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassel, James	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/46 Rpt: 25/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassel, James <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75080	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) sales		9 Employer (See Instructions) self employed
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassels, Jeff & Ann <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Web Developer		Employer (See Instructions) Perspecta
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassels, Jeff & Ann <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Web Developer		Employer (See Instructions) Perspecta
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassels, Jeff & Ann <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Web Developer		Employer (See Instructions) Perspecta
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cervantes, Alfredo <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$168.00
Principal occupation / Job title (See Instructions) Civil/Structural Engineer		Employer (See Instructions) Alpha-C Engineering LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/46 Rpt: 26/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Robert	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code FRISCO, TX 75034		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Robert	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code FRISCO, TX 75034		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Robert	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code FRISCO, TX 75034		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Vickie	Amount of Contribution (\$) \$26.33
Contributor address; City; State; Zip Code Frisco, TX 75035		
Principal occupation / Job title (See Instructions) System Engineer		Employer (See Instructions) Basis Technologies
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Vickie	Amount of Contribution (\$) \$26.33
Contributor address; City; State; Zip Code Frisco, TX 75035		
Principal occupation / Job title (See Instructions) System Engineer		Employer (See Instructions) Basis Technologies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/46 Rpt: 27/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles, Vickie <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$26.33
8 Principal occupation / Job title (See Instructions) System Engineer		9 Employer (See Instructions) Basis Technologies
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collin county Republican Primary Federal Account <hr/> Contributor address; City; State; Zip Code Plano , TX 75075	Amount of Contribution (\$) \$1,342.91
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Austin <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Kenneth <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RCIS		Employer (See Instructions) methodist richardson medical center
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Kenneth <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RCIS		Employer (See Instructions) methodist richardson medical center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/46 Rpt: 28/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Kenneth <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75013	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RCIS		9 Employer (See Instructions) methodist richardson medical center
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curry, Charles <hr/> Contributor address; City; State; Zip Code PLANO, TX 75023	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Purchasing		Employer (See Instructions) Telecom Electric Supply
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curry, Charles <hr/> Contributor address; City; State; Zip Code PLANO, TX 75023	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Purchasing		Employer (See Instructions) Telecom Electric Supply
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curry, Charles <hr/> Contributor address; City; State; Zip Code PLANO, TX 75023	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Purchasing		Employer (See Instructions) Telecom Electric Supply
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daily, Bonnie <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/46 Rpt: 29/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson USN, PO2 Eddie	7 Amount of Contribution (\$) \$26.27
6 Contributor address; City; State; Zip Code PLANO, TX 75074		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dippell, Paul	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code PLANO, TX 75024		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Service Leadership Inc.
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dippell, Paul	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code PLANO, TX 75024		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Service Leadership Inc.
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dippell, Paul	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code PLANO, TX 75024		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Service Leadership Inc.
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dowdell, Aaron	Amount of Contribution (\$) \$10.69
Contributor address; City; State; Zip Code Princeton, TX 75407		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) GE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/46 Rpt: 30/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dowdell, Aaron <hr/> 6 Contributor address; City; State; Zip Code Princeton, TX 75407	7 Amount of Contribution (\$) \$10.69
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) GE
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dowdell, Aaron <hr/> Contributor address; City; State; Zip Code Princeton, TX 75407	Amount of Contribution (\$) \$10.69
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) GE
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Jeff <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferrer, James <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) Ericsson
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOP Primary Account <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$19,462.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/46 Rpt: 31/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, Richard <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75025	7 Amount of Contribution (\$) \$10.69
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, Richard <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$10.69
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grigg, Scott <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Office Financial Operations Manager		Employer (See Instructions) Collin County
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grigg, Scott <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Office Financial Operations Manager		Employer (See Instructions) Collin County
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grigg, Scott <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Office Financial Operations Manager		Employer (See Instructions) Collin County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/46 Rpt: 32/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUDSON, RONALD	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code MCKINNEY, TX 75070	
8 Principal occupation / Job title (See Instructions) INTERIOR DESIGNER		9 Employer (See Instructions) Self
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUDSON, RONALD	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code MCKINNEY, TX 75070	
Principal occupation / Job title (See Instructions) INTERIOR DESIGNER		Employer (See Instructions) Self
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haggard, Susan	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75024	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haggard, Susan	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Plano, TX 75024	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Byron	Amount of Contribution (\$) \$208.10
	Contributor address; City; State; Zip Code Prosper, TX 75078	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Scheef Stone LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/46 Rpt: 33/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Corbett <hr/> 6 Contributor address; City; State; Zip Code Celina, TX 75009	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) Celina Economic Development Corporation
Date 07/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Corbett <hr/> Contributor address; City; State; Zip Code Celina, TX 75009	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Celina Economic Development Corporation
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Corbett <hr/> Contributor address; City; State; Zip Code Celina, TX 75009	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Celina Economic Development Corporation
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffines, Samuel <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Auto Dealer		Employer (See Instructions) Huffines Auto Dealerships
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffines, Samuel <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Auto Dealer		Employer (See Instructions) Huffines Auto Dealerships

