FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 15 00015810 3 COMMITTEE NAME **OFFICE USE ONLY** Republican Party of Walker County (CEC) Date Received **ELECTRONICALLY FILED** 10/06/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 7394 Date Hand-delivered or Date Postmarked Change of Address Huntsville, TX 77342-7394 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Eric R. NAME NICKNAME LAST **SUFFIX** Johnston STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1449 River Oaks Drive STREET **ADDRESS** 480 Elkins Lake (Residence or Business) Huntsville, TX 77340 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 480 Elkins Lake MAILING **ADDRESS** Huntsville, TX 77340 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (936) 291-8404 PHONE REPORT January 15 30th day before election Final Report X **TYPE** 10th day after campaign treasurer 8th day before election 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**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

2 COMMITTEE NAME			13 File		(Ethics Commission Filers)
Republican Party of W	alker County (CEC)		000	15810	
4 COMMITTEE	1. Candidates	A. Supported Republican			
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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
E CONTRIBUTION	1		A N I	i	
5 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ED POLITICAL CONTRIBUTIONS (OTHER THA S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	AN	\$	7,990.50
		CAL CONTRIBUTIONS		\$	7,000,50
	(OTHER THAN P	LEDGES, LOANS, OR GUARANTEES OF LOAN	NS)		7,990.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES		\$	6,005.54
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE I	LAST DAY	\$	24,032.27
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS E REPORTING PERIOD	S OF THE	\$	0.00
6 AFFIDAVIT	<u> </u>			1	
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
		Mr. F	Eric R. John	ston	
			of Campaign		rer
AFFIX NOTAR	Y STAMP / SEAL ABOV	•	or campaign	rrodou	
		funding with a second and second of office	, this the _		day
01	, 20, to certi	fy which, witness my hand and seal of office.			
Signature of officer a	dministering oath	Printed name of officer administering oath	Title	of offic	er administering oath
-	÷	ŭ			•

COUNTY EXECUTIVE COMMITTEE REPORT:

FORM CEC ADDENDUM

PURPUSE					Page 3 of 15
40 OOMMITTEE MANE				40 511-115	
12 COMMITTEE NAME	* County (CEC)			13 Filer ID	(Ethics Commission Filers)
Republican Party of Walke		I		00015810	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted		Republican		
	(Identify by name or, if applicable, classify by party.)				

SUBTOTALS - CEC FORM CEC COVER SHEET PG 3 4 of 15 7 COMMITTEE NAME Republican Party of Walker County (CEC) 18 Filer ID (Ethics Commission Filers) 00015810

			4 of 15							
17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers)										
Repu	ublica	00015810								
	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT									
NAME	E OF :									
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,990.50					
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.		SCHEDULE E: LOANS		\$						
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$	6,005.54					
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
10.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/11 Rpt: 5/15	Republican Party of Walker County (CEC) 00015810
4	Date	5 Payee name
	07/05/2024	Amazon.com
6	Amount (\$) \$16.23	7 Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Prime fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/05/2024	Amazon.com
	Amount (\$) \$16.23	Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Prime fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 08/19/2024	Payee name Amazon.com
	Amount (\$) \$37.60	Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Israel flags
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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 Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	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: 2/11 Rpt: 6/15	Republican Party of Walker County (CEC) 00015810
4	Date	5 Payee name
	09/05/2024	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.23	PO Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Prime fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	07/02/2024	City of Huntsville
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.95	1220 11th St
		Huntsville, TX 77320
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Utilities
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/02/2024	City of Huntsville
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.95	1220 11th St
		Huntsville, TX 77320
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Utilities
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	·

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 3/11 Rpt: 7/15	Republican Party of Walker County (CEC) 00015810
4	Date	5 Payee name
	09/03/2024	City of Huntsville
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64.95	1220 11th St
		Huntsville, TX 77320
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Utilities
		Gundes
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	07/02/2024	Entergy
	Amount (\$)	Payee address; City; State; Zip Code
	\$57.81	60 North 11th St
		Beaumont, TX 77702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Utilities
		Guillies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Data	
	Date	Payee name
	08/02/2024	Entergy
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.87	60 North 11th St
L		Beaumont, TX 77702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Utilities
		Otilities
	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 Contributions/ Donations Made By -Candidate/Officeholder/Political C

