FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087637 3 COMMITTEE NAME **OFFICE USE ONLY** Denton County Republican Lincoln Cabinet Date Received **ELECTRONICALLY FILED** 10/03/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 50748 Date Hand-delivered or Date Postmarked Change of Address Denton, TX 76206 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Kellie NAME NICKNAME LAST **SUFFIX** Mason STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4120 Austin Circle STREET **ADDRESS** (Residence or Business) Sanger, TX 76266 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 50748 MAILING **ADDRESS** Denton, TX 76206 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (940) 395-9377 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)				
Denton County Republ	ican Lincoln Cabinet		00087637					
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican						
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed						
	Measures (Describe by date and location of election and nature of issue.)	A. Supported						
		B. Opposed						
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)							
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	0.00					
	4. TOTAL POLITICA	L EXPENDITURES	\$	23,971.38				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	170,671.91				
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00				
16 AFFIDAVIT			<u> </u>					
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.						
		Mrs. Kel	lie Mason					
		Signature of Ca	mpaign Treasu	rer				
AFFIX NOTARY	STAMP / SEAL ABOVE							
Sworn to and subscribed	I before me, by the said	, tl	nis the	day				
		which, witness my hand and seal of office.						
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of offic	er administering oath				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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						1 ago 0 01 21
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Denton County Republi	can Lincoln Cabinet				00087637	
14 COMMITTEE	1. Candidates	A. Supported	Benjamin Bumga	arner State Ben	recentative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Denjamin Damge	arrier State Nep	resemanve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders					
	Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported	Richard Hayes	State Represen	tative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)	<u> </u>				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Richard Bachus	Constable		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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						rage 4 01 21
COMMITTEE NAME	_			_	13 Filer ID	(Ethics Commission Filers)
Denton County Republic	can Lincoln Cabinet				00087637	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ported	Nathaniel Parker State Senator		
(Attach lists on plain paper to complete this report if necessary.)		В. Орр	osed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	ported			
		В. Орр	osed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ported	Brent Hagenbuch State Senator		
(Attach lists on plain paper to complete this report if necessary.)		В. Орр	osed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	ported			
		В. Орр	osed			
	Officeholders Assisted (Identify by name or, if)					
	applicable, classify by party.)					
	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	Denton County Republican Lincoln Cabinet COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 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.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Denton County Republican Lincoln Cabinet COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) B. Opp 2. Measures (Describe by date and location of election and nature of issue.) B. Opp 3. Officeholders Assisted A. Sup	Denton County Republican Lincoln Cabinet COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 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.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Denton County Republican Lincoln Cabinet COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE ACTIVITY 1. Candidates (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.) COMMITTEE ACTIVITY 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed	Denton County Republican Lincoln Cabinet COMMITTEE ACTIVITY 1. Candidates (dentify by name or, if applicable, classify by party.) B. Opposed

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				5 of 27
		EE NAME Dunty Republican Lincoln Cabinet	18 Filer ID 00087637	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 20,936.05
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	ıR	\$
5.		\$		
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 23,971.38
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 6/27	
2	FILER NAME Denton Cour	nty Republican Lincoln Cabinet			3	Filer ID (Ethics Commission 00087637	n Filers)
4	Date 08/01/2024	5 Full name of contributor Bassel, Dabney	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$209.00
_	Deinsinal assu	Fort Worth, TX 76112	lo.	Frankrian (Cookarationa			
8	Appeals Cou	pation / Job title (See Instructions) Irt Justice	9	Employer (See Instructions State of Texas)		
	Date 07/01/2024	Full name of contributor Bassel, Dabney Contributor address; City; State				Amount of Contribution (\$)	\$209.00