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/46 Rpt: 34/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffines, Samuel <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Auto Dealer		9 Employer (See Instructions) Huffines Auto Dealerships
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Bernard <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Lewisville ISD
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Bernard <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Lewisville ISD
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Bernard <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Lewisville ISD
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Jensen <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineering Consultant		Employer (See Instructions) LM Consultants

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/46 Rpt: 35/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Jensen <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75070	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Engineering Consultant		9 Employer (See Instructions) LM Consultants
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Jensen <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineering Consultant		Employer (See Instructions) LM Consultants
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Alan <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$156.15
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Diane <hr/> Contributor address; City; State; Zip Code Plano, TX 75074-4615	Amount of Contribution (\$) \$124.98
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Kelly <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/46 Rpt: 36/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Kelly	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Plano, TX 75093		
8 Principal occupation / Job title (See Instructions) Office Manager		9 Employer (See Instructions) Self
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Kelly	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Plano, TX 75093		
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Self
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Randell	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Plano, TX 75093		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Randell	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Plano, TX 75093		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Randell	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Plano, TX 75093		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/46 Rpt: 37/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Timothy	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Lucas, TX 75002		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallad, Stephen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code McKinney, TX 75070		
Principal occupation / Job title (See Instructions) Remodeling		Employer (See Instructions) None ya
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallad, Stephen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code McKinney, TX 75070		
Principal occupation / Job title (See Instructions) Remodeling		Employer (See Instructions) None ya
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallad, Stephen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code McKinney, TX 75070		
Principal occupation / Job title (See Instructions) Remodeling		Employer (See Instructions) None ya
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, David	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Plano, TX 75024		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/46 Rpt: 38/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, David <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75024	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, David <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, David <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$260.05
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleiman, Gina <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$52.25
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konkel, Joan <hr/> Contributor address; City; State; Zip Code Plano, TX 74074	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/46 Rpt: 39/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konkel, Joan <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 74074	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konkel, Joan <hr/> Contributor address; City; State; Zip Code Plano, TX 74074	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreitman, Lori <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) self
Date 08/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreitman, Lori <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) self
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreitman, Lori <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/46 Rpt: 40/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kremer, Karson <hr/> 6 Contributor address; City; State; Zip Code wylie, TX 75098	7 Amount of Contribution (\$) \$10.69
8 Principal occupation / Job title (See Instructions) n/a		9 Employer (See Instructions) n/a
Date 07/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laverenz, Terry <hr/> Contributor address; City; State; Zip Code Lucas, TX 75002	Amount of Contribution (\$) \$10.69
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laverenz, Terry <hr/> Contributor address; City; State; Zip Code Lucas, TX 75002	Amount of Contribution (\$) \$10.69
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laverenz, Terry <hr/> Contributor address; City; State; Zip Code Lucas, TX 75002	Amount of Contribution (\$) \$10.69
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lethe, David <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/46 Rpt: 41/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lethe, David	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Plano, TX 75025		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lethe, David	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Plano, TX 75025		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyrer, Ellen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Plano, TX 75023		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyrer, Ellen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Plano, TX 75023		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyrer, Ellen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Plano, TX 75023		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/46 Rpt: 42/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden, Jerry	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Richardson, TX 75080		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden, Jerry	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madden, Jerry	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattingly, Wendy	Amount of Contribution (\$) \$105.00
Contributor address; City; State; Zip Code Blue Ridge, TX 75424		
Principal occupation / Job title (See Instructions) Title Examiner		Employer (See Instructions) Republic Title
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattingly, Wendy	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Blue Ridge, TX 75424		
Principal occupation / Job title (See Instructions) Title Examiner		Employer (See Instructions) Republic Title

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/46 Rpt: 43/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCahon, Ann	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Plano, TX 75026		
8 Principal occupation / Job title (See Instructions) IT PROFESSIONAL Retired		9 Employer (See Instructions) CTR
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCahon, Ann	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Plano, TX 75026		
Principal occupation / Job title (See Instructions) IT PROFESSIONAL Retired		Employer (See Instructions) CTR
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCahon, Ann	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Plano, TX 75026		
Principal occupation / Job title (See Instructions) IT PROFESSIONAL Retired		Employer (See Instructions) CTR
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCoy, Lynn	Amount of Contribution (\$) \$10.72
Contributor address; City; State; Zip Code Plano, TX 75023		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCoy, Lynn	Amount of Contribution (\$) \$10.72
Contributor address; City; State; Zip Code Plano, TX 75023		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/46 Rpt: 44/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCoy, Lynn <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75023	7 Amount of Contribution (\$) \$10.72
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFarland, Paul <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meiberg, A.S. <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Karen <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$52.25
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Retired
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Midgely, James <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/46 Rpt: 45/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Midgely, James <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75075	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Midgley, Denise <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milner, David <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$26.27
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milner, David <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$26.27
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moffatt, Michel <hr/> Contributor address; City; State; Zip Code Celina, TX 75009	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Coach and Engineer		Employer (See Instructions) Unemployed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/46 Rpt: 46/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moffatt, Michel <hr/> 6 Contributor address; City; State; Zip Code Celina, TX 75009	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Coach and Engineer		9 Employer (See Instructions) Unemployed
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moffatt, Michel <hr/> Contributor address; City; State; Zip Code Celina, TX 75009	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Coach and Engineer		Employer (See Instructions) Unemployed
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Matt <hr/> Contributor address; City; State; Zip Code Prosper, TX 75078	Amount of Contribution (\$) \$10.69
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Wunderbar Ventures LLC
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Matt <hr/> Contributor address; City; State; Zip Code Prosper, TX 75078	Amount of Contribution (\$) \$10.69
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Wunderbar Ventures LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/46 Rpt: 47/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Matt <hr/> 6 Contributor address; City; State; Zip Code Prosper, TX 75078	7 Amount of Contribution (\$) \$10.69
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Wunderbar Ventures LLC
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nored, Lynn <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nored, Lynn <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nored, Lynn <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ozmun, Janie <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/46 Rpt: 48/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padgett, Hayden	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Plano, TX 75025	
8 Principal occupation / Job title (See Instructions) Product Manager		9 Employer (See Instructions) TaxAct
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padgett, Hayden	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Plano, TX 75025	
Principal occupation / Job title (See Instructions) Product Manager		Employer (See Instructions) TaxAct
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padgett, Hayden	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Plano, TX 75025	
Principal occupation / Job title (See Instructions) Product Manager		Employer (See Instructions) TaxAct
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pangborn, Joel	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Aubrey, TX 76227	
Principal occupation / Job title (See Instructions) Salesman		Employer (See Instructions) Costco
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Michael	Amount of Contribution (\$) \$156.15
	Contributor address; City; State; Zip Code Plano, TX 75023	
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Southwest Airlines

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/46 Rpt: 49/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Pinalkumar	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Allen, TX 75002		
8 Principal occupation / Job title (See Instructions) Advisory		9 Employer (See Instructions) Shiva Ram LLC
Date 07/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Pinalkumar	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Allen, TX 75002		
Principal occupation / Job title (See Instructions) Advisory		Employer (See Instructions) Shiva Ram LLC
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Pinalkumar	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Allen, TX 75002		
Principal occupation / Job title (See Instructions) Advisory		Employer (See Instructions) Shiva Ram LLC
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paulson, John	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code Plano, TX 75074		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paulson, John	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Plano, TX 75074		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/46 Rpt: 50/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNOLDS, JOE <hr/> 6 Contributor address; City; State; Zip Code ALLEN, TX 75002	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) NUU
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNOLDS, JOE <hr/> Contributor address; City; State; Zip Code ALLEN, TX 75002	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) NUU
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REYNOLDS, JOE <hr/> Contributor address; City; State; Zip Code ALLEN, TX 75002	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) NUU
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raley, Lori <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$124.98
Principal occupation / Job title (See Instructions) Jewelry Designer		Employer (See Instructions) Self
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raley, Lori <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$124.98
Principal occupation / Job title (See Instructions) Jewelry Designer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/46 Rpt: 51/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Clay	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Plano, TX 75075		
8 Principal occupation / Job title (See Instructions) Information Security		9 Employer (See Instructions) HMS Inc
Date 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Clay	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Plano, TX 75075		
Principal occupation / Job title (See Instructions) Information Security		Employer (See Instructions) HMS Inc
Date 08/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Clay	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Plano, TX 75075		
Principal occupation / Job title (See Instructions) Information Security		Employer (See Instructions) HMS Inc
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawe, Janet	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Plano, TX 75074		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Republican Club at Heritage Ranch	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Fairview, TX 75069		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/46 Rpt: 52/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, David	7 Amount of Contribution (\$) \$120.00
6 Contributor address; City; State; Zip Code Plano, TX 75093		
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) PepsiCo
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Keresa	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code McKinney, TX 75070		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Lawton Group
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Nannette	Amount of Contribution (\$) \$10.59
Contributor address; City; State; Zip Code Allen, TX 75002		
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) DoctorLogic
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Nannette	Amount of Contribution (\$) \$10.59
Contributor address; City; State; Zip Code Allen, TX 75002		
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) DoctorLogic
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Nannette	Amount of Contribution (\$) \$10.59
Contributor address; City; State; Zip Code Allen, TX 75002		
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) DoctorLogic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/46 Rpt: 53/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rively, Mary <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75075	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Jesse <hr/> Contributor address; City; State; Zip Code Plano, TX 75074	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Marco <hr/> Contributor address; City; State; Zip Code Neveda, TX 75173	Amount of Contribution (\$) \$10.69
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rovner, ivan <hr/> Contributor address; City; State; Zip Code PLANO, TX 75025	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) self
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rovner, ivan <hr/> Contributor address; City; State; Zip Code PLANO, TX 75025	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/46 Rpt: 54/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rovner, ivan	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code PLANO, TX 75025		
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions) self
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudd, Daniel	Amount of Contribution (\$) \$21.12
Contributor address; City; State; Zip Code Plano, TX 75093		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudd, Daniel	Amount of Contribution (\$) \$21.12
Contributor address; City; State; Zip Code Plano, TX 75093		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rumfield, Mike	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code McKinney, TX 75071		
Principal occupation / Job title (See Instructions) Chief Deputy		Employer (See Instructions) Collin County Government
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rumfield, Mike	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code McKinney, TX 75071		
Principal occupation / Job title (See Instructions) Chief Deputy		Employer (See Instructions) Collin County Government

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/46 Rpt: 55/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rumfield, Mike <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75071	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Chief Deputy		9 Employer (See Instructions) Collin County Government
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutter, Adam <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$520.83
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Ericsson Inc
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwerin, Michael <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nonprofit Fundraiser		Employer (See Instructions) Self
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwerin, Michael <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nonprofit Fundraiser		Employer (See Instructions) Self
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwerin, Michael <hr/> Contributor address; City; State; Zip Code Wylie, TX 75098	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Nonprofit Fundraiser		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/46 Rpt: 56/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Semanek, Daniel	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Allen, TX 75002		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Legal Aid
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Semanek, Daniel	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Allen, TX 75002		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Legal Aid
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Semanek, Daniel	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Allen, TX 75002		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Legal Aid
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Floyd	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Plano, TX 75074		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Floyd	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Plano, TX 75074		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/46 Rpt: 57/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Floyd <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75074	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon-Roberts, Laurel <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$26.27
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon-Roberts, Laurel <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$26.27
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon-Roberts, Laurel <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$26.27
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Carol <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/46 Rpt: 58/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steele, Marilyn Byron <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75013	7 Amount of Contribution (\$) \$20.20
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steele, Marilyn Byron <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steele, Marilyn Byron <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorsen, Matt <hr/> Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$26.33
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The Dallas Shutter Company
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorsen, Matt <hr/> Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$26.33
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) The Dallas Shutter Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/46 Rpt: 59/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorsen, Matt <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75002	7 Amount of Contribution (\$) \$26.33
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) The Dallas Shutter Company
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tittle, Carl <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$26.27
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tittle, Carl <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$10.69
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tu, Maria <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Offices of Maria Tu
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tu, Maria <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Offices of Maria Tu

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/46 Rpt: 60/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tu, Maria <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75025	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Law Offices of Maria Tu
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waitte, Robert <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Commercial Real estate Advisors
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Tammy <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Emerson
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Tammy <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Emerson
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Tammy <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Emerson

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/46 Rpt: 61/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Duncan <hr/> 6 Contributor address; City; State; Zip Code PLANO, TX 75093	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Commissioner		9 Employer (See Instructions) Collin
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Duncan <hr/> Contributor address; City; State; Zip Code PLANO, TX 75093	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Collin
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Duncan <hr/> Contributor address; City; State; Zip Code PLANO, TX 75093	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Collin
Date 08/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Virginia <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$26.27
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitt, Maggie <hr/> Contributor address; City; State; Zip Code Murphy, TX 75094	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/46 Rpt: 62/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitt, Maggie <hr/> 6 Contributor address; City; State; Zip Code Murphy, TX 75094	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitt, Maggie <hr/> Contributor address; City; State; Zip Code Murphy, TX 75094	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilbur, Kirby <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilbur, Kirby <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilbur, Kirby <hr/> Contributor address; City; State; Zip Code McKinney, TX 75071	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/46 Rpt: 63/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Will, Brian <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75025	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winkel, Amy <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woppman, Glenn <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Business Mgr		Employer (See Instructions) ASSET InterTech
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woppman, Glenn <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Business Mgr		Employer (See Instructions) ASSET InterTech
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woppman, Glenn <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Business Mgr		Employer (See Instructions) ASSET InterTech

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/46 Rpt: 64/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) eeg immigration law firm <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 65/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 1/37 Rpt: 66/103	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/17/2024	5 Payee name Amazon	
6 Amount (\$) \$196.03	7 Payee address; City; State; Zip Code 410 Terry Ave. North Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2024	Payee name Amazon	
Amount (\$) \$77.84	Payee address; City; State; Zip Code 410 Terry Ave. North Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Amazon	
Amount (\$) \$65.20	Payee address; City; State; Zip Code 410 Terry Ave. North Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 2/37 Rpt: 67/103	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
--	---	--

4 Date 09/19/2024	5 Payee name Amazon
-----------------------------	-------------------------------

6 Amount (\$) \$17.25	7 Payee address; City; State; Zip Code 410 Terry Ave. North Seattle, WA 98109
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 09/19/2024	Payee name Amazon
--------------------	----------------------

Amount (\$) \$168.60	Payee address; City; State; Zip Code 410 Terry Ave. North Seattle, WA 98109
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 07/15/2024	Payee name Anedot
--------------------	----------------------

Amount (\$) \$40.58	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884
------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card fees
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL 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.

