#### 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. 00086956 3 COMMITTEE NAME **OFFICE USE ONLY** Jim Wells County Republican Party Date Received **ELECTRONICALLY FILED** 01/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 3184 Date Hand-delivered or Date Postmarked Change of Address Alice, TX 78372 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Charles H. NAME NICKNAME LAST **SUFFIX** Ragland STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 581 County Road 331 STREET **ADDRESS** (Residence or Business) Alice, TX 78332 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 581 County Road 331 MAILING **ADDRESS** Alice, TX 78332 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (936) 348-4896 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election termination July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 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) |
|---|---|--|-----------------|----------------------------|
| Jim Wells County Repu   | ıblican Party   |  | 00086956        |                            |
| 14 COMMITTEE<br>ACTIVITY  | Candidates     (Identify by name or, if applicable, classify by party.)                 | A. Supported   |                 |                            |
| (Attach lists on plain<br>paper to complete this<br>report if necessary.) |   | B. Opposed   |                 |                            |
|   | 2. Measures (Describe by date and location of election and nature of issue.)            | A. Supported  B. Opposed   |                 |                            |
|   | Officeholders     Assisted     (Identify by name or, if applicable, classify by party.) |  |                 |                            |
| <b>15</b> CONTRIBUTION<br>TOTALS  | PLEDGES, LOAN CONTRIBUTIONS   | ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold | \$              | 3,820.00                   |
|   |   | CAL CONTRIBUTIONS<br>LEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$              | 8,160.00                   |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZ   | ED POLITICAL EXPENDITURES  | \$              | 0.00                       |
|   | 4. TOTAL POLITIO  | CAL EXPENDITURES   | \$              | 15,946.39                  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICA<br>OF THE REPORT  | L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD   | DAY \$          | 11,318.38                  |
| OUTSTANDING<br>LOAN TOTALS  |   | L AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>E REPORTING PERIOD  | HE \$           | 0.00                       |
| 16 AFFIDAVIT  | •   |  | I               |                            |
|   |   | I swear, or affirm, under penalty of per<br>true and correct and includes all inforr<br>under Title 15, Election Code.                       |                 |                            |
|   |   | Mr. Charles  | H. Ragland      |                            |
|   |   | Signature of Car   | npaign Treasu   | rer                        |
| AFFIX NOTARY  | STAMP / SEAL ABOV   | E  |                 |                            |
| Sworn to and subscribed   | before me, by the said  | , th   | is the          | day                        |
| of  | _, 20, to certi   | y which, witness my hand and seal of office.   |                 |                            |
|   |   |  |                 |                            |
| Signature of officer ac   | lministering oath   | Printed name of officer administering oath   | Title of office | er administering oath      |

#### **SUBTOTALS - CEC** FORM CEC **COVER SHEET PG 3** 18 Filer ID **17** COMMITTEE NAME (Ethics Commission Filers) Jim Wells County Republican Party 00086956 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 8,160.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 15,946.39 \$

6.

7.

8.

10.

TO FILER

SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

\$

\$

\$

\$

\$

|   | MONETARY POLITICAL CONTRIBUTIONS  |   |   |    |                                       |    | SCHEDUI  | LE <b>A1</b> |
|---|---|---|---|----|---------------------------------------|----|--|--------------|
|   | The Instru  | ction Guide explains how  | to complete this for                    | rm | n.                                    | 1  | Total pages Schedule A1:<br>Sch: 1/3 Rpt: 4/23 |              |
| 2 | FILER NAME Jim Wells Co   | ounty Republican Party  |   |    |                                       | 3  | Filer ID (Ethics Commission 00086956           | on Filers)   |
| 4 | Date 08/10/2023   | <ul><li>5 Full name of contributor<br/>Acklin, Cheryl</li><li>6 Contributor address; City; St</li></ul> | out-of-state PAC (ID#:<br>ate; Zip Code |    | )                                     | 7  | Amount of Contribution (\$)                    | \$40.00      |
|   |   | Orange Grove, TX 78372  |   |    |                                       |    |  |              |
| 8 | Principal occu<br>Retired   | pation / Job title (See Instructions  | 9                                       |    | Employer (See Instructions<br>Retired | 5) |  |              |
|   | Date<br>08/09/2023  | Full name of contributor Atkinson III, N. W. Contributor address; City; St                              | out-of-state PAC (ID#:<br>ate; Zip Code |    | )                                     |    | Amount of Contribution (\$)                    | \$800.00     |
|   | Principal occu  | Alice, TX 78332 pation / Job title (See Instructions  | s)                                      |    | Employer (See Instructions            | ;) |  |              |
|   | Real Estate Developer Self  |   |   | ,  |                                       |    |  |              |
|   | Date<br>08/10/2023  | Full name of contributor Atkinson III, N.W.  Contributor address; City; St                              | out-of-state PAC (ID#:ate; Zip Code     |    | )                                     |    | Amount of Contribution (\$)                    | \$400.00     |
|   |   | Alice, TX 78332   |   |    |                                       |    |  |              |
|   | Principal occu<br>Real Estate   | pation / Job title (See Instructions<br>Developer   | (3)                                     |    | Employer (See Instructions<br>Self    | s) |  |              |
|   | Date<br>08/09/2023  | Full name of contributor Baker, Joseph Guy  Contributor address; City; St  Alice, TX 78332              | out-of-state PAC (ID#:                  |    | _                                     |    | Amount of Contribution (\$)                    | \$1,000.00   |
|   | Principal occupation / Job title (See Instructions) Employe Retired Retired |   | Employer (See Instructions<br>Retired   | 5) |                                       |    |  |              |
|   | Date<br>08/10/2023  | Full name of contributor Baxter, Kirk Contributor address; City; St Alice, TX 78332                     | out-of-state PAC (ID#:                  |    | )                                     |    | Amount of Contribution (\$)                    | \$100.00     |
|   | Principal occu<br>Retired   | pation / Job title (See Instructions  | s)                                      |    | Employer (See Instructions<br>Retired | s) |  |              |
|   |   |   | 1                                       |    |                                       |    |  |              |