		Fort Worth, TX 76112					
	Principal occu Appeals Cou	pation / Job title (See Instructions)		Employer (See Instructions State of Texas)		
	Date 09/09/2024	Full name of contributor Bassel, Dabney Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$209.00
		Fort Worth, TX 76112	1				
	Appeals Cou	pation / Job title (See Instructions) Irt Justice		Employer (See Instructions State of Texas)		
	Date 07/31/2024	Full name of contributor Bates, Diane Contributor address; City; State Trophy Club, TX 76262	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$209.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 09/04/2024	Full name of contributor Bates, Diane Contributor address; City; State Trophy Club, TX 76262	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$209.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			<u> </u>				

	MONET	ARY POLITICAL CO	ONS	SCHEDULE A			
	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 7/27	
2	FILER NAME Denton Cour	nty Republican Lincoln Cabinet			3	Filer ID (Ethics Commission 00087637	on Filers)
4	Date 07/08/2024	5 Full name of contributorBobbie Mitchell Campaign6 Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code		7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Lewisville, TX 75067 pation / Job title (See Instructions)		9 Employer (See Instructions	()		
	Date 07/18/2024	Full name of contributor Bowen, Brent Contributor address; City; State	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$625.00
	Principal occu	Denton, TX 76205 pation / Job title (See Instructions)		Employer (See Instructions Law Office of Brent Bow			
	Date 07/01/2024	Full name of contributor out-of-state PAC (ID#:) Breading, Lee Ann Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$209.00
	Principal occu Judge	Denton, TX 76209 pation / Job title (See Instructions)		Employer (See Instructions State of Texas	<u>;</u>)		
	Date 08/28/2024	Full name of contributor Breading, Lee Ann Contributor address; City; State Denton, TX 76209	out-of-state PAC (ID#:_ e; Zip Code			Amount of Contribution (\$)	\$209.00
	Principal occu Judge	pation / Job title (See Instructions)		Employer (See Instructions State of Texas	<u>(</u>		
	Date 07/15/2024	Full name of contributor Core, Marc Contributor address; City; State Frisco, TX 75034				Amount of Contribution (\$)	\$209.00
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions Self	()		

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 8/27	
2	FILER NAME Denton Cour	nty Republican Lincoln Cabine	et			3	Filer ID (Ethics Commission 00087637	n Filers)
4	Date 08/14/2024	5 Full name of contributor Core, Marc6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$209.00
		Frisco, TX 75034						
8	Principal occu CPA	pation / Job title (See Instructions	i) 	9	Employer (See Instructions Self	5)		
	Date 09/13/2024	Full name of contributor Core, Marc Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$209.00
	Principal occu	Prisco, TX 75034 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> ;)		
	Date 07/19/2024	Full name of contributor Costa, Dianne Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$209.00
		Highland Village, TX 7507 pation / Job title (See Instructions	·		Employer (See Instructions	<u> </u> s)		
	Date 08/21/2024	Full name of contributor Costa, Dianne Contributor address; City; St Highland Village, TX 7507)		Amount of Contribution (\$)	\$209.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>(</u>		
	Date 09/19/2024	Full name of contributor Costa, Dianne Contributor address; City; St Highland Village, TX 7507					Amount of Contribution (\$)	\$209.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			,					

	MONET	ARY POLITICAL C	IS 	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 9/27	
2	FILER NAME Denton Cour	nty Republican Lincoln Cabine	et		3	Filer ID (Ethics Commission 00087637	on Filers)
4	Date 07/08/2024	5 Full name of contributorEdmondson, Dianne6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$2,500.00
		Denton, TX 76207					
8	Principal occu County Com	pation / Job title (See Instructions missioner	9	Employer (See Instructions Denton County	s)		
	Date 07/23/2024	Full name of contributor Goline, Greg Contributor address; City; St)		Amount of Contribution (\$)	\$209.00
	Principal occu	Denton, TX 76209 pation / Job title (See Instructions	s)	Employer (See Instructions	 s)		
	Attorney			Goline & Roland Law F	irm		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:) Goline, Greg Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$209.00
		Denton, TX 76209					
	Principal occu Attorney	pation / Job title (See Instructions	s)	Employer (See Instructions Goline & Roland Law F			
	Date 09/23/2024	Full name of contributor Goline, Greg Contributor address; City; St Denton, TX 76209	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$209.00
	Principal occu Attorney	pation / Job title (See Instructions	5)	Employer (See Instructions Goline & Roland Law F			
	Date 08/01/2024	Full name of contributor Handler, Vince Contributor address; City; St Aubrey, TX 76227	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$209.00
	Principal occu Attorney	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL (S	SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 10/27	
