

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) 00082568	2 Total pages filed: 11
3 COMMITTEE NAME Nacogdoches County Republican Party Executive Committee		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 09/15/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 630866 Nacogdoches, TX 75963	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Eric	
		NICKNAME LAST SUFFIX Faulk	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2400 North Street Nacogdoches, TX 75965	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2400 North Street Nacogdoches, TX 75965	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (936) 552-3210	
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final Report <input checked="" 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 Month Day Year 01/01/2024 THROUGH 06/30/2024	
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	

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COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC
COVER SHEET PG 2

12 COMMITTEE NAME Nacodoches County Republican Party Executive Committee	13 Filer ID (Ethics Commission Filers) 00082568
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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
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	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	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,976.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	83,445.23
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.

Eric Faulk

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

SUBTOTALS - CEC**FORM CEC**
COVER SHEET PG 3
3 of 11

17 COMMITTEE NAME Nacodgoches County Republican Party Executive Committee		18 Filer ID 00082568	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,976.00
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	5,914.54
10.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

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: 1/1 Rpt: 4/11	2 FILER NAME Nacodgoches County Republican Party Executive	3 Filer ID (Ethics Commission Filers) 00082568
4 Date 04/23/2024	5 Payee name Texas GOP Store	
6 Amount (\$) \$1,976.00	7 Payee address; City; State; Zip Code 404 IH 45 Huntsville, TX 77488	
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 Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/7 Rpt: 5/11	2 FILER NAME Nacogdoches County Republican Party Executive	3 Filer ID (Ethics Commission Filers) 00082568
4 Date 04/03/2024	5 Payee name Austin Hall	
6 Amount (\$) 354.00	7 Payee Address; City; State; Zip 4606 North St Nacogdoches, TX 75965	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Event Food / Facility
Date 06/03/2024	Payee name Blacklock Storage	
Amount (\$) 205.64	Payee Address; City; State; Zip 6825 North Street Nacogdoches, TX 75965	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Storage
Date 02/02/2024	Payee name Blacklock Storage	
Amount (\$) 205.64	Payee Address; City; State; Zip 6825 North Street Nacogdoches, TX 75965	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Storage
Date 03/04/2024	Payee name Blacklock Storage	
Amount (\$) 205.64	Payee Address; City; State; Zip 6825 North Street Nacogdoches, TX 75965	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Storage Fees

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/7 Rpt: 6/11	2 FILER NAME Nacogoches County Republican Party Executive	3 Filer ID (Ethics Commission Filers) 00082568
4 Date 04/02/2024	5 Payee name Blacklock Storage	
6 Amount (\$) 205.64	7 Payee Address; City; State; Zip 6825 North Street Nacogoches, TX 75965	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Storage Fee
Date 05/02/2024	Payee name Blacklock Storage	
Amount (\$) 205.64	Payee Address; City; State; Zip 6825 North Street Nacogoches, TX 75965	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Storage Fee
Date 06/04/2024	Payee name Blacklock Storage	
Amount (\$) 217.98	Payee Address; City; State; Zip 6825 North Street Nacogoches, TX 75965	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Storage Fee
Date 04/23/2024	Payee name Cadence Bank	
Amount (\$) 25.00	Payee Address; City; State; Zip 2400 North St Nacogoches, TX 75965	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Bank Wire Fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/7 Rpt: 7/11	2 FILER NAME Nacogdoches County Republican Party Executive	3 Filer ID (Ethics Commission Filers) 00082568
4 Date 01/24/2024	5 Payee name Clark Cuisine LLC	
6 Amount (\$) 360.00	7 Payee Address; City; State; Zip 409 CR 199 Nacogdoches, TX 75965	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Cookies for event
Date 06/11/2024	Payee name Create & Co	
Amount (\$) 780.00	Payee Address; City; State; Zip 721 N University Dr Nacogdoches, TX 75961	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Event Balloons / Supplies
Date 01/12/2024	Payee name Creative Photography	
Amount (\$) 450.00	Payee Address; City; State; Zip 325 E Main St Nacogdoches, TX 75961	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Event Photography
Date 03/26/2024	Payee name Faulk, Eric	
Amount (\$) 241.00	Payee Address; City; State; Zip 4218 Mystic Ln Nacogdoches, TX 75965	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Reimburse PO Box renewal fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/7 Rpt: 8/11	2 FILER NAME Nacogdoches County Republican Party Executive	3 Filer ID (Ethics Commission Filers) 00082568
4 Date 05/17/2024	5 Payee name Faulk, Eric	
6 Amount (\$) 123.28	7 Payee Address; City; State; Zip 4218 Mystic Lane Nacogdoches, TX 75965	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel Out of District	(b) Description (See instructions regarding type of information required.) Reimburse Travel Mileage
Date 06/12/2024	Payee name IT Services Fee	
Amount (\$) 218.00	Payee Address; City; State; Zip 2833 Ted Trout Dr Suite F Lufkin, TX 75904	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) IT Services Fee
Date 02/07/2024	Payee name Innovative Office Systems	
Amount (\$) 187.50	Payee Address; City; State; Zip 2823 Ted Trout Dr, Suite F Lufkin, TX 75904	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) IT Services Fee
Date 02/07/2024	Payee name Innovative Office Systems	
Amount (\$) 218.00	Payee Address; City; State; Zip 2823 Ted Trout Dr, Suite F Lufkin, TX 75904	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) IT Services Fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/7 Rpt: 9/11	2 FILER NAME Nacodoches County Republican Party Executive	3 Filer ID (Ethics Commission Filers) 00082568
4 Date 02/28/2024	5 Payee name Innovative Office Systems	
6 Amount (\$) 218.00	7 Payee Address; City; State; Zip 2823 Ted Trout Dr, Suite F Lufkin, TX 75904	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) IT Services Fee
Date 05/24/2024	Payee name Innovative Office Systems	
Amount (\$) 218.00	Payee Address; City; State; Zip 2823 Ted Trout Dr, Suite F Lufkin, TX 75904	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) IT Services Fee
Date 06/05/2024	Payee name Innovative Office Systems	
Amount (\$) 218.00	Payee Address; City; State; Zip 2823 Ted Trout Dr, Suite F Lufkin, TX 75904	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) IT Services Fee
Date 06/28/2024	Payee name Innovative Office Systems	
Amount (\$) 218.00	Payee Address; City; State; Zip 2833 Ted Trout Dr Suite F Lufkin, TX 75904	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) IT Services Fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/7 Rpt:	2 FILER NAME Nacogdoches County Republican Party Executive	3 Filer ID (Ethics Commission Filers) 00082568
4 Date 06/14/2024	5 Payee name Kline's Wrap-It-Up	
6 Amount (\$) 285.71	7 Payee Address; City; State; Zip 628 N. University Dr. Nacogdoches, TX 75961	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Event Printing
Date 02/12/2024	Payee name Long, Scarlett	
Amount (\$) 11.64	Payee Address; City; State; Zip 1256 FM 2664 Nacogdoches, TX 75965	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Reimburse event expense
Date 05/20/2024	Payee name Long, Scarlett	
Amount (\$) 167.78	Payee Address; City; State; Zip 1256 FM 2664 Nacogdoches, TX 75965	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Memorials Flowers Expense Reimbursement
Date 02/12/2024	Payee name Nacogdoches County Chamber of Commerce	
Amount (\$) 25.00	Payee Address; City; State; Zip 2516 North St. Nacogdoches, TX 75965	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Chamber event meal

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 7/7 Rpt:	2 FILER NAME Nacogdoches County Republican Party Executive	3 Filer ID (Ethics Commission Filers) 00082568
4 Date 01/29/2024	5 Payee name Reynolds, Bradley	
6 Amount (\$) 146.14	7 Payee Address; City; State; Zip 60 Waterford Cir Nacogdoches, TX 75965	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Reimbursement Memorials Expense Flowers
Date 03/20/2024	Payee name Tarpley, Nicole	
Amount (\$) 203.31	Payee Address; City; State; Zip 355 CR 280 Nacogdoches, TX 75961	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel Out of District	(b) Description (See instructions regarding type of information required.) Reimburse Travel Expenses