|   | MONETARY POLITICAL CONTRIBUTIONS                          |   |                        |                                    |   | SCHEDUL  | E A1       |
|---|---|---|------------------------|------------------------------------|---|--|------------|
|   | The Instruction Guide explains how to complete this form. |   |                        |                                    | 1 | Total pages Schedule A1:<br>Sch: 2/3 Rpt: 5/23 |            |
| 2 | FILER NAME  | nunti Danublican Darti  |                        |                                    | 3 | Filer ID (Ethics Commission                    | on Filers) |
|   |   | ounty Republican Party  |                        |                                    |   | 00086956                                       |            |
| 4 | Date 08/10/2023   | <ul><li>5 Full name of contributor Hoffman, Bruce</li><li>6 Contributor address; City; State;</li></ul> | out-of-state PAC (ID#: | )                                  | 7 | Amount of Contribution (\$)                    | \$100.00   |
|   |   | Alice, TX 78332   |                        |                                    |   |  |            |
| 8 | Principal occu<br>Sales Agent                             | pation / Job title (See Instructions)   | 9                      | Employer (See Instructions<br>Self | ) |  |            |
|   | Date  | Full name of contributor  | out-of-state PAC (ID#: | )                                  |   | Amount of Contribution (\$)                    |            |
|   | 08/09/2023  | Jones Smith Electrical Contra   | actors                 |                                    |   |  | \$1,200.00 |
|   |   | Contributor address; City; State;   | Zip Code               |                                    |   |  |            |
|   |   | Orange Grove, TX 78372  |                        |                                    |   |  |            |
|   | Principal occu  | pation / Job title (See Instructions)   |                        | Employer (See Instructions         | ) |  |            |
|   | Date  | Full name of contributor  | out-of-state PAC (ID#: | )                                  |   | Amount of Contribution (\$)                    |            |
|   | 08/09/2023  | 08/09/2023 Miller, Richard  |                        |                                    |   | \$100.00                                       |            |
|   |   | Contributor address; City; State;   | Zip Code               |                                    |   |  |            |
|   |   |   |                        |                                    |   |  |            |
|   |   |   |                        |                                    |   |  |            |
|   |   | Sandia, TX 78383  |                        |                                    |   |  |            |
|   | Principal occu  | pation / Job title (See Instructions)   |                        | Employer (See Instructions         | ) |  |            |
|   | Retired   |   |                        | Retired                            |   |  |            |
|   | Date  | Full name of contributor  | out-of-state PAC (ID#: | )                                  |   | Amount of Contribution (\$)                    |            |
|   | 08/09/2023  | Rodriguez, Silvestre  |                        |                                    |   |  | \$400.00   |
|   |   | Contributor address; City; State;   | Zip Code               |                                    |   |  |            |
|   |   | ,   | _р                     |                                    |   |  |            |
|   |   |   |                        |                                    |   |  |            |
|   |   | Alice, TX 78332   |                        |                                    |   |  |            |
|   | Principal occu  | pation / Job title (See Instructions)   |                        | Employer (See Instructions         | ) |  |            |
|   | Business Ov   | ner   |                        | Silver Star Store                  |   |  |            |
|   | Date  | Full name of contributor  | out-of-state PAC (ID#: |                                    |   | Amount of Contribution (\$)                    |            |
|   | 08/09/2023  | Storm, Phillip  |                        |                                    |   |  | \$100.00   |
|   |   | Contributor address; City; State;   | Zip Code               |                                    |   |  |            |
|   |   |   |                        |                                    |   |  |            |
|   |   |   |                        |                                    |   |  |            |
|   |   | Alice, TX 78332   |                        |                                    |   |  |            |
|   |   | pation / Job title (See Instructions)   |                        | Employer (See Instructions         | ) |  |            |
|   | Financial Se  | rvices  |                        | Self                               |   |  |            |
|   |   |   |                        |                                    |   |  |            |
|   |   |   |                        |                                    |   |  |            |
|   |   |   |                        |                                    |   |  |            |

|   | MONET                   | ARY POLITICAL CONTRIBUTION   | ONS  | SCHEDULE A1                                    |
|---|-------------------------|--|--|--|
|   | The Instru              | ction Guide explains how to complete this  | 1 Total pages Schedule A1:<br>Sch: 3/3 Rpt: 6/23 |  |
| 2 | FILER NAME Jim Wells Co | ounty Republican Party   |  | 3 Filer ID (Ethics Commission Filers) 00086956 |
| 4 | Date 08/09/2023         | <ul> <li>Full name of contributor  out-of-state PAC (ID#: Wilson, Grace</li> <li>Contributor address; City; State; Zip Code</li> </ul> | )  | 7 Amount of Contribution (\$) \$100.0          |
| _ | Dringing agg            | George West, TX 78022  | 9 Employer (See Instructions                     |  |
| 8 | Retired                 | pation / Job title (See Instructions)  | Employer (See Instructions     Retired           | S)   |
|   |                         |  |  |  |

#### 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|---|--|---|
| 1 | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| _ | Sch: 1/17 Rpt: 7/23  | Jim Wells County Republican Party  00086956   |
| 4 | Date   | 5 Payee name  |
|   | 08/10/2023   | Alice Events Center   |
| 6 | Amount (\$) \$1,200.00   | 7 Payee address; City; State; Zip Code 108 E. Main St.  |
|   | . ,  |   |
|   |  | Alice, TX 78332   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Solicitation/Fundraising Expense  |
|   |  | Check if Austin, TX, officeholder living expense  |
|   |  | Venue expense for annual fundraising event  |
| 9 | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI  | 1   |
|   | Date   | Payee name  |
|   | 08/01/2023   | C.P. Ramos and Thomas Ramos   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$1,000.00   | 1186 East 3rd   |
|   |  |   |
|   |  | Alice, TX 78332   |
|   | PURPOSE<br>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 Rent   |
|   |  | Office Refit  |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI  | 1   |
|   | Date   | Payee name  |
|   | 07/01/2023   | C.P. Ramos and Thomas Ramos   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$1,000.00   | 1186 East 3rd   |
|   |  | AV. TV 70000  |
|   |  | Alice, TX 78332   |
|   | PURPOSE<br>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 Rent   |
|   |  | Since Kent  |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI  | <del>1</del>  |
|   |  |   |
|   |  |   |
|   |  |   |

### 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 Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

|   | 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: 2/17 Rpt: 8/23                                 | Jim Wells County Republican Party 00086956  |
| 4 | Date  | 5 Payee name  |
|   | 09/01/2023  | C.P. Ramos and Thomas Ramos   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code  |
|   | \$1,000.00  | 1186 East 3rd   |
|   |   |   |
|   |   | Alice, TX 78332   |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                   | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense  |
|   |   | Office Rent   |
| Ļ | 0 1 0 0 1 1 1 1                                     |   |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|   | ·   |   |
|   | Date  | Payee name  |
|   | 10/01/2023  | C.P. Ramos and Thomas Ramos   |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |
|   | \$1,000.00  | 1186 East 3rd   |
|   |   |   |
|   |   | Alice, TX 78332   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                   | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |   | Office Rent   |
|   |   |   |
| _ | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                         |   |
| - | Date  | Payee name  |
|   | 11/01/2023  | C.P. Ramos and Thomas Ramos   |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |
|   | \$1,000.00  | 1186 East 3rd   |
|   | ·   |   |
|   |   | Alice, TX 78332   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF  | Office Overhead/Rental Expense  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.                  |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense  |
|   |   | Office Rent   |
|   |   |   |
|   | 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)
ertising 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

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.   | g, ··                    |
|---|---|---|--------------------------|
| 1 | Total pages Schedule F1:                            | : 2 FILER NAME 3 Filer ID (E  | thics Commission Filers) |
|   | Sch: 3/17 Rpt: 9/23                                 | Jim Wells County Republican Party 00086956  |                          |
| 4 | Date  | 5 Payee name  |                          |
| L | 12/01/2023  | C.P. Ramos and Thomas Ramos   |                          |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code  |                          |
|   | \$1,000.00  | 1186 East 3rd   |                          |
|   |   | Alice, TX 78332   |                          |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |                          |
|   | OF<br>EXPENDITURE                                   | Office Overhead/Rental Expense  |                          |
|   |   | Check if Austin, TX, officeholder living exp  | erise                    |
|   |   |   |                          |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   |                          |
| L | expenditure to benefit C/OI                         | JH  |                          |
|   | Date  | Payee name  |                          |
|   | 08/01/2023  | City of Alice   |                          |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |                          |
|   | \$80.70   | 500 E Main St   |                          |
|   |   | Ali TV 7000   |                          |
| L |   | Alice, TX 78332   |                          |
|   | PURPOSE<br>OF                                       | (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.              |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living exp  |                          |
|   |   | Water/Gas   |                          |
| L | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   |                          |
|   | expenditure to benefit C/OI                         |   |                          |
| F | Date  | Payee name  |                          |
|   | 07/01/2023  | City of Alice   |                          |
| H | Amount (\$)   | Payee address; City; State; Zip Code  |                          |
|   | \$80.70   | 500 E Main St   |                          |
|   |   |   |                          |
|   |   | Alice, TX 78332   |                          |
|   | PURPOSE<br>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 Check if Austin, TX, officeholder living exp  |                          |
|   |   | Water/Gas   |                          |
| L |   |   |                          |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |                          |
| L | capenditure to beliefft C/OI                        | J. 1  |                          |
|   |   |   |                          |
|   |   |   |                          |

### SCHEDULE F1

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

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/Officenolder/Politica<br>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: 4/17 Rpt: 10/23  | Jim Wells County Republican Party 00086956  |
| 4 Date  | 5 Payee name  |
| 08/29/2023  | City of Alice   |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |
| \$80.70   | 500 E Main St   |
|   |   |
|   | Alice, TX 78332   |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   | Water/Gas   |
|   | Waterroad   |
| 9 Complete ONLY if direct                                     | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI                                   |   |
|   |   |
| Date  | Payee name  |
| 09/28/2023  | City of Alice   |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$80.70   | 500 E Main St   |
|   |   |
|   | Alice, TX 78332   |
| PURPOSE<br>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 |
|   | Water/Gas   |
|   | Waterroad   |
| Complete ONLY if direct                                       | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI                                   | <b>y</b>  |
| D-1-  |   |
| Date  | Payee name  |
| 10/30/2023  | City of Alice   |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$80.70   | 500 E Main St   |
|   |   |
|   | Alice, TX 78332   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.   |
| EXI ENDITORE  | Check if Austin, TX, officeholder living expense  |
|   | Water/Gas   |
|   |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
| experience to benefit Gree                                    |   |
|   |   |
|   |   |

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

|   | Candidate/Officenoider/Politica<br>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: 5/17 Rpt: 11/23                                   | Jim Wells County Republican Party 00086956  |
| 4 | Date   | 5 Payee name  |
|   | 12/01/2023   | City of Alice   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$80.70  | 500 E Main St   |
|   |  |   |
|   |  | Alice, TX 78332   |
| 8 | PURPOSE<br>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                                     |
|   |  | Water/Gas   |
|   |  |   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
|   | Date   | Payee name  |
|   | 12/11/2023   | Dollar General  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$19.49  | 1700 E. Main St.  |
|   | 7200   |   |
|   |  | Alice, TX 78332   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense  |
|   | LAPENDITORE  | Check if Austin, TX, officeholder living expense  |
|   |  | Purchased office supplies for CEC office.   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
|   | Data   |   |
|   | Date 08/07/2023  | Payee name Gil's Smoking Grille & Catering  |
|   |  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$1,140.00   | 1104 S. Hwy 281   |
|   |  | All and Try 70000   |
|   |  | Alice, TX 78332   |
|   | PURPOSE<br>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                                   |
|   |  | Food and beverages for annual fundraising event.  |
|   |  |   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             | 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 Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

|   | 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)  |
| l | Sch: 6/17 Rpt: 12/23                                       | Jim Wells County Republican Party 00086956  |
| 4 | Date   | 5 Payee name  |
| l | 08/11/2023   | Gil's Smoking Grille & Catering   |
| 6 | Amount (\$)<br>\$868.50                                    | 7 Payee address; City; State; Zip Code<br>1104 S. Hwy 281   |
|   |  | Alice, TX 78332   |
| 8 | PURPOSE<br>OF<br>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 Food and beverages for annual fundraising event                                      |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
|   | 07/11/2023   | Gil's Smoking Grille & Catering   |
|   | Amount (\$)<br>\$400.00                                    | Payee address; City; State; Zip Code 1104 S. Hwy 281  |
|   |  | Alice, TX 78332   |
|   | PURPOSE<br>OF<br>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  Food and beverage for annual fundraising event.                                  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
| l | 10/06/2023   | GoFundMe  |
|   | Amount (\$)<br>\$300.00                                    | Payee address; City; State; Zip Code P.O. Box 1329  |
|   |  | Redwood City, CA 94063  |
|   | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Donation to Family of Slain Constituent |
|   | 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
Fees Office Overhead/Rental Expense
Polling Expense
Salaries/Wages/Contract Labor

|          | Credit Card Payment        | The Instruction Guide explains how to complete this form.  |
|----------|----------------------------|--|
| 1        | Total pages Schedule F1:   | <u> </u>   |
|          | Sch: 7/17 Rpt: 13/23       | Jim Wells County Republican Party  00086956  |
| 4        | Date                       | 5 Payee name   |
|          | 10/10/2023                 | GoFundMe   |
| 6        | Amount (\$)                | 7 Payee address; City; State; Zip Code   |
|          | \$735.00                   | P.O. Box 1329  |
|          |                            |  |
|          |                            | Redwood City, CA 94063   |
| 8        | PURPOSE<br>OF              | (a) Category (See Categories listed at the top of this schedule)   |
|          | 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 to Family of Slain Constituent  |
|          |                            |  |
| 9        | Complete ONLY if direct    | Candidate/Officeholder name Office sought Office held  |
| -        | expenditure to benefit C/O |  |
| _        | Date                       | Payee name   |
|          | 07/07/2023                 | HEB  |
|          | Amount (\$)                | Payee address; City; State; Zip Code   |
|          | \$42.45                    | 1115 E Main St.  |
|          | Ψ42.40                     | 1115 E Maii St.  |
|          |                            | Alice, TX 78332  |
|          | PURPOSE                    | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE          | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |                            | Check if Austin, TX, officeholder living expense  Meals for Staff  |
|          |                            | Model of Staff   |
| $\vdash$ | Complete ONLY if direct    | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/O | <b>y</b>   |
| H        | Data                       |  |
|          | Date<br>07/03/2023         | Payee name J.W.C. Fair Association   |
|          |                            |  |
|          | Amount (\$)                | Payee address; City; State; Zip Code   |
|          | \$230.00                   | 3001 S. Johnson St.  |
|          |                            |  |
|          |                            | Alice, TX 78332  |
|          | PURPOSE<br>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   |
|          |                            | Booth expense at county fair.  |
|          |                            | 2553. 5.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
|          | Complete ONLY if direct    | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/O | <b>y</b>   |
|          |                            |  |
|          |                            |  |
|          |                            |  |

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ 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<br>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: 8/17 Rpt: 14/23                                       | Jim Wells County Republican Party 00086956  |  |  |
| 4 | Date   | 5 Payee name  |  |  |
|   | 08/21/2023   | Little Caesars  |  |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |  |  |
|   | \$25.30  | 1142 E Main St.   |  |  |
|   |  |   |  |  |
|   |  | Alice, TX 78332   |  |  |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |
|   | EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                |  |  |
|   |  | Meals for Staff   |  |  |
|   |  | mode for oddin  |  |  |
| 9 | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |  |  |
| 9 | expenditure to benefit C/O                                 |   |  |  |
| L | Data   |   |  |  |
|   | Date   | Payee name  |  |  |
|   | 08/01/2023   | Nueces Electric Coop  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |
|   | \$41.89  | 14353 Cooperative Ave   |  |  |
|   |  |   |  |  |
|   |  | Robstown, TX 78380  |  |  |
|   | PURPOSE<br>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                       |  |  |
|   |  | Electricity Expense   |  |  |
|   |  | Electricity Experise  |  |  |
| _ | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |  |  |
|   | expenditure to benefit C/O                                 |   |  |  |
| _ | Data   |   |  |  |
|   | Date   | Payee name  |  |  |
|   | 07/01/2023   | Nueces Electric Coop  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |
|   | \$27.63  | 14353 Cooperative Ave   |  |  |
|   |  |   |  |  |
| L |  | Robstown, TX 78380  |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |
|   | OF<br>EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.   |  |  |
|   |  | Check if Austin, TX, officeholder living expense  Electricity   |  |  |
|   |  | Electricity   |  |  |
| _ | Complete ONLY 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 -

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

| 1 Total pages Schedule T: 2   SLER NAME   Jim Wells Country Republican Party   3   Flier ID (Emics Commission Filers)   4   Date   08/31/2023   5   Payee name   Nueces Electric Coop   6   Amount (\$)   7   Payee address: City: State; Zip Code   Consider Amount (\$)   14353 Cooperative Ave   Robstown, TX 78380   (a) Category: (See Categories Isted at the top of this schedule)   (b) Description   Citocs if Amount (\$)   Consider Amount (\$)   Consider Amount (\$)   Payee name   Nueces Electric Coop   Amount (\$)   Payee address: City: State; Zip Code   Candidate/Office Poterhead/Rental Expense   (b) Description   Consider Amount (\$)   Payee name   Nueces Electric Coop   Nueces Electric Coop   Payee address: City: State; Zip Code   Candidate/Office Poterhead/Rental Expense   (b) Description   City Code   Category (See Categories Stated at the top of this schoolate)   (b) Description   City Code   Category (See Categories Stated at the top of this schoolate)   City Code   Category (See Categories Stated at the top of this schoolate)   City Code   Categories Schoolate T.   Consider Poterhead/Rental Expense   City: State; Zip Code   Categories Schoolate T.   Candidate/Office Poterhead/Rental Expense   City: State; Zip Code   Categories Schoolate T.   Candidate/Office Poterhead/Rental Expense   (b) Description   Code of Texas Complete Schoolate T.   Categories Schoolate T. | Candidate/Officeholder/Politica<br>Credit Card Payment | Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.   |
|---|--|--|
| Sch: 9/17 Rpt: 15/23  | 1 Total pages Schedule F1:                             | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
| Nueces Electric Coop  | Sch: 9/17 Rpt: 15/23                                   | Jim Wells County Republican Party 00086956   |
| Amount (S)   7   Payee address; City; State; Zip Code   | 4 Date   | 5 Payee name   |
| \$21.86   | 08/31/2023   | Nueces Electric Coop   |
| Robstown, TX 78380   Robstow          | 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |
| Purpose Of Expenditure   (a) Category (see Categories listed at the top of this schedule)   (b) Description   Cack if Auslin, TX, officeholder living expense   Candidate/Officeholder name   Office Sought   Office held   | \$21.86  | 14353 Cooperative Ave  |
| Purpose Of Expenditure   (a) Category (see Categories listed at the top of this schedule)   (b) Description   Cack if Auslin, TX, officeholder living expense   Candidate/Officeholder name   Office Sought   Office held   |  |  |
| Office Overhead/Rental Expense  |  | Robstown, TX 78380   |
| ## Complete ONLY if direct expenditure to benefit C/OH    Date  |  |  |
| 9 Complete QNLY if direct expenditure to benefit C/OH  Date   |  | Office Overficad/Northal Experior  |
| 9 Complete ONLY if direct expenditure to benefit C/OH  Date   |  | l —  |
| Date 09/29/2023  Amount (\$) Payee name Nucces Electric Coop  Amount (\$) Payee address; City; State; Zip Code 14353 Cooperative Ave Robstown, TX 78380  PURPOSE OF EXPENDITURE  Candidate/Office Overhead/Rental Expense  Candidate/Office Nucces Electric Coop  Amount (\$) Payee address; City; State; Zip Code  Robstown, TX 78380  (b) Description Check if avuel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electricity  Complete ONLY if direct expenditure to benefit C/OH  Date 10/30/2023  Amount (\$) Payee name Nucces Electric Coop  Amount (\$) Payee address; City; State; Zip Code 14353 Cooperative Ave Robstown, TX 78380  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if avuel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electricity  Complete ONLY if direct Candidate/Officeholder name Office Sought Office held  |  | Liectricity  |
| Date 09/29/2023  Amount (\$) Payee name Nucces Electric Coop  Amount (\$) Payee address; City; State; Zip Code 14353 Cooperative Ave Robstown, TX 78380  PURPOSE OF EXPENDITURE  Candidate/Office Overhead/Rental Expense  Candidate/Office Nucces Electric Coop  Amount (\$) Payee address; City; State; Zip Code  Robstown, TX 78380  (b) Description Check if avuel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electricity  Complete ONLY if direct expenditure to benefit C/OH  Date 10/30/2023  Amount (\$) Payee name Nucces Electric Coop  Amount (\$) Payee address; City; State; Zip Code 14353 Cooperative Ave Robstown, TX 78380  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if avuel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electricity  Complete ONLY if direct Candidate/Officeholder name Office Sought Office held  | O Complete CNII V if divers                            | Condidate/Officeholder name Office sought Office hold  |
| Date 09/29/2023  Amount (\$) Payee address; City; State; Zip Code 14353 Cooperative Ave Robstown, TX 78380  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead//Rental Expense  Complete ONLY if direct expenditure to benefit C/OH  Date 10/30/2023  Amount (\$) Payee name Nueces Electric Coop  Amount (\$) Payee address; City; State; Zip Code 14353 Cooperative Ave Robstown, TX 78380  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office sought Office held  Office held  Office held  Date 10/30/2023  Amount (\$) Payee address; City; State; Zip Code 14353 Cooperative Ave Robstown, TX 78380  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead//Rental Expense  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if Rustin, TX, officeholder living expense Electricity  Complete ONLY if direct Candidate/Officeholder name Office Sought Office held   |  |  |
| Nueces Electric Coop  | ·  |  |
| Amount (\$) Payee address; City; State; Zip Code  \$28.44 \$14353 Cooperative Ave  Robstown, TX 78380  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 10/30/2023 Nueces Electric Coop  Amount (\$) Payee address; City; State; Zip Code  Amount (\$) Payee address; City; State; Zip Code  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office held  Date Date Nueces Electric Coop  Amount (\$) Payee address; City; State; Zip Code  Robstown, TX 78380  PURPOSE OF CATEGORY (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct Candidate/Officeholder name Office sought Office held   | Date   | Payee name   |
| \$28.44   | 09/29/2023   | Nueces Electric Coop   |
| Robstown, TX 78380  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  | Amount (\$)  | Payee address; City; State; Zip Code   |
| 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 Electricity  Complete ONLY if direct expenditure to benefit C/OH  Date 10/30/2023  Amount (\$) Payee name Nueces Electric Coop  Amount (\$) Payee address; City; State; Zip Code  \$29.22  Robstown, TX 78380  PURPOSE OF Office Overhead/Rental Expense  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct  Candidate/Officeholder name Office sought  Office held  Office held  Office held  Office held  Office held   | \$28.44  | 14353 Cooperative Ave  |
| 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 Electricity  Complete ONLY if direct expenditure to benefit C/OH  Date 10/30/2023  Amount (\$) Payee name Nueces Electric Coop  Amount (\$) Payee address; City; State; Zip Code  \$29.22  Robstown, TX 78380  PURPOSE OF Office Overhead/Rental Expense  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct  Candidate/Officeholder name Office sought  Office held  Office held  Office held  Office held  Office held   |  |  |
| Office Overhead/Rental Expense  Office Overhead/Rental Expense  Office Overhead/Rental Expense  Office Overhead/Rental Expense  Complete ONLY if direct expenditure to benefit C/OH  Date 10/30/2023  Amount (\$)  Payee name Nueces Electric Coop  Amount (\$)  Payee address; City; State; Zip Code  Robstown, TX 78380  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct  Candidate/Officeholder name Office sought Office Overhead/Rental Expense  Office Overhead/Rental Expense  Complete ONLY if direct Candidate/Officeholder name Office sought Office Overhead  Office Sought Office Overhead  Overhead  Overhead  Overhead  Overhead  Overhead  Overhead  Overhead  Overh      |  | Robstown, TX 78380   |
| Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Nucces Electric Coop Nucces Electric Coop Payee address; City; State; Zip Code September 14353 Cooperative Ave Robstown, TX 78380  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct Candidate/Officeholder name Office sought Office held  Office held  Office held  Office held  Office held  Office held   |  | The state of the s |
| Complete ONLY if direct expenditure to benefit C/OH  Date   |  | Office Overficad/Nertical Experise   |
| Complete ONLY if direct expenditure to benefit C/OH  Date Payee name 10/30/2023 Nueces Electric Coop  Amount (\$) Payee address; City; State; Zip Code  \$29.22 14353 Cooperative Ave  Robstown, TX 78380  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 Electricity  Complete ONLY if direct Candidate/Officeholder name Office sought Office held  |  |  |
| Date  |  |  |
| Date  | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
| Amount (\$)  Payee address; City; State; Zip Code  \$29.22  14353 Cooperative Ave  Robstown, TX 78380  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 Electricity  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held   |  |  |
| Amount (\$)  Payee address; City; State; Zip Code  \$29.22  14353 Cooperative Ave  Robstown, TX 78380  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 Electricity  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held   | Data   | D  |
| Amount (\$)  Payee address; City; State; Zip Code  \$29.22  14353 Cooperative Ave  Robstown, TX 78380  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct  Candidate/Officeholder name  City; State; Zip Code  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electricity  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held   |  |  |
| \$29.22 14353 Cooperative Ave  Robstown, TX 78380  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct  Candidate/Officeholder name  Candidate/Officeholder name  Complete Schedule T. Candidate/Officeholder name  Office sought  Office held   | 10/30/2023   | ·  |
| Robstown, TX 78380  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 Electricity  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held  | * *  |  |
| 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 Electricity  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held  | \$29.22  | 14353 Cooperative Ave  |
| 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 Electricity  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held  |  |  |
| OF EXPENDITURE  Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Electricity  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held   |  | Robstown, TX 78380   |
| EXPENDITURE  Office Overnead/Rental Expense  Check if Austin, TX, officeholder living expense  Electricity  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held  |  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| Complete ONLY if direct  Candidate/Officeholder name  Candidate/Officeholder name  Check if Austin, 1X, officeholder living expense  Electricity  Office sought  Office held  |  | Office Overficad/Netital Expense   |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held   |  |  |
|   |  | Electricity  |
|   | Complete ONII V Station                                | Condidate/Officeholder name  |
| •   |  |  |
|   | ,  |  |
|   |  |  |
|   |  |  |

#### 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

|   | Candidate/Officeholder/Politica                            |   |                              |               | ntract Labor                      | OTHER (enter         | a category not listed above)      |
|---|--|---|------------------------------|---------------|-----------------------------------|----------------------|-----------------------------------|
| L | Credit Card Payment  | The Instruction   | Guide explains how to co     | mplete        | this form.                        |                      |                                   |
| 1 | Total pages Schedule F1:                                   | 2 FILER NAME  |                              |               | 3                                 | Filer ID             | (Ethics Commission Filers)        |
|   | Sch: 10/17 Rpt: 16/23                                      | Jim Wells County Repub  | lican Party                  |               |                                   | 00086956             | j                                 |
| 4 | Date   | Payee name  |                              |               | •                                 |                      |                                   |
|   | 12/01/2023   | Nueces Electric Coop  |                              |               |                                   |                      |                                   |
| 6 | Amount (\$)  | 7 Payee address; City;  | State; Zip Co                | ode           |                                   |                      |                                   |
|   | \$21.83  | 14353 Cooperative Ave   |                              |               |                                   |                      |                                   |
|   |  |   |                              |               |                                   |                      |                                   |
|   |  | Robstown, TX 78380  |                              |               |                                   |                      |                                   |
| 8 | PURPOSE  | (a) Category (See Categories listed                           | at the top of this schedule) | <b>(b)</b> De | escription                        |                      |                                   |
|   | OF<br>EXPENDITURE  | Office Overhead/Rental  |                              |               | ₫                                 |                      | implete Schedule T.               |
|   |  |   |                              | ▎▕            | Check if Austin, T.<br>lectricity | X, officeholder livi | ng expense                        |
|   |  |   |                              |               | lectricity                        |                      |                                   |
| 9 | Complete ONLY if direct                                    | Candidate/Officeholder name                                   | e Office sou                 | ıaht          |                                   | Office I             | held                              |
| ľ | expenditure to benefit C/O                                 | Canadate/Oniceriolaer name                                    | . Office 300                 | igiti         |                                   | Office               | iiciu                             |
| H | Date   | Payee name  |                              |               |                                   |                      |                                   |
|   | 07/27/2023   | Onlinestores.com  |                              |               |                                   |                      |                                   |
|   | Amount (\$)  | Payee address; City;  | State; Zip Co                | nda           |                                   |                      |                                   |
|   | \$288.88   | 1000 Westinghouse Dr.   | State, Zip Ct                | Jue           |                                   |                      |                                   |
|   | Ψ200.00  | Suite 1   |                              |               |                                   |                      |                                   |
|   |  | New Stanton, PA 15672   |                              |               |                                   |                      |                                   |
|   | PURPOSE  | ·   |                              | (b) D         |                                   |                      |                                   |
|   | OF   | (a) Category (See Categories listed<br>Office Overhead/Rental |                              |               | escription<br>Check if travel out | tside of Texas. Co   | implete Schedule T.               |
|   | EXPENDITURE  | Office Overficad/fverfiair                                    | Схрепос                      |               | Check if Austin, T.               | X, officeholder livi | ng expense                        |
|   |  |   |                              | Pı            | urchased flag                     | s and suppl          | ies for CEC office.               |
|   |  |   |                              |               |                                   |                      |                                   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name                                   | e Office sou                 | ıght          |                                   | Office I             | held                              |
|   |  |   |                              |               |                                   |                      |                                   |
|   | Date   | Payee name  |                              |               |                                   |                      |                                   |
|   | 10/16/2023   | Shaby Chic  |                              |               |                                   |                      |                                   |
|   | Amount (\$)  | Payee address; City;  | State; Zip Co                | ode           |                                   |                      |                                   |
|   | \$1,800.00   | 308 E. Main St.   |                              |               |                                   |                      |                                   |
|   |  |   |                              |               |                                   |                      |                                   |
|   |  | Alice, TX 78335   |                              |               |                                   |                      |                                   |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed                           | at the top of this schedule) | (b) De        | escription                        | 4-144 T O-           | mulata Cabadula T                 |
|   | EXPENDITURE  | Advertising Expense   |                              | l ⊨           | Check if traver out               |                      | omplete Schedule T.<br>ng expense |
|   |  |   |                              | Po            | olitical Advert                   |                      |                                   |
|   |  |   |                              |               |                                   |                      |                                   |
|   | Complete ONLY if direct                                    | Candidate/Officeholder name                                   | e Office sou                 | ight          |                                   | Office I             | held                              |
|   | expenditure to benefit C/O                                 |   |                              |               |                                   |                      |                                   |
|   |  |   |                              |               |                                   |                      |                                   |
|   |  |   |                              |               |                                   |                      |                                   |
|   | ms provided by Teyas F                                     | nios Commission   | www.othics.state.tv.i        | 10            |                                   |                      | Version V// 1 0 d379aha0          |