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

	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: 4/11 Rpt: 8/15	Republican Party of Walker County (CEC) 00015810
4	Date	5 Payee name
	09/04/2024	Entergy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.36	60 North 11th St
		Beaumont, TX 77702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Utilities
		Othiucs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/OI	
	Date	Payee name
	08/21/2024	First National Bank - Huntsville
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	PO Box 659
	φ33.00	FO BOX 039
		Huntovilla, TV 77242 0650
		Huntsville, TX 77342-0659
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
		Checks - Harland Clarke
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/26/2024	First National Bank - Huntsville
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.00	PO Box 659
		Huntsville, TX 77342-0659
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Stop payment fee
		Stop payment lee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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 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)

	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: 5/11 Rpt: 9/15	Republican Party of Walker County (CEC) 00015810
4	Date	5 Payee name
	09/04/2024	First National Bank - Huntsville
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	PO Box 659
		Huntsville, TX 77342-0659
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Checks - Harland Clarke
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/02/2024	Gibbs Brothers
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1118 1/2 11th St
		Huntsville, TX 77340
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense HQ Rent
		ng Keni
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	08/02/2024	Gibbs Brothers
_	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1118 1/2 11th St
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Huntsville, TX 77340
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		HQ Rent
L	Operated ONE VIII	Out in the Committee of
	Complete ONLY 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 Committee

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Folling Expense
Salaries/Wangs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide ex	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed ab	oove)
1	Total pages Schedule F1:	2 FILER NAM	=				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 6/11 Rpt: 10/15		Party of Walker Cou	nty (CEC)				00015810	•	,
4	Date	5 Payee name	!				_			
	09/03/2024	Gibbs Brot								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
l	\$350.00	1118 1/2 1		•						
l										
		Huntsville,	TX 77340							
8	PURPOSE	(a) Category (S	see Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	head/Rental Expense)		=		ide of Texas. Com		
						HQ Rent	, IX,	, officeholder living	expense	
						ng ren				
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office cou	abt			Office he	old.	
"	expenditure to benefit C/O		icenoluei name	Office sou	igni			Office fie	au	
F	Date	Payee name	·							
	07/10/2024	Huntsville I	Public Library							
┢	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
l	\$150.00	1219 13th	St							
		HUNTSVIL	LE, TX 77340							
	PURPOSE OF	(a) Category (S	see Categories listed at the top o	f this schedule)	(b)	Description				
	EXPENDITURE	Event Expe	ense			=		ide of Texas. Com , officeholder living		
						Venue depos		, onicendider living	expense	
						venue depos	,,,			
┝	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ight			Office he	eld	
l	expenditure to benefit C/O	Н			J					
F	Date	Payee name								
	09/17/2024	1 1	Public Library							
⊢	Amount (\$)	Payee addre		State; Zip Co	ndo					
	\$150.00	1219 13th	•	State, Zip Ct	Jue					
	Ψ130.00	1219 1301	31							
		HUNTSVIL	LE, TX 77340							
	PURPOSE	(a) Category (S	see Categories listed at the top o	f this schedule)	(b)	Description				
l	OF EXPENDITURE	Event Expe						ide of Texas. Com		
l	LAFENDITORE					ш		, officeholder living	expense	
						Venue depos	it			
$ldsymbol{f eta}$					L_					
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ight			Office he	eid	
<u> </u>										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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			Legal Services		Salaries/W		e /Contract Labor		OTHER (enter	istrict a category not listed above))
	Credit Card Payment			The Instruction Gu	ıide explains ho	ow to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 7/11 Rpt: 11/15		Republican	Party of Walker	County (CE	C)				00015810		
4	Date	5	Payee name					•				
	09/04/2024	ı	Office Depo	t								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$296.83	ı	133 Intersta									
			Huntsville, T	X 77320								
8	PURPOSE	⊢		e Categories listed at tl	4 441	1	(b)	Description				
	OF			e Categories listed at ti nead/Rental Exp		lule)	(~)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livin	g expense	
								Office supplie	es			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Off	fice sou	ght			Office h	eld	
	experialitate to beliefit C/Oi											
	Date		Payee name									
	09/15/2024		Office Depo	t								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$16.26		133 Intersta	te 45 North								
			Huntsville, T	X 77320								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sched	lule)	(b)	Description				
	OF EXPENDITURE		Printing Exp					=			nplete Schedule T.	
	-							Meet and gre		officeholder livin	g expense	
								wicet and gre	Cit	Jaius		
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	Off	fice sou	aht			Office h	eld	
	expenditure to benefit C/OI				.		9			C		
-	Date	Π	Dayoo nama									
	07/03/2024		Payee name Suddenlink/	Ontimum								
	Amount (\$)		Payee addres		State;	Zin Co	do					
	\$125.87	ı	PO Box 660	-	Siale,	Zip Cui	ue					
	Ψ123.07		1 O DOX 000	303								
			Dallas, TX 7	5266								
	DUDDOOF					- 1	/I- \					
	PURPOSE OF			e Categories listed at the cad/Rental Exp		lule)	(D)	Description Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Office Over	ieau/Rentai Exp	Jense			ш		officeholder livin		
								Utilities				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	fice sou	ght			Office h	eld	
L	expenditure to benefit C/OI	H _							_			

