FORM PTY-CORP POLITICAL PARTY REPORT REGARDING FUNDS FROM CORPORATIONS AND LABOR ORGANIZATIONS **COVER SHEET PG 1** Filer ID 2 Total pages filed The Form PTY-CORP Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00024021 3 POLITICAL PARTY Fort Bend County Republican Party (P) **OFFICE USE ONLY** NAME Date Received STATE OR COUNTY **ELECTRONICALLY FILED** State **PARTY** 01/14/2025 X County: Fort Bend POLITICAL PARTY Democrat **TYPE** Republican Libertarian Other: Date Hand-delivered or Date Postmarked (Party name) Receipt # Amount POLITICAL PARTY ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE MAILING ADDRESS P.O. Box 461 Date Processed Change of Address Sugar Land, TX 77487-0461 Date Imaged POLITICAL PARTY TITLE **FIRST NICKNAME** LAST **SUFFIX** MΙ **CHAIR** Bobby Eberle CHAIR MAILING ADDRESS / PO BOX; STATE: ZIP CODE APT / SUITE #; CITY; **ADDRESS** P.O. Box 461 Change of Address Sugar Land, TX 77487 CHAIR STREET STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **ADDRESS** P.O. Box 461 (Residence or Business) Sugar Land, TX 77487 PHONE NUMBER **10** CHAIR PHONE AREA CODE **EXTENSION** (281) 773-9339 11 REPORT TYPE X January 15 8th day before primary election July 15 50th day before general election 12 PERIOD COVERED Month Day Year Month Day Year **THROUGH** 09/07/2024 12/31/2024 **GO TO PAGE 2**

FORM PTY-CORP POLITICAL PARTY REPORT: **TOTALS AND AFFIDAVIT COVER SHEET PG 2** 14 Filer ID 13 POLITICAL PARTY NAME (Ethics Commission Filers) 00024021 Fort Bend County Republican Party (P) 15 TOTALS 1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR **ORGANIZATIONS** \$ 0.00 (OTHER THAN LOANS OR GUARANTEES OF LOANS) 2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS \$ 2,213.04 3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1.783.21 A political party must file a report on FORM PTY-CORP for any reporting period during which the party accepts corporate or labor organization contributions, maintains corporate or labor organization contributions, or makes expenditures from corporate or labor organization contributions. 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. **Bobby Eberle** Signature of Political Party Chair AFFIX NOTARY STAMP / SEAL Sworn to and subscribed before me, by the said

Signature of officer administering oath

Printed name of officer administering oath

_____, 20_____, to certify which, witness my hand and seal of office.

Title of officer administering oath

FORM PTY-CORP **SUBTOTALS - PTYCORP COVER SHEET PG 3** 3 of 6 17 POLITICAL PARTY NAME 18 Filer ID (Ethics Commission Filers) Fort Bend County Republican Party (P) 00024021 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR \$ **ORGANIZATION** SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR 2. \$ LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$ 3. SCHEDULE E: LOANS \$ SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 5. X 2,213.04 \$ **CONTRIBUTIONS** SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 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/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
Sch: 1/3 Rpt: 4/6	Fort Bend County Republican Party (P) 00024021								
4 Date	5 Payee name								
11/18/2024	Aristotle								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$799.50	205 Pennsylvania Ave, SE								
Expenditure from									
x corporate funds	Washington, DC 20003								
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
EXPENDITURE	Office Overhead/Rental Expense								
	Software expense								
	· ·								
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
experialiture to benefit C/OI									
Date	Payee name								
10/03/2024	Hostgator								
Amount (\$)	Payee address; City; State; Zip Code								
\$33.33	5005 Mitchelldale St Suite #100								
X Expenditure from corporate funds	Houston, TX 77092								
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
EXPENDITURE	Advertising Expense								
	Monthly Webhosting Fee								
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/OI									
Date	Payee name								
11/04/2024	Hostgator								
Amount (\$)	-								
\$33.33	Payee address; City; State; Zip Code 5005 Mitchelldale St Suite #100								
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X Expenditure from corporate funds	Houston, TX 77092								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Advertising Expense								
EAPENDITURE									
	Monthly webhosting fee								
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/OH									

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/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)									
Sch: 2/3 Rpt: 5/6	Fort Bend County Republican Party (P) 00024021									
4 Date	5 Payee name									
09/27/2024	Mailchimp									
6 Amount (\$)	7 Payee address; City; State; Zip Code									
\$294.22	675 Ponce de Leon Ave NE Suite 5000									
Expenditure from										
corporate funds	Atlanta, GA 30308									
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description									
EXPENDITURE	Advertising Expense									
	General EBlast Mailing									
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held									
Date	Payee name									
10/28/2024	Mailchimp									
Amount (\$)	Payee address; City; State; Zip Code									
\$294.22	675 Ponce de Leon Ave NE Suite 5000									
X Expenditure from corporate funds	Atlanta, GA 30308									
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description									
EXPENDITURE	Advertising Expense									
	Monthly marketing eblast fee									
	, g									
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held										
expenditure to benefit C/OI	1									
Date	Payee name									
11/27/2024	Mailchimp									
Amount (\$)	Payee address; City; State; Zip Code									
\$294.22	675 Ponce de Leon Ave NE Suite 5000									
Ψ204.22	or or office de Econy (ve NE outle 5000									
X Expenditure from corporate funds	Atlanta, GA 30308									
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
OF EXPENDITURE	Advertising Expense									
-	Monthly eblast marketing fee									
	Monthly ediase marketing fee									
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
expenditure to benefit C/OH										

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/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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
OTHER (enter a category not listed above)

Contributions/ Jonations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)			
		_			Julue explains	s now to cor	iipic	te tilis loilli.				
1 Total pa	ages Schedule F1:	2 FILER NAME							3	Filer ID	(I	Ethics Commission Filers)
Sch	: 3/3 Rpt: 6/6	Fort Bend County Republican Party (P)								0002402	21	
4 Date		5	5 Payee name									
12/27/	2024		Mailchimp									
6 Amount	(\$)	7 Payee address; City; State; Zip Code										
	\$294.22	675 Ponce de Leon Ave NE Suite 5000										
	diture from ate funds	Atlanta, GA 30308										
<u> </u>	RPOSE	(a)				1	(h)	Description				
	OF	`"	Advertising I	e Categories listed a	t tne top of this sc	cnedule)	(2)		rel outside of Texas. Complete Schedule T.			
EXPE	NDITURE		Advertising	Схрензе			Great in days, satisfact of rexast complete scriedule 1.					
								Monthly eblas	st m	narketing	fee	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held												
expend	iture to benefit C/O	Н										
Date			Payee name									
12/10/2	2024		United State Postal Service									
Amoun	: (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$170.00		225 Matlage	· Way								
X Expen	diture from ate funds		Sugar Land,	TX 77478								
	RPOSE	(a)	Category (Se	e Categories listed a	t the top of this sc	chedule)	(b)	Description				
	OF NDITURE	Office Overhead/Rental Expense							te Schedule T.			
			Annual PO Box Renewal Fee									
Comple	te ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office	e held	
	iture to benefit C/O	Н				•	•					