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. 00037828 3 COMMITTEE NAME **OFFICE USE ONLY** Republican Party of Fort Bend County (CEC) Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 461 Date Hand-delivered or Date Postmarked Change of Address Sugar Land, TX 77487-0461 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Doug NAME NICKNAME LAST **SUFFIX** White STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5423 Ashley Way Court STREET **ADDRESS** (Residence or Business) Sugar Land, TX 77479 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 461 MAILING **ADDRESS** Sugar Land, TX 77487 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 515-7540 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 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

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Republican Party of Fo	t Bend County (CEC		000378	328
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		
	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	PLEDGES, LOAN CONTRIBUTIONS	ZED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR S MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	1,529.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	23,396.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES	\$	81,670.48
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	90,250.66
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Dou	ug White	
		Signature of Car	mpaign Tre	asurer
AFFIX NOTARY	STAMP / SEAL ABOV	Е		
Sworn to and subscribed	before me, by the said	, th	nis the	day
Of	_, 20, to certi	fy which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of	officer administering oath

SUBTOTALS - CEC

FORM CEC

3001	OTALS - CLC	C	OVER SHEET PG 3 3 of 14
17 COMMITT	(Ethics Commission Filers)		
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 23,396.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 81,670.48
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
10.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONET	ARY POLITICAL (SCHEDULE A1			
	The Instru	ction Guide explains how	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/14			
2	FILER NAME Republican I	Party of Fort Bend County (CE	EC)		3	Filer ID (Ethics Commission 00037828	on Filers)
4	Date 10/23/2024	5 Full name of contributor Andrew Johnson Campai6 Contributor address; City; St	-		7	Amount of Contribution (\$)	\$2,000.00
		Kingwood , TX 77345-171					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	Date 10/16/2024	Full name of contributor Clint Morgan Campaign Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$5,000.00
	Principal occu	Sugar Land, TX 77479 pation / Job title (See Instructions	5)	Employer (See Instructions	<u>s)</u>		
	· ····o.pa. ooda	panony cos ano (coo monacaons	,		-,		
	Date 10/18/2024	Full name of contributor Clint Morgan Campaign Contributor address; City; Si	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$1,000.00
		Sugar Land, TX 77479					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 10/18/2024	Full name of contributor Kurrus, Keith Contributor address; City; Si Sugar Land, TX 77479	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$150.00
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions Retired	5)		
	Date 10/16/2024	Full name of contributor Leblanc, Andree Contributor address; City; Si Fulshear, TX 77441-2240			•	Amount of Contribution (\$)	\$125.00
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/14	
2	FILER NAME Republican I	Party of Fort Bend County (CEC)	3	Filer ID (Ethics Commission Filers) 00037828	
4	Date 10/21/2024	 Full name of contributor		7	Amount of Contribution (\$) \$6,000.00
•	Dringing! goog	Houston , TX 77265-6881	• Employer (Coa Instructions		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
	Date 10/16/2024	Full name of contributor out-of-state PAC (ID#:_ Morgan, Sylvia Contributor address; City; State; Zip Code Sugar Land, TX 77498-2660)		Amount of Contribution (\$) \$14.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)	
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_ Republican Party of Texas - 2021 Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$7,500.00
	Principal occu	Austin , TX 78701-2542 pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_ Robideau, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$14.00
	Principal occu Realtor	Sugar Land , TX 77478-3238 spation / Job title (See Instructions)	Employer (See Instructions Self)	
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_ Springob, Waltraud Contributor address; City; State; Zip Code Sugar Land, TX 77478)		Amount of Contribution (\$) \$50.00
	Principal occu Treasurer	pation / Job title (See Instructions)	Employer (See Instructions Laredo Construction, Inc		

MONE	FARY POLITICAL CONTRIBUT	ION	IS		SCHEDULE A1
The Instru	uction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/14		
FILER NAME Republican	Party of Fort Bend County (CEC)	3	Filer ID (Ethics Commission Filers) 00037828		
Date 10/16/2024	 Full name of contributor)#:)	7	Amount of Contribution (\$) \$14.00
Principal occi	Sugar Land, TX 77479-3258 upation / Job title (See Instructions)	9	Employer (See Instructions	 S)	
Retired			Retired		