2	FILER NAME Denton Cour	nty Republican Lincoln Cabine	et			3	Filer ID (Ethics Commission 00087637	on Filers)
4	Date 07/01/2024	5 Full name of contributor Handler, Vince	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$209.00
8	Principal occu	Aubrey, TX 76227 pation / Job title (See Instructions	<u> </u>	<u> </u>	Employer (See Instructions	·,		
0	Attorney	pation / Job title (See Instructions)	9	Self	·)		
	Date 09/05/2024	Full name of contributor Handler, Vince Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$209.00
		Aubrey, TX 76227						
	Principal occu Attorney	pation / Job title (See Instructions	(i)		Employer (See Instructions Self	5)		
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:) Holliday, Mark Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$625.00		
		The Colony, TX 75056						
	Principal occu Retired	pation / Job title (See Instructions	(i)		Employer (See Instructions Retired	5)		
	Date 07/08/2024	Full name of contributor Hudspeth, Gerard Contributor address; City; St Denton, TX 76205					Amount of Contribution (\$)	\$2,500.00
	Principal occu Mayor	pation / Job title (See Instructions)		Employer (See Instructions City of Denton	5)		
	Date 07/24/2024	Full name of contributor Jim Johnson Campaign Contributor address; City; St Denton, TX 76210	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,750.05
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	NC	S		SCHEDUL	E A1
	The Instru	ction Guide explains hov	to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 11/27	
2	FILER NAME Denton Cour	nty Republican Lincoln Cabin	et			3	Filer ID (Ethics Commission 00087637	n Filers)
4	Date 07/17/2024	5 Full name of contributor Johnson, Pam6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$209.00
		Denton, TX 76210						
8	Principal occu Paralegal	pation / Job title (See Instructions	5)	9	Employer (See Instructions Self	s)		
	Date 08/16/2024	Full name of contributor Johnson, Pam Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$209.00
	Drincinal occu	Denton, TX 76210 pation / Job title (See Instructions	<u> </u>		Employer (See Instructions	-/- 		
	Paralegal	pation / Job title (See instructions	»)		Self	>)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:) Johnson, Pam Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$209.00	
		Denton, TX 76210						
	Principal occu Paralegal	pation / Job title (See Instructions	s)		Employer (See Instructions Self	5)		
	Date 07/29/2024	Full name of contributor Kerestine, Julia Contributor address; City; S Lantana, TX 76226	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$209.00
	Principal occu Attorney	pation / Job title (See Instructions	s)		Employer (See Instructions Self	5)		
	Date 08/28/2024	Full name of contributor Kerestine, Julia Contributor address; City; S Lantana, TX 76226	out-of-state PAC (ID#:_)	-	Amount of Contribution (\$)	\$209.00
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Self	5)		
				1				

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 12/27	
2	FILER NAME Denton Cour	nty Republican Lincoln Cabinet			3	Filer ID (Ethics Commission 00087637	n Filers)
4	Date 07/24/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$209.00
8	Principal occu Retired	Denton, TX 76207 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 08/22/2024	Full name of contributor out-of-state PAC (ID#:_King, Frank Contributor address; City; State; Zip Code Denton, TX 76207)	•	Amount of Contribution (\$)	\$209.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#:_ King, Frank Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$209.00
	Principal occu Retired	Denton, TX 76207 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 07/01/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$209.00
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_ Lipscomb D.D.S, Scott (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$209.00
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 13/27		
2	FILER NAME Denton Cour	nty Republican Lincoln Cabinet		3	Filer ID (Ethics Commission 00087637	n Filers)	
4	Date 08/12/2024	 Full name of contributor out-of-state PAC (ID#:_O'Neill, Angela Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$625.00	
_	Dringing Lagge	Flower Mound, TX 75022	6 Employer (Coo Instructions	<u></u>			
8	Homemaker	pation / Job title (See Instructions)	9 Employer (See Instructions Self	·)			
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID#:_ Pausman, Karen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$625.00	
	Principal occu	DENTON, TX 76210 pation / Job title (See Instructions)	Employer (See Instructions	;) 			
	Area Manager for Senator Drew Springer State of Texas						
	Date 07/11/2024	Full name of contributor out-of-state PAC (ID#:_Pennington, Paul Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00	
		Carrollton, TX 75007					
	Principal occu Tax Consulta	pation / Job title (See Instructions) ant	Employer (See Instructions P.E. Pennington & Co.,).		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_ Shugart, Keith Contributor address; City; State; Zip Code Denton, TX 76201)		Amount of Contribution (\$)	\$625.00	
	Principal occu Entreprenue	pation / Job title (See Instructions) r	Employer (See Instructions Self	5)			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 1/14 Rpt: 14/27	Denton County Republican Lincoln Cabinet 00087637		
4 Date	5 Payee name		
08/14/2024	Amazon		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$285.64	410 Terry Ave N		
Evpanditure from			
Expenditure from corporate funds	Seattle, WA 98109		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Public address system and speaker equipment for		
	meetings		
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
experiditure to benefit C/Or			
Date	Payee name		
08/19/2024	Amazon		
Amount (\$)	Payee address; City; State; Zip Code		
\$42.42	410 Terry Ave N		
Expenditure from corporate funds	Seattle, WA 98109		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Speaker stand for meetings		
	Spound Stand of Moderney		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			
Date	Payee name		
08/19/2024	Amazon		
Amount (\$)	Payee address; City; State; Zip Code		
\$38.95	410 Terry Ave N		
,			
Expenditure from corporate funds	Seattle, WA 98109		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Event Expense		
	Check if Austin, TX, officeholder living expense		
	Professional wired microphone for meetings		
Complete CALL V if direct	Candidate/Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp e Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1: Sch: 2/14 Rpt: 15/27		= unty Republican Linco	In Cabinet		l	Filer ID 00087637	(Ethics Commission Filers)
4 Date	5 Payee name				<u> </u>		
09/05/2024	Amazon						
\$324.70	7 Payee addre		State; Zip Co	de			
Expenditure from corporate funds	Seattle, WA	A 98109					
8 PURPOSE OF EXPENDITURE		ee Categories listed at the top of es for "Vote Republica	<i>′</i>	Check if Austin,	, TX, (le of Texas. Composficeholder living	
9 Complete ONLY if direct					ld		
Date	Payee name						
07/01/2024	Anedot						
Amount (\$)	Payee addre	ss; City;	State; Zip Co	de			
\$17.32	1340 Poyd	as Street Suite 1770					
Expenditure from corporate funds	New Orlear	ns, LA 70112					
PURPOSE OF EXPENDITURE	(a) Category (S Accounting	ee Categories listed at the top of /Banking	this schedule)	ш		le of Texas. Compofficeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ceholder name	Office sou	ght		Office he	ld
Date 07/01/2024	Payee name Anedot						
Amount (\$) \$17.32	Payee addre	ss; City; ras Street Suite 1770	State; Zip Coo	de			
Expenditure from corporate funds	New Orlea	ns, LA 70112					
PURPOSE OF EXPENDITURE	(a) Category (s Accounting	ee Categories listed at the top of /Banking	this schedule)			le of Texas. Comp	
Complete ONLY if direct expenditure to benefit C/OF		ceholder name	Office sou	ght		Office he	ld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/14 Rpt: 16/27	Denton County Republican Lincoln Cabinet 00087637
4 Date	5 Payee name
07/11/2024	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.30	1340 Poydras Street Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
07/15/2024	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$33.96	1340 Poydras Street Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
LAPENDITORE	Check if Austin, TX, officeholder living expense
	Bank fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
07/17/2024	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$8.66	1340 Poydras Street Suite 1770
Expenditure from	New Orleans, LA 70112
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank fees
	Dank 1003
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	
,	
Farmana manadala (11) - Fi - F	11: 0

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 4/14 Rpt: 17/27	Denton County Republican Lincoln Cabinet 00087637		
4 Date	5 Payee name		
07/19/2024	Anedot		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$8.66	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Bank fees		
	Ballit 1888		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Date	Davies same		
	Payee name		
07/24/2024	Anedot		
Amount (\$)	Payee address; City; State; Zip Code		
\$8.66	1340 Poydras Street Suite 1770		
Expenditure from			
corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense		
	Bank fees		
Commission ONLY if dispose	Condidate/Office helds name Office accepts		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
07/29/2024	Anedot		
Amount (\$)	Payee address; City; State; Zip Code		
\$8.66	1340 Poydras Street Suite 1770		
Expenditure from			
corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
LAI LINDITURE	Check if Austin, TX, officeholder living expense		
	Bank fees		
Complete Chill V if all a	Condidate/Officeholder name		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
, ,			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)		
	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1: Sch: 5/14 Rpt: 18/27	2 FILER NAME Denton County Republican Lincoln Cabinet 3 Filer ID (Ethics Commission Filers) 00087637		
4 Date	5. Davisa nama		
	5 Payee name		
07/31/2024	Anedot		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$8.66	1340 Poydras Street Suite 1770		
Expenditure from			
corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EVENDITUE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Bank fees		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	1		
Date	Daving marks		
	Payee name		
08/01/2024	Anedot		