1	Total pages Schedule F1: Sch: 3/37 Rpt: 68/103	2	FILER NAME Collin County Republican Party (CEC)	3	Filer ID (Ethics Commission Filers) 00053162
4	Date 08/15/2024	5	Payee name Anedot		
6	Amount (\$) \$45.56	7	Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card fees		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/04/2024		Payee name Anedot		
	Amount (\$) \$45.56		Payee address; City; State; Zip Code PO Box 84314 Baton Rouge, LA 70884		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card fees		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/26/2024		Payee name Atmos Energy		
	Amount (\$) \$53.53		Payee address; City; State; Zip Code 5430 LBJ Freeway Dallas, TX 75240		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense utility expense		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 4/37 Rpt: 69/103	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/26/2024	5 Payee name Atmos Energy	
6 Amount (\$) \$53.54	7 Payee address; City; State; Zip Code 5430 LBJ Freeway Dallas, TX 75240	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas utility
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Atmos Energy	
Amount (\$) \$53.44	Payee address; City; State; Zip Code 5430 LBJ Freeway Dallas, TX 75240	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas utility
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Babb, Lisa	
Amount (\$) \$111.43	Payee address; City; State; Zip Code 8425 Catskill Ct. Plano, TX 75025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimburse for office expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 5/37 Rpt: 70/103	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/19/2024	5 Payee name Bingham Design	
6 Amount (\$) \$41.60	7 Payee address; City; State; Zip Code 606 Hanover Court Allen, TX 75023	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense design assistance
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2024	Payee name Blue Ribbons Trophies	
Amount (\$) \$161.08	Payee address; City; State; Zip Code 2915 W 15th Street Plano, TX 75075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense badges
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Blue Ribbons Trophies	
Amount (\$) \$48.51	Payee address; City; State; Zip Code 2915 W 15th Street Plano, TX 75075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense name tags
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 6/37 Rpt: 71/103	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
--	---	--

4 Date 09/19/2024	5 Payee name Blue Ribbons Trophies
-----------------------------	--

6 Amount (\$) \$6.93	7 Payee address; City; State; Zip Code 2915 W 15th Street Plano, TX 75075
--------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense name tags
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 09/19/2024	Payee name Blue Ribbons Trophies
--------------------	-------------------------------------

Amount (\$) \$20.79	Payee address; City; State; Zip Code 2915 W 15th Street Plano, TX 75075
------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense name tags
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name CNA Insurance
--------------------	-----------------------------

Amount (\$) \$712.82	Payee address; City; State; Zip Code 2400 N. Glenville Richardson, TX 75082
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Insurance
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 7/37 Rpt: 72/103	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/17/2024	5 Payee name City of Wylie	
6 Amount (\$) \$57.60	7 Payee address; City; State; Zip Code 300 Country Club Rd. Wylie, TX 75098	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense utility expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2024	Payee name Collin College	
Amount (\$) \$3,389.44	Payee address; City; State; Zip Code 4800 Preston Park Boulevard Plano, TX 75093	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense offsite meeting venue
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2024	Payee name Collin College	
Amount (\$) \$83.20	Payee address; City; State; Zip Code 4800 Preston Park Boulevard Plano, TX 75093	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense offsite event venue
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 8/37 Rpt: 73/103	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
--	---	--

4 Date 09/19/2024	5 Payee name Collin College
-----------------------------	---------------------------------------

6 Amount (\$) \$83.20	7 Payee address; City; State; Zip Code 4800 Preston Park Boulevard Plano, TX 75093
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense offsite meeting venue expense
---------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 07/17/2024	Payee name Devscape Software, Inc.
--------------------	---------------------------------------

Amount (\$) \$320.00	Payee address; City; State; Zip Code 5870 Wind Cave Lane Jacksonville, FL 32258
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Devscape Software, Inc.
--------------------	---------------------------------------

Amount (\$) \$320.00	Payee address; City; State; Zip Code 5870 Wind Cave Lane Jacksonville, FL 32258
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software expense
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 9/37 Rpt: 74/103	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/19/2024	5 Payee name Devscape Software, Inc.	
6 Amount (\$) \$320.00	7 Payee address; City; State; Zip Code 5870 Wind Cave Lane Jacksonville, FL 32258	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2024	Payee name Disimone, Frank	
Amount (\$) \$606.44	Payee address; City; State; Zip Code 1234 Dibrell Dr. Plano, TX 75023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for email service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2024	Payee name Executive Press Inc	
Amount (\$) \$789.79	Payee address; City; State; Zip Code 1400 Presidential Suite 110 Richardson, TX 75080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 10/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/19/2024	5 Payee name Executive Press Inc	
6 Amount (\$) \$708.64	7 Payee address; City; State; Zip Code 1400 Presidential Suite 110 Richardson, TX 75080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing for voter drive
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2024	Payee name Frontier Communications	
Amount (\$) \$44.65	Payee address; City; State; Zip Code PO Box 740407 Cincinnati, OH 45274-0407	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense internet service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Frontier Communications	
Amount (\$) \$44.65	Payee address; City; State; Zip Code PO Box 740407 Cincinnati, OH 45274-0407	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense internet service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 11/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/19/2024	5 Payee name Frontier Communications	
6 Amount (\$) \$44.64	7 Payee address; City; State; Zip Code PO Box 740407 Cincinnati, OH 45274-0407	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense internet service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Google, Inc.	
Amount (\$) \$101.13	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy. Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Google, Inc.	
Amount (\$) \$50.57	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy. Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 12/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/22/2024	5 Payee name Haggard Party Barn	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 5948 McKamy Trail Plano, TX 75024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event venue
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Hobby Lobby	
Amount (\$) \$74.46	Payee address; City; State; Zip Code 5238 Preston Rd. Plano, TX 75034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2024	Payee name Home Depot	
Amount (\$) \$140.89	Payee address; City; State; Zip Code 1801 W. Parker Rd. Plano, TX 75023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 13/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/26/2024	5 Payee name Home Depot	
6 Amount (\$) \$43.63	7 Payee address; City; State; Zip Code 1801 W. Parker Rd. Plano, TX 75023	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2024	Payee name IRS Payroll Tax	
Amount (\$) \$1,436.16	Payee address; City; State; Zip Code PO Box 409101 Ogden , UT 84409	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PR Taxes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name IRS Payroll Tax	
Amount (\$) \$678.40	Payee address; City; State; Zip Code PO Box 409101 Ogden , UT 84409	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense P/R Taxes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 14/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
--	---	--

4 Date 09/19/2024	5 Payee name IRS Payroll Tax
-----------------------------	--

6 Amount (\$) \$678.40	7 Payee address; City; State; Zip Code PO Box 409101 Ogden , UT 84409
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense P/R Taxes
---------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name India Association of North Texas
--------------------	--

Amount (\$) \$480.00	Payee address; City; State; Zip Code 701 N. Central Expy Richardson, TX 75080
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 09/19/2024	Payee name Johnston, Shelby
--------------------	--------------------------------

Amount (\$) \$1,142.63	Payee address; City; State; Zip Code 5720 Scruggs Way #12107 Plano, TX 75024
---------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for advertising expense
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 15/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
--	---	--

4 Date 09/19/2024	5 Payee name Kilwin's Ice Cream
-----------------------------	---

6 Amount (\$) \$303.24	7 Payee address; City; State; Zip Code 7161 Bishop Rd. Plano, TX 75024
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor Day Event
---------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 07/17/2024	Payee name Lapshum, Oleg
--------------------	-----------------------------

Amount (\$) \$182.40	Payee address; City; State; Zip Code 6114 N. Shiloh Rd. Garland, TX 75044
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 07/17/2024	Payee name Life Storage
--------------------	----------------------------

Amount (\$) \$124.16	Payee address; City; State; Zip Code 4005 W. Plano PKWY Plano, TX 75093
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense offsite storage
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 16/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/26/2024	5 Payee name Life Storage	
6 Amount (\$) \$138.01	7 Payee address; City; State; Zip Code 4005 W. Plano PKWY Plano, TX 75093	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense offsite storage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Life Storage	
Amount (\$) \$124.16	Payee address; City; State; Zip Code 4005 W. Plano PKWY Plano, TX 75093	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense offsite storage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Lord of Life Lutheran Church	
Amount (\$) \$160.00	Payee address; City; State; Zip Code 3601 W 15th St. Plano, TX 75075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense offsite event venue
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 17/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/17/2024	5 Payee name MailChimp	
6 Amount (\$) \$90.05	7 Payee address; City; State; Zip Code 675 Ponce de Leon NE Suite 5000 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name MailChimp	
Amount (\$) \$90.05	Payee address; City; State; Zip Code 675 Ponce de Leon NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name MailChimp	
Amount (\$) \$90.05	Payee address; City; State; Zip Code 675 Ponce de Leon NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 18/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/19/2024	5 Payee name Marchese, Cleo	
6 Amount (\$) \$5.73	7 Payee address; City; State; Zip Code 6924 Barbarian Drive Plano, TX 75023	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimburse for event expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2024	Payee name Market Street (Allen, Texas)	
Amount (\$) \$837.77	Payee address; City; State; Zip Code P.O. Box 981535 El Paso, TX 79998-1535	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2024	Payee name Meintel, Rose Marie	
Amount (\$) \$220.00	Payee address; City; State; Zip Code 2301 Brennan Plano, TX 75075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food for event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 19/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
--	---	--

4 Date 07/17/2024	5 Payee name Michael's Keys
-----------------------------	---------------------------------------

6 Amount (\$) \$17.32	7 Payee address; City; State; Zip Code 1313 Karla Dr. Hurst, TX 76053
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense keys expense
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 09/19/2024	Payee name Michaels
--------------------	------------------------

Amount (\$) \$114.21	Payee address; City; State; Zip Code 6314 Ben Rd. Sachse, TX 75048
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event expenses
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 07/17/2024	Payee name Microsoft
--------------------	-------------------------

Amount (\$) \$6.92	Payee address; City; State; Zip Code One Microsoft Way Redmond, WA 98052-6399
-----------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 20/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/26/2024	5 Payee name Microsoft	
6 Amount (\$) \$6.92	7 Payee address; City; State; Zip Code One Microsoft Way Redmond, WA 98052-6399	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Microsoft	
Amount (\$) \$6.92	Payee address; City; State; Zip Code One Microsoft Way Redmond, WA 98052-6399	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name Montes, John	
Amount (\$) \$212.13	Payee address; City; State; Zip Code 701 Addie Ln. McKinney, TX 75071	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimburse for event expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 21/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
--	---	--