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 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 cor	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/8 Rpt: 7/14	Republican Party of Fort Bend County (CEC)	00037828
4 Date	5 Payee name	
10/07/2024	Campaign HQ	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de
\$3,032.16	PO Box 257	
	Brooklyn , IA 52211-0257	
8 PURPOSE OF	,	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Judge Expenses - Texting
9 Complete ONLY if direct	Candidate/Officeholder name Office sout	ht Office held
expenditure to benefit C/O	1	
Date	Payee name	
10/17/2024	Colon and Company	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$5,000.00	9741 Katy Freeway, #108	
	Houston, TX 77024	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Political Consulting
Complete ONLY if direct	Candidate/Officeholder name Office sout	ht Office held
expenditure to benefit C/O	+	
Date	Payee name	
10/15/2024	Data & Mailing Resource of Houston LP	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$22,000.00	4929 Blalock Road	
	Houston , TX 77041	
PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Postage/Digital Advertising
Complete ONLY if direct	Candidate/Officeholder name Office sout	ght 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 Comm Event Expense 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	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: 2/8 Rpt: 8/14	Republican Party of Fort Bend County (CEC) 00037828
4	Date	5 Payee name
	10/16/2024	Data & Mailing Resource of Houston LP
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11,535.90	4929 Blalock Road
		Houston, TX 77041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Postage/Digital Advertising
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/04/2024	Diana , Vargas-Le
	Amount (\$)	Payee address; City; State; Zip Code
	\$412.88	
		TX
_	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Float Decorations
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	10/02/2024	DiscPro Printing & Graphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,724.00	PO Box 1581
		Houston, TX 77251
	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
		Printing 100000 Push Cards
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to belieff 0/01	•

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		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	Ē				3	Filer ID	(Ethics Commission Filers))
	Sch: 3/8 Rpt: 9/14	Republicar	Party of Fort Bend	County (CEC)				00037828		
4	Date	5 Payee name								
	10/15/2024	DiscPro Pri	nting & Graphics							
6	Amount (\$) \$2,977.00	Payee address PO Box 15 Houston , 7	81	State; Zip C	ode					
8	PURPOSE OF EXPENDITURE	(a) Category (S	iee Categories listed at the to	op of this schedule)	(b)		, TX	officeholder living	plete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/Ol		iceholder name	Office sou	ught			Office he	eld	
	Date	Payee name								
	10/02/2024	Fort Bend I	Herald							
	Amount (\$) \$500.00	Payee addre PO Box 10 Rosenberg	-	State; Zip Co	ode					
	PURPOSE	(a) Category (S	see Categories listed at the to	pp of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising		,		Check if travel of	, TX	officeholder living		
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ught			Office he	eld	
	Date	Payee name	!			-				
	10/25/2024	Gales Solu	tions							
	Amount (\$) \$900.00	Payee addre	ess; City;	State; Zip Co	ode					
		TX								
	PURPOSE OF EXPENDITURE	(a) Category (s Need Info	iee Categories listed at the to	op of this schedule)	(b)			de of Texas. Com officeholder living	plete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ught			Office he	eld	

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	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: 4/8 Rpt: 10/14	Republican Party of Fort Bend County (CEC) 00037828
4	Date	5 Payee name
	10/23/2024	March , Bill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	
		TX
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Need Info Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Need Info
		Need IIIIO
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Dayaa nama
	09/27/2024	Payee name NBD Graphics
	Amount (\$)	Payee address; City; State; Zip Code
	\$730.69	917 S. Mason Rd.
		Katy , TX 77405
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing Expense
		1 mining Expense
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	10/16/2024	Office Max
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.91	5766 Hwy 6
	φ90.91	3700 Hwy 0
		Missauri Oita TV 77450
		Missouri City, TX 77459
	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
		Office Supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising 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: 5/8 Rpt: 11/14	Republican Party of Fort Bend County (CEC) 00037828
4	Date	5 Payee name
	10/15/2024	Pizza Hut
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$73.71	3638 Highway 6
		Sugar Land, TX 77478-4402
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Meeting Expense
9	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	10/16/2024	Raconteur Media Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$25,000.00	PO Box 26511
		Austin , TX 78755-0511
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Digital Media
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	10/18/2024	Seth & Alexander Advisors
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3 Sugar Creek Center Blvd
	+ =,000.00	o dagai di doit doite. Di a
		Sugar Land, TX 77478
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Ranking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Accounting Expense
	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