### 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<br>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: 11/17 Rpt: 17/23                                      | Jim Wells County Republican Party 00086956                                       |
| 4        | Date   | 5 Payee name   |
|          | 08/28/2023   | Silver Star  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|          | \$52.70  | 910 S Cameron St   |
|          |  |  |
|          |  | Alice, TX 78332  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
|          | OF<br>EXPENDITURE  | Travel In District Check if travel outside of Texas. Complete Schedule T.        |
|          |  | Check if Austin, TX, officeholder living expense  Gas                            |
|          |  |  |
| 9        | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held                            |
| 3        | expenditure to benefit C/O                                 |  |
| _        |  | Г  |
|          | Date   | Payee name   |
|          | 07/05/2023   | Silver Star  |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$37.77  | 910 S Cameron St   |
|          |  |  |
|          |  | Alice, TX 78332  |
|          | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
|          | OF<br>EXPENDITURE  | Travel In District Check if travel outside of Texas. Complete Schedule T.        |
|          |  | Check if Austin, TX, officeholder living expense  Gas                            |
|          |  |  |
| $\vdash$ | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held                            |
|          | expenditure to benefit C/O                                 | - · · · · · · · · · · · · · · · · · · ·  |
| _        |  |  |
|          | Date   | Payee name   |
|          | 09/05/2023   | Silver Star  |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$53.46  | 910 S Cameron St   |
|          |  |  |
|          |  | Alice, TX 78332  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description |
|          | OF<br>EXPENDITURE  | Travel In District Check if travel outside of Texas. Complete Schedule T.        |
|          | EXI ENDITORE   | Check if Austin, TX, officeholder living expense                                 |
|          |  | Gas  |
|          |  |  |
|          | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held                            |
|          | experientare to benefit Gree                               |  |
|          |  |  |
|          |  |  |

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

|   | 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: 12/17 Rpt: 18/23                               | Jim Wells County Republican Party 00086956  |
| 4 | Date  | 5 Payee name  |
|   | 10/10/2023  | Silver Star   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code  |
|   | \$75.00   | 910 S Cameron St  |
|   |   |   |
|   |   | Alice, TX 78332   |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                   | Travel In District Check if travel outside of Texas. Complete Schedule T.   |
|   |   | Check if Austin, TX, officeholder living expense  Gas   |
|   |   | Gus   |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held   |
| ľ | expenditure to benefit C/OI                         |   |
| - | Date  | Payee name  |
|   | 10/20/2023  | Silver Star   |
| _ | Amount (\$)   | Payee address; City; State; Zip Code  |
|   | \$30.06   | 910 S Cameron St  |
|   | 400.00  | o a damoi di di   |
|   |   | Alice, TX 78332   |
|   | 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   | Check if Austin, TX, officeholder living expense  |
|   |   | Gas   |
|   |   |   |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|   | experience to benefit 6/6/                          |   |
|   | Date  | Payee name  |
|   | 10/23/2023  | Silver Star   |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |
|   | \$75.00   | 910 S Cameron St  |
|   |   |   |
|   |   | Alice, TX 78332   |
|   | PURPOSE<br>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                                   |
|   |   | Gas   |
|   |   |   |
| Г | 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 Condidate/Officebolder/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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/17 Rpt: 19/23 Jim Wells County Republican Party 00086956 4 Date Payee name 10/26/2023 Silver Star 6 Amount (\$) Payee address; State; Zip Code \$75.00 910 S Cameron St Alice, TX 78332 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/02/2023 Silver Star Amount (\$) Payee address; City; State; Zip Code \$75.00 910 S Cameron St Alice, TX 78332 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/08/2023 Silver Star Amount (\$) Payee address: City; State; Zip Code \$75.00 910 S Cameron St Alice, TX 78332 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas 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 -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

