COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC COVER SHEET PG 1

Tł	ne CEC Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00015769	2 Total pages filed:15			
3	COMMITTEE NAME			OFFICE USE ONLY			
	Tarrant County GC			Date Received ELECTRONICALLY FILED 10/28/2024			
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CI	TY; STATE; ZIP CODE				
	ADDRESS	201 N. Rupert St		Date Hand-delivered or Date Postmarked			
	Change of Address	Suite 117					
		Fort Worth, TX 76107		Receipt # Amount			
				Date Processed			
				Date Imaged			
5	CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Frederick		MI			
		NICKNAME LAST Tate		SUFFIX			
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 201 N. Rupert St Suite 117 Fort Worth, TX 76107	APT / SUITE #; CITY;	STATE; ZIP CODE			
7	CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; 201 N. Rupert St. Suite 117 Fort Worth, TX 76107	APT / SUITE #; CITY	; STATE; ZIP CODE			
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (469) 290-7500	EXTENSION				
9	REPORT TYPE	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Dth day before election	Final Report 10th day after campaign treasurer termination			
10	PERIOD COVERED	Month Day Year 09/27/2024 T	Month Day HROUGH 10/26/202	Year 4			
11	LELECTION	11/05/2024	Primary ELECTION TYPE Primary Runoff General Special	Other			
			TO PAGE 2				
⊢0	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7						

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer I	D (Ethics Commission Filers)		
Tarrant County GOP			00015	5769		
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				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOAN	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	4	\$ 0.00		
	2. TOTAL POLITIC	CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	٩	\$ 77,500.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	4	\$ 0.00		
	4. TOTAL POLITIC	CAL EXPENDITURES	4	\$ 57,209.27		
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY	\$ 190,176.24		
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF ⁻ E REPORTING PERIOD	THE	\$ 0.00		
16 AFFIDAVIT	16 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					
		Freder	rick Tate			
		Signature of Ca	mpaign T	reasurer		
AFFIX NOTARY	STAMP / SEAL ABOV	E				
Sworn to and subscribed	before me, by the said	, ti	his the	day		
of	of, 20, to certify which, witness my hand and seal of office.					
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title c	of officer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7		

SUBTOTALS - CEC	CC	FOR OVER SHE	м СЕС ET PG 3 ^{3 of 15}
17 COMMITTEE NAME Tarrant County GOP	18 Filer ID 00015769	(Ethics Commis	sion Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTA	L AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	77,500.00
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	\$	57,209.27
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. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	30,344.86

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 4/15 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Tarrant County GOP 00015769 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/30/2024 Fort Worth Republican Women \$2,500.00 6 Contributor address; City; State; Zip Code Fort Worth, TX 76102 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/09/2024 John McQueeney Campaign \$2,500.00 Contributor address; City; State; Zip Code Fort Worth, TX 76165 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/25/2024 Kleinheinz, John \$5,000.00 Contributor address; City; State; Zip Code Fort Worth, TX 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO KLEINHEINZ CAPITAL PARTNERS Date Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ 10/10/2024 Pat Gallagher for Judge \$1,500.00 Contributor address; City; State; Zip Code Fort Worth, TX 76116 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/17/2024 \$1,000.00 Republican Women of Arlington (16985) Contributor address; City; State; Zip Code Arlington, TX 76004 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/15 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Tarrant County GOP 00015769 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 10/01/2024 Sullivan, Hollis R \$20,000.00 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self-Employed **Business Owner** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/17/2024 \$5,000.00 Texans for Dan Patrick (64090) Contributor address; City; State; Zip Code Houston, TX 76046 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$)) 10/24/2024 **Texas Conservative Project PAC** \$40,000.00 Contributor address; City; State; Zip Code Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

		EXPENDITURE CATEGORIES FOR BOX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By 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:	
	Sch: 1/9 Rpt: 6/15	Tarrant County GOP00015769
4	Date	5 Payee name
	10/01/2024	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$391.49	208 S. Akard Street
		Dallas, TX 75202
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
		Phone Service
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/06/2024	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$394.69	208 S. Akard Street
	\$394.09	200 S. Akaru Stieet
		Dallas, TX 75202
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Phone Service
	Complete ONIL V if divest	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	•	
	Date	Payee name
	10/18/2024	AZ Media
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,920.00	800 W 47th ST
		Kansas City, MO 64112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Party Video Production
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma Candidate/Officeholder/F Credit Card Payment						
1 Total pages Schedule	F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 2/9 Rpt: 7/15						
4 Date	5 Payee name					
10/01/2024	Amazon.com, Inc					
6 Amount (\$) \$86.	7 Payee address; City; State; Zip Code 99 440 Terry Avenue North Seattle, WA 98109					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Austin, TX, officeholder living expense General Office Supplies					
9 Complete <u>ONLY</u> if dire expenditure to benefit						
Date	Payee name					
10/01/2024	CFS Compliance					
Amount (\$) \$960.	Payee address; City; State; Zip Code 00 PO Box 30844					
	Bethesda, MD 20824					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Compliance Consulting 					
Complete <u>ONLY</u> if dire expenditure to benefit						
Date	Payee name					
10/07/2024	CFS Compliance					
Amount (\$) \$960.	Payee address; City; State; Zip Code PO Box 30844					
	Bethesda, MD 20824					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Compliance Consulting 					
Complete <u>ONLY</u> if dire expenditure to benefit						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			nmittee	EXPENDITOR Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	nse s Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	ayment/Reimbursement rhead/Rental Expense pense pense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
_	Sch: 3/9 Rpt: 8/15		Tarrant Co						00015769	
4	Date	5	Payee name	e						
	10/01/2024		Constant C	Contact						
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de			
	\$199.22		1601 Trap	elo Road						
			Waltham, I	MA 02451						
8	PURPOSE	(a)	Category (S	See Categories listed at	the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Office Ove	rhead/Rental Ex	pense				ide of Texas. Com	
									, officeholder living	expense
							Software Lice	ens	ing	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	C	Office sou	ght		Office he	eld
	Date		Payee name	e						
	10/14/2024		Constant C	Contact						
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de			
	\$199.22		1601 Trap			,				
	Ψ199.2Z		1001 Hap							
			Waltham, I	MA 02451						
	PURPOSE	(a)	Category (See Categories listed at	the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Office Ove	rhead/Rental Ex	pense				ide of Texas. Com	
									, officeholder living	expense
							Software Ser	vic	е	
	Complete ONLY if direct		Candidate/Of	ficeholder name	(Office sou	ght		Office he	eld
	expenditure to benefit C/OI	Н								
	Date		Payee name	e						
	10/20/2024		Frost Bank	C						
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de			
	\$30.00		•	uston Street						
			San Anton	io, TX 78205						
	PURPOSE	(a)	Category (See Categories listed at	the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Accounting	g/Banking					ide of Texas. Com	
								I, TX	, officeholder living	expense
	Wire fee									
L										
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	(Office sou	ght		Office he	eld

	POLITICAL EXE	PENDITURES FROM POLITICAL NS	SCHEDULE F1
		EXPENDITURE CATEGORIES FOR E	3OX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayn Fees Office Overh Food/Beverage Expense Polling Exper - Gift/Awards/Memorials Expense Printing Expe	nent/Reimbursement Solicitation/Fundraising Expense sad/Rental Expense Transportation Equipment & Related Expense nse Travel in District nse Travel Out of District csc/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 4/9 Rpt: 9/15	2 FILER NAME Tarrant County GOP	3 Filer ID (Ethics Commission Filers) 00015769
4	Date 10/23/2024	5 Payee name Frost Bank	
6	Amount (\$) \$15.00	 Payee address; City; State; Zip Code 111 W Houston Street San Antonio, TX 78205 	
8	PURPOSE OF EXPENDITURE		 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wire Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
	Date 10/01/2024	Payee name Frost Bank	
	Amount (\$) \$3.20	Payee address; City; State; Zip Code 111 W Houston Street San Antonio, TX 78205	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
	Date 10/01/2024	Payee name H/FW Capital Partners LLC	
	Amount (\$) \$5,834.43	Payee address; City; State; Zip Code PO Box 472055	
		Fort Worth, TX 76147	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Office Overhead/Rental Expense	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Rent
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sough	t Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 5/9 Rpt: 10/15	Tarrant County GOP	00015769				
4	Date 10/01/2024	5 Payee name H/FW Capital Partners LLC					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
U	\$6,103.18	PO Box 472055 Fort Worth, TX 76147					
_		i					
8	PURPOSE OF EXPENDITURE	OF Office Overhead/Rental Expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/01/2024	Intuit Inc					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$105.75	251 Little Falls Drive					
		Unit 3					
		Wilmington, DE 19808					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense nSing				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/01/2024	Intuit Inc					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$105.75	251 Little Falls Drive					
		Wilmington, DE 19808					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense nsing				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fe Fo Gi Committee Le	ent Expense es od/Beverage Expense t/Awards/Memorials Expense gal Services ne Instruction Guide ex	Office Ov Polling E Printing E Salaries/	verhead xpense Expense Wages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 6/9 Rpt: 11/15	Tarrant Count	y GOP					00015769	``````````````````````````````````````
4	Date	5 Payee name							
	10/01/2024	Iron Mountain							
6	Amount (\$)	7 Payee address	City;	State; Zip C	ode				
	\$139.04	7430 Whiteha	II Street						
		Fort Worth, T	X 76118						
8	PURPOSE	(a) Category (Soo)	Categories listed at the top of	this schodule)	(b)	Description			
-	OF		ad/Rental Expense		(,		outsid	de of Texas. Com	plete Schedule T.
	EXPENDITURE	onice overne				Check if Austin	, тх,	officeholder living	expense
						Storage			
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Office	holder name	Office sou	ught			Office he	eld
	Date	Payee name							
	10/03/2024	KRG Grapevi	ne. LLC						
	Amount (\$)	Payee address		State; Zip C	odo				
	. ,			State, Zip Ci	oue				
	\$2,150.40	30 South Mer	idian St						
		Suite 1100							
		Indianapolis,	N 46204						
	PURPOSE	(a) Category (See	Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE		ad/Rental Expense					de of Texas. Com	
	EXPENDITORE		-				, TX,	officeholder living	expense
						Office Rent			
	Complete ONLY if direct	Candidate/Office	holder name	Office sou	ught			Office he	eld
	expenditure to benefit C/OI								
	Date	Payee name							
	10/01/2024	Office Depot							
	Amount (\$)	Payee address	City;	State; Zip Co	ode				
	\$23.74	1415 W Pipel	-						
	φ20.14								
		Hurst, TX 760	53						
	PURPOSE	(a) Category (Soc)	Categories listed at the top of	this schedule)	(b)	Description			
	OF		ad/Rental Expense		$\left[\right]$		outsid	de of Texas. Com	plete Schedule T.
	EXPENDITURE	2				Check if Austin	, TX,	officeholder living	expense
						General Offic	e S	upplies	
	Complete ONLY if direct	Candidate/Office	holder name	Office sou	ught			Office he	eld
	expenditure to benefit C/OF								