Amount (\$)	Payee address; City; State; Zip Code		
\$17.32	1340 Poydras Street Suite 1770		
Expenditure from	No. 20 June 14 70442		
corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Bank fees		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	1		
6 :			
Date	Payee name		
08/12/2024	Anedot		
Amount (\$)	Payee address; City; State; Zip Code		
\$25.30	1340 Poydras Street Suite 1770		
Expenditure from	No. 20 June 1 A 70440		
corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Bank fees		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission	ilers)		
I I I I I	11010)		
Sch: 6/14 Rpt: 19/27 Denton County Republican Lincoln Cabinet 00087637			
4 Date 5 Payee name			
08/14/2024 Anedot			
6 Amount (\$) 7 Payee address; City; State; Zip Code			
\$8.66 1340 Poydras Street Suite 1770			
Expenditure from corporate funds New Orleans, LA 70112			
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) OF Accounting (Dental in grant) Check if travel outside of Texas Complete Schedule T			
EXPENDITURE Accounting/Banking			
Check if Austin, TX, officeholder living expense Bank fees			
Bank rece			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH			
Date Payee name			
08/16/2024 Anedot			
Amount (\$) Payee address; City; State; Zip Code			
\$8.66 1340 Poydras Street Suite 1770			
\$6.00 1340 Poyulas Street Suite 1770			
Expenditure from			
Corporate funds New Orleans, LA 70112			
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if traval outside of Taxas Complete Schedule T			
EXPENDITURE ACCOUNTING/BANKING			
Check if Austin, TX, officeholder living expense Bank fees			
Bankiees			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH			
Date D			
Date Payee name			
08/21/2024 Anedot			
Amount (\$) Payee address; City; State; Zip Code			
\$8.66 1340 Poydras Street Suite 1770			
Expenditure from			
corporate funds New Orleans, LA 70112			
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description			
OF Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
Check if Austin, 1A, difficentiate riving expense			
Bank fees			
Complete ONLY if direct Condidate/Officeholder name Office sought			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			

SCHEDULE F1

dvertising Expense Event Expense Loan Repayment/Reimbur

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 7/14 Rpt: 20/27	Denton County Republican Lincoln Cabinet 00087637		
4 Date	5 Payee name		
08/22/2024	Anedot		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$8.66	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Bank fees		
	Built 1663		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI			
Date	Payee name		
08/28/2024	Anedot		
Amount (\$)	Payee address; City; State; Zip Code		
\$8.66	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense		
	Bank fees		
2 1 2 2 1 1 2 1 1			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
experience to serious ever			
Date	Payee name		
08/28/2024	Anedot		
Amount (\$)	Payee address; City; State; Zip Code		
\$8.66	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Bank fees		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 8/14 Rpt: 21/27	Denton County Republican Lincoln Cabinet 00087637		
4 Date	5 Payee name		
08/30/2024	Anedot		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$8.66	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Bank fees		
	Ballitioo		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Dete			
Date	Payee name		
09/04/2024	Anedot		
Amount (\$)	Payee address; City; State; Zip Code		
\$8.66	1340 Poydras Street Suite 1770		
— Formanditure from			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
EXI ENDITORE	Check if Austin, TX, officeholder living expense		
	Bank fees		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
09/05/2024	Anedot		
Amount (\$)	Payee address; City; State; Zip Code		
\$8.66	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Bank fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/14 Rpt: 22/27	Denton County Republican Lincoln Cabinet 00087637
4 Date	5 Payee name
09/09/2024	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$8.66	1340 Poydras Street Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-
Date	Payee name
09/13/2024	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$8.66	1340 Poydras Street Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	4
Date	Payee name
09/18/2024	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$8.66	1340 Poydras Street Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank fees
	Dank ices
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)		
-	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 10/14 Rpt: 23/27	Denton County Republican Lincoln Cabinet 00087637		
4 Date	5 Payee name		
09/19/2024	Anedot		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$8.66	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Bank fees		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Date	Payee name		
09/25/2024	Anedot		
Amount (\$)	Payee address; City; State; Zip Code		
\$33.96	1340 Poydras Street Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Bank fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experialiture to benefit C/O			
Date	Payee name		
09/08/2024	Ben Bumgarner Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	5150 Kensington Ct.		
Expenditure from corporate funds	Flower Mound, TX 75022		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Candidate/Officeholder/Political Committee		
	Donation for State Representative Campaign		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 11/14 Rpt: 24/27	Denton County Republican Lincoln Cabinet 00087637		
4 Date	5 Payee name		
08/08/2024	Best Name Badges		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$213.06	1700 NW 65th Ave., Suite 4		
- "			
Expenditure from corporate funds	Plantation, TX 33313		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Member personalized name badges		
	member perechanged hame saaged		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Date	Payee name		
07/08/2024	Bistecca Steakhouse		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,300.00	2300 Highland Village Rd.		
Expenditure from corporate funds	Highland Village, TX 75077		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Quarterly PAC Member Luncheon		
	Qualitarily 1770 Member Euroneon		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			
Data	David and the second se		
Date 09/08/2024	Payee name Pront Hagonbuch Campaign		
	Brent Hagenbuch Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	2800 Shoreline Drive		
Expenditure from			
corporate funds	Denton, TX 76210		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.		
	Candidate/Officeholder/Political Committee		
	Donation for State Seriale Campaign		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salarie The Instruction Guide explains how to	or o	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 12/14 Rpt: 25/27	Denton County Republican Lincoln Cabinet	00087637	
4 Date	5 Payee name		
07/31/2024	Embassy Suites by Hilton Denton Conventio	n Center	
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$9,000.00	3100 Town Center Trail		
Expenditure from corporate funds	Denton, TX 76201		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.	
-		Check if Austin, TX, officeholder living expense Hotel facility fee deposit for annual gala event	
		Tioter facility fee deposit for armual gala event	
9 Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held	
expenditure to benefit C/OI		onde no.u	
Date	Payee name		
07/10/2024	Murad Auction Group LLC		
Amount (\$)	Payee address; City; State; Zip	Code	
\$5,472.50	PO Box 831902		
Expenditure from corporate funds	Richardson, TX 75083		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Software subscription for event management software and auction services	
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held	
expenditure to benefit C/OI		onice netu	
Date	Pausa mama		
08/07/2024	Payee name North Texas Print Solutions		
Amount (\$)	Payee address; City; State; Zip	Codo	
\$134.94	2077 Switzer Rd	Code	
Ψ104.94	2077 Switzer Nu		
Expenditure from corporate funds	Sanger, TX 76266		
PURPOSE		(b) Description	
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense	
		Save the Date Announcements for Annual Gala	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s	sought Office held	
•			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment				
Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	rs)		
Sch: 13/14 Rpt: 26/27	Denton County Republican Lincoln Cabinet 00087637			
4 Date	5 Payee name			
09/11/2024	North Texas Print Solutions			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2,257.81	2077 Switzer Rd			
Expenditure from corporate funds	Sanger, TX 76266			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Printing Expense			
LXI LINDITORE	Check if Austin, TX, officeholder living expense			
	"Vote Republican" yard signs			
O Committee ONII Wife discret	Overlight (Office helder covers			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
09/09/2024	Richard Bachus Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	1013 Kenbob Cir			
Expenditure from				
corporate funds	Carrollton, TX 75007			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
	Candidate/Officeholder/Political Committee	ما		
	Campaign			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				
Data	Davis rome			
Date 09/08/2024	Payee name Pichard Hayes Campaign			
	Richard Hayes Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	1225 Sycamore Bend Rd.			
Expenditure from				
corporate funds	Hickory Creek, TX 75065			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Donation for State Representative Campaign			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 14/14 Rpt: 27/27	Denton County Republican Lincoln Cabinet	00087637
4 Date	5 Payee name	
09/08/2024	Tan Parker Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,000.00	P.O. Box 271741	
Expenditure from		
corporate funds	Flower Mound, TX 75027	
8 PURPOSE OF	1 ' 1 '	Description
EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee	Donation for State Senate Campaign
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		