#### POLITICAL PARTY REPORT REGARDING FUNDS FROM CORPORATIONS AND LABOR ORGANIZATIONS

#### FORM PTY-CORP COVER SHEET PG 1

The Form PTY-CORP Instru	<ul><li>2 Total pages filed</li><li>4</li></ul>		
3 POLITICAL PARTY NAME	Denton County Republican Party (P)	OFFICE US	SE ONLY
4 STATE OR COUNTY PARTY	State X County: Denton	Date Received ELECTRONICAL 10/28/2024	LY FILED
5 POLITICAL PARTY TYPE	Democrat X Republican Libertarian Other: (Party name)	Date Hand-delivered or Da	ate Postmarked
6 POLITICAL PARTY MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2921 Country Club Rd #102	Receipt # Date Processed	Amount
Change of Address	Denton, TX 76210	Date Imaged	
7 POLITICAL PARTY CHAIR	TITLE FIRST MI NICKNAME LAST Lacey Riley		SUFFIX
8 CHAIR MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
Change of Address	ТХ		
9 CHAIR STREET ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 2921 Country Club Rd #102	STATE; ZIP COL	DE
(Residence or Business)	Denton, TX 76210		
10 CHAIR PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 383-4446		
11 REPORT TYPE	January 15     X     8th day before prim       July 15     50th day before ger	-	
12 PERIOD COVERED	THROUGH	onth Day ` )/26/2024	Year
	GO TO PAGE 2		
Forms provided by Texas I	Ethics Commission www.ethics.state.tx.us	Version	n V4.1.0.48da51f7

## POLITICAL PARTY REPORT: TOTALS AND AFFIDAVIT

## FORM PTY-CORP COVER SHEET PG 2

13 POLITICAL PARTY NAM	IE		14	Filer ID	(Ethics Commission Filers)
Denton County Republican Party (P)			00023875		
15 TOTALS 1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS		BOR		0.00	
	(OTHER THAN LC	DANS OR GUARANTEES OF LOANS)		\$	0.00
		TURES FROM CORPORATE OR ZATION CONTRIBUTIONS		\$	5,000.00
		SUTIONS MAINTAINED AS OF THE EPORTING PERIOD		\$	17,391.27
corporate or labor or	ganization contrib	ORM PTY-CORP for any repo outions, maintains corporate o organization contributions.			
16 AFFIDAVIT					
		l swear, or affirm, und true and correct and i under Title 15, Electio	includes all inforr on Code.	rjury, that the mation require y Riley	accompanying report is ed to be reported by me
			Signature of Po	litical Party C	Chair
Sworn to and subscribe	Y STAMP / SEAL d before me, by the said , 20, to certi	I ify which, witness my hand and seal of (	, th office.	nis the	day
Signature of officer a	dministering oath	Printed name of officer administerin	ig oath	Title of of	icer administering oath
Forms provided by Texas	Ethics Commission	www.ethics.state.tx.us			Version V4.1.0.48da51f7

## **SUBTOTALS - PTYCORP**

### FORM PTY-CORP **COVER SHEET PG 3**

			3 of 4
17 POLITICA	PARTY NAME	18 Filer ID	(Ethics Commission Filers)
Denton County Republican Party (P) 00023875			
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.			\$
2.	2. C SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
3.	3. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
4.	SCHEDULE E: LOANS		\$
5. X	5. X SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS		<b>\$</b> 5,000.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting 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.			
<b>1</b> Total pages Schedule F1:				
Sch: 1/1 Rpt: 4/4	Denton County Republican Party (P) 00023875			
4 Date 10/01/2024	5 Payee name Denton County Republican Party Executive Committee (CEC)			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$5,000.00	2921 Country Club Rd #102			
X Expenditure from corporate funds	Denton, TX 76210			
8 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.			
	Funding of overhead expenses			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			