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
ᆫ		The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)		
	Sch: 6/8 Rpt: 12/14	Republican Party of Fort Bend County (CEC) 00037828			
4	Date	5 Payee name			
	10/03/2024	Shell			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
ľ	\$63.05	2465 FM 1092 Rd			
	400.00	21001111202110			
L		Missouri City, TX 77459			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Fuel Expense			
		ι αξί Ελρείισε			
Ļ	Operation ON W. Y. F.	Our filds to 10 ff as halden many of the same time.			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	10/07/2024	Shell			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$66.12	2465 FM 1092 Rd			
		Missouri City, TX 77459			
L	DUDDOCE				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Fuel Expense			
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
⊨	Date	Payee name			
	10/18/2024	Shell			
L					
	Amount (\$)	Payee address; City; State; Zip Code			
	\$68.11	2465 FM 1092 Rd			
		Missouri City, TX 77459			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		Fuel Expense			
L					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
L	experiorare to benefit C/OI	п	_		

SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 7/8 Rpt: 13/14		Republican	Party of Fort Bend	d County ((CEC)				00037828	
4	Date	5	Payee name								
	10/18/2024		Sprint2Print								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$3,095.95		8748 Clay F	Rd							
			Suite 300								
			Houston , T	X 77080-8106							
8	PURPOSE	(a)	Category (se	ee Categories listed at the to	on of this scho	idulo)	(b)	Description			
	OF EXPENDITURE	ľ	Printing Exp		op of this scrie	idule)	\ `´		outsi	de of Texas. Comp	plete Schedule T.
	EXPENDITURE									officeholder living	expense
								Printing for Y	ard	Signs	
							Ļ				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	0	ffice sou	ught 			Office he	eld
	Date		Payee name								
	10/15/2024		TemplatedD	Discount							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$125.00		6652 US-79)							
			Hutto, TX 78	8634							
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE			head/Rental Exper		,		□		de of Texas. Com	
	LAPENDITORE							ш		officeholder living	expense
								Website Expe	ens	e	
	Complete ONLY if allower	Ļ	Condidate (Off	aahaldar		ffice	10,64			O#: !	.ld
	Complete ONLY if direct expenditure to benefit C/O		anuidate/Offi	ceholder name	O	ffice sou	ignt			Office he	eiu
L	•	_									
	Date		Payee name								
	10/15/2024		Wells Fargo	Bank, N.A							
	Amount (\$)		Payee addres	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State;	Zip Co	ode				
	\$25.00		420 Montgo	mery Street							
			San Francis	sco, CA 94104							
	PURPOSE	(a)	Category (Se	ee Categories listed at the to	op of this sche	dule)	(b)	Description			
	OF EXPENDITURE		Fees					ш		de of Texas. Com	
	LA LADITORE								, TX,	officeholder living	expense
								Bank Fee			
_	Complete ONLY if direct	Ļ	Candidata/Off:	aahaldar nama		ffine es:	labt			Office ha	ald.
	Complete ONLY if direct expenditure to benefit C/O		ariuidate/Offi	ceholder name	O	ffice sou	ıynt			Office he	au

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorial: Legal Services The Instruction G			/ages	Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed a	above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 8/8 Rpt: 14/14		Republican	Party of Fort B	end County	(CEC)				00037828		
4	Date	5	Payee name									
	10/15/2024		Wells Fargo	Bank, N.A								
6	Amount (\$)	7	Payee addres		State	; Zip Co	de					
	\$25.00		420 Montgo	mery Street								
			San Francis	co, CA 94104								
8	PURPOSE OF	(a)	•	ee Categories listed at	the top of this sch	nedule)	(b)	Description	outoi	do of Toyon Con	anlata Cahadula T	
EXPENDITURE			Fees					Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
								Bank Fee				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld	
_		_										
	Date		Payee name	D. J. N.A								
	10/16/2024		Wells Fargo				_					
	Amount (\$)		Payee addres		State	; Zip Co	de					
	\$25.00		420 Montgo	mery Street								
			Can Francis	CA 04104								
				co, CA 94104			<i>a</i> >					
	PURPOSE OF	(a) 	Category (Se	ee Categories listed at	the top of this sch	nedule)	(D)	Description Check if travel of	outsio	de of Texas. Con	nplete Schedule T.	
EXPENDITURE			rees					Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
								Bank Fee				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld	