

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

|   |   |   |  |
|---|---|---|--|
| <b>The GPAC Instruction Guide explains how to complete this form.</b>                         |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00015555 | <b>2</b> Total pages filed:<br>58                                      |
| <b>3</b> COMMITTEE NAME<br>Associated Republicans of Texas Campaign Fund                      |   | <b>OFFICE USE ONLY</b>                                      |  |
|   |   | Date Received<br>ELECTRONICALLY FILED<br>01/15/2025         |  |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>807 Brazos, Ste. 601<br><br>Austin, TX 78701-2526                         |   |  |
|   | Date Hand-delivered or Date Postmarked  |   |  |
|   | Receipt #   | Amount  |  |
|   | Date Processed  |   |  |
| Date Imaged   |   |   |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST   | MI   |
|   | Mr.   | Hector  |  |
| NICKNAME  |   | LAST  | SUFFIX   |
|   |   | De Leon   |  |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br><br>(Residence or Business)                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>Building 1<br>901 S. Mopac, Ste. 300<br>Austin, TX 78746 |   |  |
|   | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>Building 1<br>901 S. Mopac, Ste. 300<br>Austin, TX 78746                  |   |  |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>Building 1<br>901 S. Mopac, Ste. 300<br>Austin, TX 78746 |   |  |
|   | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>Building 1<br>901 S. Mopac, Ste. 300<br>Austin, TX 78746                  |   |  |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION  |
|   | (512)   | 478-5308  |  |
| <b>9</b> REPORT TYPE  | <input checked="" type="checkbox"/> January 15  | <input type="checkbox"/> 30th day before election           | <input type="checkbox"/> Dissolution (Attach PAC-DR)                   |
|   | <input type="checkbox"/> July 15  | <input type="checkbox"/> 8th day before election            | <input type="checkbox"/> 10th day after campaign treasurer termination |
|   |   | <input type="checkbox"/> Runoff                             |  |
|   |   |   |  |
| <b>10</b> PERIOD COVERED  | Month Day Year  | THROUGH   | Month Day Year   |
|   | 10/27/2024  |   | 12/31/2024   |
| <b>11</b> ELECTION  | ELECTION DATE   | ELECTION TYPE   |  |
|   | Month Day Year<br>11/05/2024  | <input type="checkbox"/> Primary                            | <input type="checkbox"/> Runoff <input type="checkbox"/> Other         |
|   |   | <input checked="" type="checkbox"/> General                 | <input type="checkbox"/> Special                                       |

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>Associated Republicans of Texas Campaign Fund | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015555 |
|---|---|

|   |  |  |
|---|--|--|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Robert Garza State Representative |
|   |  | B. Opposed                                     |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                   |
|   |  | B. Opposed                                     |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |  |

|                               |   |               |
|-------------------------------|---|---------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00       |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 52,562.00  |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ 0.00       |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ 299,869.70 |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 952,263.77 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 0.00       |

**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.

Mr. Hector De Leon  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

Page 3 of 58

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>Associated Republicans of Texas Campaign Fund | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015555 |
|---|---|

|   |  |   |
|---|--|---|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Janie Lopez State Representative |
|   |  | B. Opposed                                    |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                  |
|   |  | B. Opposed                                    |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |   |
|   |  |   |

|  |  |  |
|--|--|--|
| <b>COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Morgan Meyer State Representative |
|  |  | B. Opposed                                     |
|  | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                                   |
|  |  | B. Opposed                                     |
|  | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |  |
|  |  |  |

# SUBTOTALS - GPAC

|   |  |   |
|---|--|---|
| <b>17 COMMITTEE NAME</b><br>Associated Republicans of Texas Campaign Fund |  | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00015555 |
| <b>19 SCHEDULE SUBTOTALS</b>  |  | SUBTOTAL AMOUNT   |
|   | NAME OF SCHEDULE   |   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 39,562.00  |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                                   | \$  |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$  |
| 4.  | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                    | \$  |
| 5.  | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION      | \$  |
| 6.  | <input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION               | \$ 13,000.00  |
| 7.  | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                      | \$  |
| 8.  | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                      | \$  |
| 9.  | <input type="checkbox"/> SCHEDULE E: LOANS   | \$  |
| 10.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 299,869.70   |
| 11.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$  |
| 12.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                             | \$  |
| 13.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$  |
| 14.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                           | \$  |
| 15.   | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 1,695.20   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>                    |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/9 Rpt: 5/58     |
| <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund                |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555    |
| <b>4</b> Date<br>12/30/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Antalfy, Barbara<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77077-3022 | <b>7</b> Amount of Contribution (\$)<br><br>\$35.00         |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired             |  | <b>9</b> Employer (See Instructions)<br>Retired             |
| Date<br>12/12/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Archer, Allyn<br><hr/> Contributor address; City; State; Zip Code<br><br>Uvalde, TX 78801-7344                       | Amount of Contribution (\$)<br><br>\$250.00                 |
| Principal occupation / Job title (See Instructions)<br>Retired                      |  | Employer (See Instructions)<br>Retired                      |
| Date<br>12/11/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Arismendez, Gilberto<br><hr/> Contributor address; City; State; Zip Code<br><br>Buda, TX 78610-3588                  | Amount of Contribution (\$)<br><br>\$35.00                  |
| Principal occupation / Job title (See Instructions)<br>Info requested (under \$110) |  | Employer (See Instructions)<br>Info requested (under \$110) |
| Date<br>12/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Austin III, Jeff<br><hr/> Contributor address; City; State; Zip Code<br><br>Whitehouse, TX 75791-5330                | Amount of Contribution (\$)<br><br>\$500.00                 |
| Principal occupation / Job title (See Instructions)<br>Banker                       |  | Employer (See Instructions)<br>Austin Bank                  |
| Date<br>12/17/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Broaddus, John<br><hr/> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79922-2145                     | Amount of Contribution (\$)<br><br>\$100.00                 |
| Principal occupation / Job title (See Instructions)<br>Retired                      |  | Employer (See Instructions)<br>Retired                      |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>     |   | <b>1</b> Total pages Schedule A1:<br>Sch: 2/9 Rpt: 6/58                   |
| <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555                  |
| <b>4</b> Date<br>12/09/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Brown Family Revocable Living Trust<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Copperas Cove, TX 76522-7002 | <b>7</b> Amount of Contribution (\$)<br><br>\$40.00                       |
| <b>8</b> Principal occupation / Job title (See Instructions)         |   | <b>9</b> Employer (See Instructions)                                      |
| Date<br>11/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Caldwell, G. Wade<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78205-3545                                       | Amount of Contribution (\$)<br><br>\$100.00                               |
| Principal occupation / Job title (See Instructions)<br>Attorney      |   | Employer (See Instructions)<br>Caldwell, Clark, Fanucchi & Finlayson PLLC |
| Date<br>12/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Caldwell, G. Wade<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78205-3545                                       | Amount of Contribution (\$)<br><br>\$100.00                               |
| Principal occupation / Job title (See Instructions)<br>Attorney      |   | Employer (See Instructions)<br>Caldwell, Clark, Fanucchi & Finlayson PLLC |
| Date<br>12/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cole, Thomas<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75201-7055   | Amount of Contribution (\$)<br><br>\$200.00                               |
| Principal occupation / Job title (See Instructions)<br>Retired       |   | Employer (See Instructions)<br>Retired                                    |
| Date<br>10/28/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Dashiell, Toni<br><hr/> Contributor address; City; State; Zip Code<br><br>Boerne, TX 78006-7919   | Amount of Contribution (\$)<br><br>\$250.00                               |
| Principal occupation / Job title (See Instructions)<br>Realtor       |   | Employer (See Instructions)<br>Dashiell Properties, Inc.                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 3/9 Rpt: 7/58                |
| <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund      |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555               |
| <b>4</b> Date<br>12/11/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Deuell, Robert<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Greenville, TX 75402-8019 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00                   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Physician |   | <b>9</b> Employer (See Instructions)<br>Hunt Regional Medical Partners |
| Date<br>12/17/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Donnelly, Robert<br><hr/> Contributor address; City; State; Zip Code<br><br>Midland, TX 79702-3488                    | Amount of Contribution (\$)<br><br>\$100.00                            |
| Principal occupation / Job title (See Instructions)<br>Landman            |   | Employer (See Instructions)<br>The Eastland Oil Company                |
| Date<br>11/27/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Doyle, Steve<br><hr/> Contributor address; City; State; Zip Code<br><br>Allen, TX 75002-3713                          | Amount of Contribution (\$)<br><br>\$2,500.00                          |
| Principal occupation / Job title (See Instructions)<br>Construction       |   | Employer (See Instructions)<br>Hill & Wilkinson General Contractors    |
| Date<br>12/17/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Frazier, Richard<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76015-2124                  | Amount of Contribution (\$)<br><br>\$100.00                            |
| Principal occupation / Job title (See Instructions)<br>Retired            |   | Employer (See Instructions)<br>Retired                                 |
| Date<br>11/04/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gordon, Brian<br><hr/> Contributor address; City; State; Zip Code<br><br>Andrews, TX 79714-2708                       | Amount of Contribution (\$)<br><br>\$150.00                            |
| Principal occupation / Job title (See Instructions)<br>Retired            |   | Employer (See Instructions)<br>Retired                                 |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 4/9 Rpt: 8/58     |
| <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund    |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555    |
