

**CORRECTION AFFIDAVIT FOR POLITICAL PARTY REPORT
REGARDING FUNDS FROM CORPORATIONS AND LABOR
ORGANIZATIONS**

FORM COR-PTY

1 Filer ID (Ethics Commission Filers) 00023668		2 Total pages filed: 9		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 09/08/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
3 POLITICAL PARTY NAME Atascosa County Republican Party (P)		4 POLITICAL PARTY CHAIR FIRST LAST SUFFIX Robert Duncan			
5 ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 8th day before primary election <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 50th day before general election					
6 ORIGINAL PERIOD COVERED Month Day Year Month Day Year 01/01/2024 THROUGH 06/30/2024					

7 EXPLANATION OF CORRECTION
This was my first time filing this report as the new treasurer and I neglected to put an amount in item #3 on page 2 which is Total Contributions Maintained as of the last day of reporting period which was not zero but \$438.04

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Robert Duncan

Signature of Political Party Chair

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

Remember To Attach Any Part Of Form PTY-CORP Needed To Report And Explain Corrections

POLITICAL PARTY REPORT REGARDING FUNDS FROM CORPORATIONS AND LABOR ORGANIZATIONS

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

The Form PTY-CORP Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00023668	2 Total pages filed 9				
3 POLITICAL PARTY NAME	Atascosa County Republican Party (P)		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 09/08/2024 Date Hand-delivered or Date Postmarked				
4 STATE OR COUNTY PARTY	<input type="checkbox"/> State <input checked="" type="checkbox"/> County: <u>Atascosa</u>						
5 POLITICAL PARTY TYPE	<input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Other: _____ (Party name)						
6 POLITICAL PARTY MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3100 FM 1784 Pleasanton, TX 78064		Receipt #				
			Amount				
			Date Processed				
			Date Imaged				
7 POLITICAL PARTY CHAIR	TITLE	FIRST	MI	NICKNAME	LAST	SUFFIX	
		Robert			Duncan		
8 CHAIR MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3100 FM 1784 Pleasanton, TX 78064						
9 CHAIR STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3100 FM 1784 Pleasanton, TX 78064						
10 CHAIR PHONE	AREA CODE	PHONE NUMBER			EXTENSION		
	(210)	416-2554					
11 REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 8th day before primary election				
	<input checked="" type="checkbox"/> July 15		<input type="checkbox"/> 50th day before general election				
12 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01/01/2024				06/30/2024		

GO TO PAGE 2

**POLITICAL PARTY REPORT:
TOTALS AND AFFIDAVIT**

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

13 POLITICAL PARTY NAME Atascosa County Republican Party (P)		14 Filer ID (Ethics Commission Filers) 00023668
15 TOTALS	1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS (OTHER THAN LOANS OR GUARANTEES OF LOANS)	\$ 100.00
	2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	\$ 1,209.83
	3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 438.04

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

16 AFFIDAVIT

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

Robert Duncan

Signature of Political Party Chair

AFFIX NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - PTYCORP**FORM PTY-CORP
COVER SHEET PG 3**
4 of 9

17 POLITICAL PARTY NAME Atascosa County Republican Party (P)		18 Filer ID (Ethics Commission Filers) 00023668
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 100.00
2.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
3.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	\$ 1,209.83
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

**MONETARY CONTRIBUTIONS FROM
CORPORATION OR LABOR ORGANIZATION**

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/1 Rpt: 5/9
2 FILER NAME Atascosa County Republican Party (P)		3 Filer ID (Ethics Commission Filers) 00023668
4 Date 03/29/2024	5 Corporation / Labor Organization name DONATION JAR	7 Amount of contribution (\$) \$100.00
	6 Corporation / Labor Organization address; City; State; Zip Code POTEET, TX 78065	

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 6/9	2 FILER NAME Atascosa County Republican Party (P)	3 Filer ID (Ethics Commission Filers) 00023668			
4 Date 01/09/2024	5 Payee name Atascosa County American Legion Post 436				
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 1404 Zanderson Ave. Jourdanton, TX 78026				
<input checked="" type="checkbox"/> Expenditure from corporate funds					
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. venue rental			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 01/09/2024	Payee name Caroline, George (Mrs.)				
Amount (\$) \$166.96	Payee address; City; State; Zip Code 465 Melcher Lane Poteet, TX 78065				
<input checked="" type="checkbox"/> Expenditure from corporate funds					
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. snacks			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 03/27/2024	Payee name Caroline, George (Mrs.)				
Amount (\$) \$149.81	Payee address; City; State; Zip Code 465 Melcher Lane Poteet, TX 78065				
<input checked="" type="checkbox"/> Expenditure from corporate funds					
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. Convention snacks			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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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: 2/4 Rpt: 7/9	2 FILER NAME Atascosa County Republican Party (P)	3 Filer ID (Ethics Commission Filers) 00023668
4 Date 03/23/2024	5 Payee name Community Christian Church	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 12487 TX-16 Poteet, TX 78065	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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. venue rental
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/23/2024	Payee name Patrick, Doty (Mr.)	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 4431 W FM 476 Poteet, TX 78065	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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. cleaning & tech help
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/10/2024	Payee name Reliant Energy	
Amount (\$) \$13.49	Payee address; City; State; Zip Code P.O. Box 650475 Dallas, TX 75265-0475	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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. electric bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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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: 3/4 Rpt: 8/9	2 FILER NAME Atascosa County Republican Party (P)	3 Filer ID (Ethics Commission Filers) 00023668			
4 Date 03/06/2024	5 Payee name Reliant Energy				
6 Amount (\$) \$34.46	7 Payee address; City; State; Zip Code P.O. Box 650475 Dallas, TX 75265-0475				
<input checked="" type="checkbox"/> Expenditure from corporate funds					
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. electric bill			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 04/07/2024	Payee name Reliant Energy				
Amount (\$) \$17.14	Payee address; City; State; Zip Code P.O. Box 650475 Dallas, TX 75265-0475				
<input checked="" type="checkbox"/> Expenditure from corporate funds					
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. electric bill			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 02/06/2024	Payee name Reliant Energy				
Amount (\$) \$16.23	Payee address; City; State; Zip Code P.O. Box 650475 Dallas, TX 75265-0475				
<input checked="" type="checkbox"/> Expenditure from corporate funds					
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. electric bill			
	<table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

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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: 4/4 Rpt: 9/9	2 FILER NAME Atascosa County Republican Party (P)	3 Filer ID (Ethics Commission Filers) 00023668
4 Date 06/06/2024	5 Payee name Reliant Energy	
6 Amount (\$) \$11.74	7 Payee address; City; State; Zip Code P.O. Box 650475 Dallas, TX 75265-0475	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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. electric bill
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held