|          | Candidate/Officeholder/Politica<br>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: 14/17 Rpt: 20/23                                  | Jim Wells County Republican Party 00086956  |
| 4        | Date   | 5 Payee name  |
|          | 11/14/2023   | Silver Star   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$75.00  | 910 S Cameron St  |
|          |  |   |
|          |  | Alice, TX 78332   |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Travel In District Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  Gas   |
|          |  | Gas   |
| _        | Compulate ONLY if direct                               | Condidate/Office helds name Office accepts  |
| 9        | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held   |
|          | ·  |   |
|          | Date   | Payee name  |
|          | 11/24/2023   | Silver Star   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$66.10  | 910 S Cameron St  |
|          |  |   |
|          |  | Alice, TX 78332   |
|          | PURPOSE<br>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  Gas   |
|          |  | - Cus   |
| _        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             |   |
| _        | Data   | Davies same   |
|          | Date<br>12/04/2023                                     | Payee name Silver Star  |
|          |  |   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$40.00  | 910 S Cameron St  |
|          |  |   |
|          |  | Alice, TX 78332   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Travel In District Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  Gas   |
|          |  | Gas   |
| $\vdash$ | 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 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

|   | 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: 15/17 Rpt: 21/23                   | Jim Wells County Republican Party  | 00086956   |
| 4 | Date                                    | 5 Payee name   |  |
|   | 12/18/2023                              | Silver Star  |  |
| 6 | Amount (\$)                             | 7 Payee address; City; State; Zip Code   |  |
|   | \$75.00                                 | 910 S Cameron St   |  |
|   | *************************************** |  |  |
|   |   | Alice, TX 78332  |  |
| Ļ | DUDDOOF                                 |  |  |
| 8 | PURPOSE<br>OF                           | (a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if tr | l<br>avel outside of Texas. Complete Schedule T. |
|   | EXPENDITURE                             | Traver in District   | ustin, TX, officeholder living expense           |
|   |   | Gas  |  |
|   |   |  |  |
| 9 | Complete ONLY if direct                 | Candidate/Officeholder name Office sought  | Office held                                      |
|   | expenditure to benefit C/OI             |  |  |
|   | Date                                    | Payee name   |  |
|   | 10/18/2023                              | T.E. Prosperity Insurance Agency   |  |
|   | Amount (\$)                             | Payee address; City; State; Zip Code   |  |
|   | \$760.70                                | 601 E Main St.   |  |
|   | *******                                 |  |  |
|   |   | Alice, TX 78332  |  |
|   | PURPOSE                                 |  |  |
|   | OF                                      | (a) Category (See Categories listed at the top of this schedule)  (b) Description  Office Overhood/Points Eveness  | l<br>avel outside of Texas. Complete Schedule T. |
|   | EXPENDITURE                             |  | ustin, TX, officeholder living expense           |
|   |   | General L  | iability Ins. Expense                            |
|   |   |  |  |
|   | Complete ONLY if direct                 | Candidate/Officeholder name Office sought  | Office held                                      |
|   | expenditure to benefit C/OI             |  |  |
|   | Date                                    | Payee name   |  |
|   | 11/06/2023                              | Texas Brick Oven   |  |
|   | Amount (\$)                             | Payee address; City; State; Zip Code   |  |
|   | \$44.12                                 | 201 S. Wright St.  |  |
|   |   |  |  |
|   |   | Alice, TX 78332  |  |
|   | PURPOSE                                 |  |  |
|   | OF                                      | ,  | avel outside of Texas. Complete Schedule T.      |
|   | EXPENDITURE                             |  | ustin, TX, officeholder living expense           |
|   |   | Food for S   | Staff  |
|   |   |  |  |
|   | Complete ONLY if direct                 | Candidate/Officeholder name Office sought  | Office held                                      |
| L | 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/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

|   | Credit Card Payment                                | The Instruction Guide explains how to complete this form.   |
|---|--|---|
| 1 |  | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
| L | Sch: 16/17 Rpt: 22/23                              | Jim Wells County Republican Party 00086956  |
| 4 |  | 5 Payee name  |
|   | 08/17/2023   | USPS  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$70.00  | 401 E 2nd St.   |
|   |  | Alice TV 70222  |
| Ļ | DUDDOOT.   | Alice, TX 78332   |
| 8 | PURPOSE<br>OF                                      | (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. |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|   |  | Postal Box Expense  |
|   |  |   |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held   |
|   | experientare to benefit 6/61                       | <u>'</u>  |
|   | Date   | Payee name  |
| L | 08/12/2023   | Valverde, Isamael   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$300.00   | 515 Nayer St.   |
|   |  |   |
| L |  | Alice, TX 78332   |
|   | PURPOSE<br>OF                                      | (a) Category (See Categories listed at the top of this schedule)  (b) Description   |
|   | EXPENDITURE  | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                               |
|   |  | Entertainment expense for annual fundraiser event.  |
|   |  |   |
| Г | Complete ONLY if direct                            | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                        |   |
|   | Date   | Payee name  |
|   | 12/22/2023   | Verizon Wireless  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$129.34   | One Verizon Way   |
|   |  |   |
|   |  | Basking Ridge, NJ 07920   |
|   | PURPOSE<br>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                                 |
|   |  | Telephone Expense   |
|   |  |   |
| Г | Complete ONLY if direct                            | Candidate/Officeholder name Office sought Office held   |
| L | expenditure to benefit C/Ol                        | <del>1</del>  |
|   |  |   |
|   |  |   |
|   |  |   |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

|   | Candidate/Officeholder/Politica<br>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)  |
| L | Sch: 17/17 Rpt: 23/23                                  | Jim Wells County Republican Party 00086956  |
| 4 | Date   | 5 Payee name  |
|   | 11/07/2023   | Walmart   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$119.48   | 2701 E Main St  |
|   |  |   |
|   |  | Alice, TX 78332   |
| 8 | PURPOSE<br>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                     |
|   |  | Purchased office supplies for CEC office.   |
|   |  |   |
| 9 | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held   |
| Г | Date   | Payee name  |
|   | 11/09/2023   | Walmart   |
| Г | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$12.97  | 2701 E Main St  |
|   |  |   |
|   |  | Alice, TX 78332   |
|   | PURPOSE<br>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                     |
|   |  | Purchased office supplies for CEC office.   |
|   |  | Taronasca omoc supplies for OLO omoc.   |
| ⊢ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            |   |
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