SCHEDULE F1

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

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

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: 8/11 Rpt: 12/15	Republican Party of Walker County (CEC) 00015810
4	Date	5 Payee name
	08/05/2024	Suddenlink/Optimum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.94	PO Box 660365
		Dallas, TX 75266
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Utilities
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/03/2024	Suddenlink/Optimum
H	Amount (\$)	Payee address; City; State; Zip Code
	\$125.94	PO Box 660365
		Dallas, TX 75266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Utilities
		Stillues
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/02/2024	Texas GOP Store
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$277.77	404 I-45 South
		Huntsville, TX 77340
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Signs
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
1		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
L	Sch: 9/11 Rpt: 13/15	
4	Date	5 Payee name
	09/04/2024	Texas GOP Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$672.23	404 I-45 South
		Huntsville, TX 77340
Ļ	DUDDOGE	1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxos Complete Schedule T
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
	Date	Payee name
	07/05/2024	The MAGA Mall
	Amount (\$)	Payee address; City; State; Zip Code
	\$364.53	9811 W Charlseton Blvd
		Suite 2155
		Las Vegas, NV 89117
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Flags
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	• · · · · · · · · · · · · · · · · · · ·
H	Data	Para a sana
	Date	Payee name
	08/21/2024	The MAGA Mall
	Amount (\$)	Payee address; City; State; Zip Code
	\$436.58	9811 W Charlseton Blvd
		Suite 2155
		Las Vegas, NV 89117
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Flags
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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 Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	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: 10/11 Rpt: 14/15	Republican Party of Walker County (CEC) 00015810	
4	Date	5 Payee name	
	08/22/2024	The MAGA Mall	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$162.87	9811 W Charlseton Blvd	
		Suite 2155	
		Las Vegas, NV 89117	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense	
	EX. ENDITORE	Check if Austin, TX, officeholder living expense	
		Flags	
^	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/Ol		
	Date		
	Date	Payee name	
	09/03/2024	The MAGA Mall	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$503.61	9811 W Charlseton Blvd	
		Suite 2155	
		Las Vegas, NV 89117	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Flags	
		Thags	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH			
	Date	Payee name	
	09/15/2024	The MAGA Mall	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$615.93	9811 W Charlseton Blvd	
	Ψ013.33	Suite 2155	
		Las Vegas, NV 89117	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Flags	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	

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 Solarios (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	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: 11/11 Rpt: 15/15	Republican Party of Walker County (CEC) 00015810
4	Date	5 Payee name
	09/07/2024	Vargas, Joseph
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	P.O. Box 5304
l		
		San Angelo, TX 76902
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
		Check if Austin, TX, officeholder living expense
		Books
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/O	
	Date	Payee name
	08/16/2024	Walker County Fair Association
H	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3900 Highway West
	,	
		Huntsville, TX 77340
L		
	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
		Trump train - venue rental
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	
┝		
l		
l		
l		
l		
l		
l		
l		
l		