4 Date 09/19/2024	5 Payee name Moo Print
-----------------------------	----------------------------------

6 Amount (\$) \$180.13	7 Payee address; City; State; Zip Code 25 Fairmount Ave. East Providence, RI 02914
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing expense
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 07/17/2024	Payee name Mrs. Clean
--------------------	--------------------------

Amount (\$) \$122.88	Payee address; City; State; Zip Code 125 Fountain Court McKinney, TX 75069
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense janitorial expense
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Mrs. Clean
--------------------	--------------------------

Amount (\$) \$122.88	Payee address; City; State; Zip Code 125 Fountain Court McKinney, TX 75069
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense janitorial expense
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 22/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/19/2024	5 Payee name Mrs. Clean	
6 Amount (\$) \$122.88	7 Payee address; City; State; Zip Code 125 Fountain Court McKinney, TX 75069	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense janitorial service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Office Corp	
Amount (\$) \$2,490.62	Payee address; City; State; Zip Code 1935 W. State Street Suite 107 Garland , TX 75042	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2024	Payee name Office Depot	
Amount (\$) \$97.66	Payee address; City; State; Zip Code 1751 N Central Expy. McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 23/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/19/2024	5 Payee name Office Depot	
6 Amount (\$) \$56.30	7 Payee address; City; State; Zip Code 1751 N Central Expy. McKinney, TX 75070	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Party Rentals	
Amount (\$) \$413.88	Payee address; City; State; Zip Code 519 EI-30 #206 Rockwall, TX 75087	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor Day event expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Pierce & Son Air Conditioning	
Amount (\$) \$298.60	Payee address; City; State; Zip Code 10909 Sanden Dr. Dallas, TX 75238	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AC repair
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 24/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/19/2024	5 Payee name Plano Parks & Recreation	
6 Amount (\$) \$144.00	7 Payee address; City; State; Zip Code 5904 Los Rios Blvd. Plano, TX 75074	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event venue expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name Prosperity Bank	
Amount (\$) \$51.75	Payee address; City; State; Zip Code 4295 San Felipe Prosperity Bank Plaza Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2024	Payee name Prosperity Bank	
Amount (\$) \$181.70	Payee address; City; State; Zip Code 4295 San Felipe Prosperity Bank Plaza Houston, TX 77027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 25/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/19/2024	5 Payee name Read Between the Lines	
6 Amount (\$) \$34.64	7 Payee address; City; State; Zip Code 7500 Windrose Ave. Ste b160 Plano, TX 75024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising materials
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2024	Payee name Sam's Club	
Amount (\$) \$192.76	Payee address; City; State; Zip Code 1200 E. Spring Creek Pkwy Plano, TX 75074	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Sam's Club	
Amount (\$) \$115.15	Payee address; City; State; Zip Code 1200 E. Spring Creek Pkwy Plano, TX 75074	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labor Day Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 26/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
--	---	--

4 Date 07/17/2024	5 Payee name Sims, Kyle
-----------------------------	-----------------------------------

6 Amount (\$) \$64.00	7 Payee address; City; State; Zip Code 5312 Fox Chase Ln. McKinney, TX 75071
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense security for meetings
---------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 07/18/2024	Payee name Sims, Kyle
--------------------	--------------------------

Amount (\$) \$150.00	Payee address; City; State; Zip Code 5312 Fox Chase Ln. McKinney, TX 75071
-------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense security for event
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Sims, Kyle
--------------------	--------------------------

Amount (\$) \$32.00	Payee address; City; State; Zip Code 5312 Fox Chase Ln. McKinney, TX 75071
------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event security
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 27/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/19/2024	5 Payee name Southfork	
6 Amount (\$) \$7,813.14	7 Payee address; City; State; Zip Code 3700 Hogge Rd Parker, TX 75002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LDD 2025 downpayment
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2024	Payee name Spec's	
Amount (\$) \$340.05	Payee address; City; State; Zip Code 3404 N Central Expy #1000 Plano, TX 75074	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2024	Payee name Square	
Amount (\$) \$15.36	Payee address; City; State; Zip Code 1455 Market St. Suite 60 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense finance expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 28/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/17/2024	5 Payee name Square	
6 Amount (\$) \$23.04	7 Payee address; City; State; Zip Code 1455 Market St. Suite 60 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Square	
Amount (\$) \$57.64	Payee address; City; State; Zip Code 1455 Market St. Suite 60 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Square	
Amount (\$) \$135.19	Payee address; City; State; Zip Code 1455 Market St. Suite 60 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 29/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 08/26/2024	5 Payee name Staples Office Supply	
6 Amount (\$) \$154.43	7 Payee address; City; State; Zip Code 8676 State Highway 121 McKinney, TX 75070	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2024	Payee name Stripe	
Amount (\$) \$89.07	Payee address; City; State; Zip Code 510 Townsend St. San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2024	Payee name Stripe	
Amount (\$) \$66.25	Payee address; City; State; Zip Code 510 Townsend St. San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 30/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 09/16/2024	5 Payee name Stripe	
6 Amount (\$) \$59.67	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2024	Payee name Survey Planet	
Amount (\$) \$12.80	Payee address; City; State; Zip Code 578 Washington Blvd. Marina Del Ray, CA 90292	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Survey Planet	
Amount (\$) \$12.80	Payee address; City; State; Zip Code 578 Washington Blvd. Marina Del Ray, CA 90292	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 31/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
--	---	--