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 7/9 Rpt: 12/15	Tarrant County GOP	00015769			
4	Date 10/01/2024	5 Payee name Office Depot				
6	Amount (\$) \$47.44	7 Payee address; City; State; Zip Code 1415 W Pipeline Rd Hurst, TX 76053				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense Supplies			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/01/2024	Office Depot				
	Amount (\$) \$13.84	Payee address; City; State; Zip Code 1415 W Pipeline Rd				
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. TX, officeholder living expense Supplies			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date 10/20/2024	Payee name Republican Party of Texas				
	Amount (\$) \$30,437.03	Payee address; City; State; Zip Code PO BOX 2206				
		Austin, TX 78768				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense Ige, and Compliance for Candidate			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	B Filer ID (Ethics Commission Filers)		
1	Sch: 8/9 Rpt: 13/15	Tarrant County GOP	00015769		
4	Date	5 Payee name			
	10/01/2024	Southwest Office Systems			
6	Amount (\$) \$34.16	7 Payee address; City; State; Zip Code 13960 Trinity Blvd Euless, TX 76040			
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T.		
			⁻ X, officeholder living expense ent Rental		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/01/2024	Southwest Office Systems			
	Amount (\$) \$39.98	Payee address; City; State; Zip Code 13960 Trinity Blvd			
		Euless, TX 76040			
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. ^T X, officeholder living expense Ent Rental		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/01/2024	Spectrum			
	Amount (\$) \$352.84	Payee address; City; State; Zip Code 3001 Deming Way			
		Middleton, WI 53562			
	PURPOSE OF EXPENDITURE		ttside of Texas. Complete Schedule T. "X, officeholder living expense S		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

POLITICAL EX	PENDITURES FROM POLITICAL NS	SCHEDULE F1
	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimt Fees Office Overhead/Rental Food/Beverage Expense Polling Expense / - Gift/Awards/Memorials Expense Printing Expense	Jursement Solicitation/Fundraising Expense Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Ct Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/9 Rpt: 14/15	Tarrant County GOP	00015769
4 Date	5 Payee name	
10/14/2024	Spectrum	
6 Amount (\$) \$661.88	 Payee address; City; State; Zip Code 3001 Deming Way Middleton, WI 53562 	
8 PURPOSE OF EXPENDITURE		ription leck if travel outside of Texas. Complete Schedule T. leck if Austin, TX, officeholder living expense net Service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

6 Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76107 Fort Worth, TX 76107 7 Purpose for which amount is received Transfer from Primary Account Allocated Date Name of person from whom amount is received Amount (\$)							
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