4 Date 09/19/2024	5 Payee name Survey Planet
-----------------------------	--------------------------------------

6 Amount (\$) \$12.80	7 Payee address; City; State; Zip Code 578 Washington Blvd. Marina Del Ray, CA 90292
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 07/17/2024	Payee name TXU Energy
--------------------	--------------------------

Amount (\$) \$274.13	Payee address; City; State; Zip Code P. O. Box 650638 Dallas, TX 75265-0638
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense electric utility
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name TXU Energy
--------------------	--------------------------

Amount (\$) \$326.86	Payee address; City; State; Zip Code P. O. Box 650638 Dallas, TX 75265-0638
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense electric utility
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 32/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
--	---	--

4 Date 09/19/2024	5 Payee name TXU Energy
-----------------------------	-----------------------------------

6 Amount (\$) \$373.87	7 Payee address; City; State; Zip Code P. O. Box 650638 Dallas, TX 75265-0638
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense electric utility
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Taco Cabana
--------------------	---------------------------

Amount (\$) \$13.85	Payee address; City; State; Zip Code 18130 Coit Road Dallas, TX 75252
------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 07/17/2024	Payee name Temu
--------------------	--------------------

Amount (\$) \$64.64	Payee address; City; State; Zip Code 31 Saint James Ave. Ste 355 Boston, MA 02116
------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 33/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
--	---	--

4 Date 07/17/2024	5 Payee name Tom Thumb
-----------------------------	----------------------------------

6 Amount (\$) \$19.17	7 Payee address; City; State; Zip Code 5968 Parker Rd. Plano, TX 75093
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food
---------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 09/19/2024	Payee name USPS
--------------------	--------------------

Amount (\$) \$97.92	Payee address; City; State; Zip Code 4745 Star Ridge Ln Frisco, TX 75034
------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 07/17/2024	Payee name Vista Print USA
--------------------	-------------------------------

Amount (\$) \$86.07	Payee address; City; State; Zip Code 275 Wyman Street Waltham, MA 02451
------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense copies
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 34/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/17/2024	5 Payee name Wade, Terry	
6 Amount (\$) \$1,132.69	7 Payee address; City; State; Zip Code 3505 Michael Dr Plano, TX 75023	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Wade, Terry	
Amount (\$) \$1,618.13	Payee address; City; State; Zip Code 3505 Michael Dr Plano, TX 75023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary P/R
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Wade, Terry	
Amount (\$) \$1,618.13	Payee address; City; State; Zip Code 3505 Michael Dr Plano, TX 75023	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 35/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/17/2024	5 Payee name Walmart Supercenter	
6 Amount (\$) \$59.71	7 Payee address; City; State; Zip Code 8801 Ohio Dr. Plano, TX 75024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Walmart Supercenter	
Amount (\$) \$105.16	Payee address; City; State; Zip Code 8801 Ohio Dr. Plano, TX 75024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Walmart Supercenter	
Amount (\$) \$43.65	Payee address; City; State; Zip Code 8801 Ohio Dr. Plano, TX 75024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 36/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/11/2024	5 Payee name Will, Brian	
6 Amount (\$) \$63.59	7 Payee address; City; State; Zip Code 2609 Redfield Dr. Plano, TX 75025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/26/2024	Payee name Williams, Shelby	
Amount (\$) \$156.09	Payee address; City; State; Zip Code 6040 Garden Gate Dr. Plano, TX 75024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimburse for copy expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2024	Payee name Williams, Shelby	
Amount (\$) \$25.59	Payee address; City; State; Zip Code 6040 Garden Gate Dr. Plano, TX 75024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimburse for office expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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.

1 Total pages Schedule F1: Sch: 37/37 Rpt:	2 FILER NAME Collin County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00053162
--	---	--

4 Date 09/19/2024	5 Payee name Williams, Shelby
-----------------------------	---

6 Amount (\$) \$896.00	7 Payee address; City; State; Zip Code 6040 Garden Gate Dr. Plano, TX 75024
----------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimburse for reg
---------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 08/26/2024	Payee name Zoom Video Communications
--------------------	---

Amount (\$) \$42.28	Payee address; City; State; Zip Code 55 Almaden Blvd. San Jose, CA 95113
------------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense video services
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 103/103
2 FILER NAME Collin County Republican Party (CEC)		3 Filer ID (Ethics Commission Filers) 00053162
4 Date 07/31/2024	5 Name of person from whom amount is received Texas Republic Bank	8 Amount (\$) \$36.27
6 Address of person from whom amount is received; City; State; Zip Code Frisco, TX 75034		
7 Purpose for which amount is received Interest earned		<input type="checkbox"/> Check if political contribution returned to filer
Date 08/30/2024	Name of person from whom amount is received Texas Republic Bank	Amount (\$) \$32.01
Address of person from whom amount is received; City; State; Zip Code Frisco, TX 75034		
Purpose for which amount is received interest earned		<input type="checkbox"/> Check if political contribution returned to filer