| <b>4</b> Date<br>12/10/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gregg, Joshua<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76107-1553 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CFO     |  | <b>9</b> Employer (See Instructions)<br>Double Eagle Energy |
| Date<br>12/10/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hall, Andrew<br><hr/> Contributor address; City; State; Zip Code<br><br>Amarillo, TX 79109-2329                      | Amount of Contribution (\$)<br><br>\$2,500.00               |
| Principal occupation / Job title (See Instructions)<br>Managing Partner |  | Employer (See Instructions)<br>Gilliland Group              |
| Date<br>12/19/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Holder III, Floyd<br><hr/> Contributor address; City; State; Zip Code<br><br>San Marcos, TX 78666-3721               | Amount of Contribution (\$)<br><br>\$250.00                 |
| Principal occupation / Job title (See Instructions)<br>Professor        |  | Employer (See Instructions)<br>Texas State University       |
| Date<br>12/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jackson, Thomas<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77095-1613                    | Amount of Contribution (\$)<br><br>\$50.00                  |
| Principal occupation / Job title (See Instructions)<br>President        |  | Employer (See Instructions)<br>Green River Oil, Inc         |
| Date<br>12/17/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Janes, June<br><hr/> Contributor address; City; State; Zip Code<br><br>West Lake Hills, TX 78746-4521                | Amount of Contribution (\$)<br><br>\$100.00                 |
| Principal occupation / Job title (See Instructions)<br>Retired          |  | Employer (See Instructions)<br>Retired                      |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 5/9 Rpt: 9/58      |
| <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund    |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555     |
| <b>4</b> Date<br>12/09/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jones, Margaret<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Conroe, TX 77305-3147 | <b>7</b> Amount of Contribution (\$)<br><br>\$5.00           |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired |  | <b>9</b> Employer (See Instructions)<br>Retired              |
| Date<br>12/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kendall, John<br><hr/> Contributor address; City; State; Zip Code<br><br>Fredericksburg, TX 78624-2002             | Amount of Contribution (\$)<br><br>\$500.00                  |
| Principal occupation / Job title (See Instructions)<br>Retired          |  | Employer (See Instructions)<br>Retired                       |
| Date<br>10/28/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Klesse, William<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78230-5651              | Amount of Contribution (\$)<br><br>\$1,000.00                |
| Principal occupation / Job title (See Instructions)<br>Retired          |  | Employer (See Instructions)<br>Retired                       |
| Date<br>12/30/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kramer, William<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75204-4099                   | Amount of Contribution (\$)<br><br>\$1,000.00                |
| Principal occupation / Job title (See Instructions)<br>Attorney         |  | Employer (See Instructions)<br>Republic Title of Texas, Inc. |
| Date<br>12/31/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lunz, James<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78209-5136                  | Amount of Contribution (\$)<br><br>\$150.00                  |
| Principal occupation / Job title (See Instructions)<br>Retired          |  | Employer (See Instructions)<br>Retired                       |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                             |  | <b>1</b> Total pages Schedule A1:<br>Sch: 6/9 Rpt: 10/58             |
| <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund                         |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555             |
| <b>4</b> Date<br>12/17/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Maggiore, John<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78504-2931 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Info requested (under \$110) |  | <b>9</b> Employer (See Instructions)<br>Info requested (under \$110) |
| Date<br>12/09/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Marchant Good Government Fund<br><hr/> Contributor address; City; State; Zip Code<br><br>Carrollton, TX 75006-3016 | Amount of Contribution (\$)<br><br>\$5,000.00                        |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)  |
| Date<br>12/05/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McKenzie, Michael<br><hr/> Contributor address; City; State; Zip Code<br><br>Sulphur Springs, TX 75482-2120        | Amount of Contribution (\$)<br><br>\$75.00                           |
| Principal occupation / Job title (See Instructions)<br>Retired                               |  | Employer (See Instructions)<br>Retired                               |
| Date<br>12/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Petty Jr., Scott<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78209-4718             | Amount of Contribution (\$)<br><br>\$2,500.00                        |
| Principal occupation / Job title (See Instructions)<br>Retired                               |  | Employer (See Instructions)<br>Retired                               |
| Date<br>12/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Porter, Jim<br><hr/> Contributor address; City; State; Zip Code<br><br>Granbury, TX 76049-4166                     | Amount of Contribution (\$)<br><br>\$35.00                           |
| Principal occupation / Job title (See Instructions)<br>Retired                               |  | Employer (See Instructions)<br>Retired                               |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 7/9 Rpt: 11/58 |
| <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund             |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
| <b>4</b> Date<br>12/09/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Price, Betsy<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76109-1502 | <b>7</b> Amount of Contribution (\$)<br><br>\$150.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired          |   | <b>9</b> Employer (See Instructions)<br>Retired          |
| Date<br>12/12/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Reynolds, Jay<br><hr/> Contributor address; City; State; Zip Code<br><br>Lexington, TX 78947-6322                   | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Retired                   |   | Employer (See Instructions)<br>Retired                   |
| Date<br>10/31/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Robles, Joanne<br><hr/> Contributor address; City; State; Zip Code<br><br>Richmond, TX 77469-5566                   | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Retired                   |   | Employer (See Instructions)<br>Retired                   |
| Date<br>12/03/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Spreen, Lauren<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78703-1943                     | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)<br>Public Affairs Consultant |   | Employer (See Instructions)<br>Self Employed             |
| Date<br>12/17/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Stevenson, Donald<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77056-2030                 | Amount of Contribution (\$)<br><br>\$500.00              |
| Principal occupation / Job title (See Instructions)<br>Retired                   |   | Employer (See Instructions)<br>Retired                   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 8/9 Rpt: 12/58       |
| <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund      |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555       |
| <b>4</b> Date<br>12/30/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Struve, Cynthia<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Shavano Park, TX 78249-2041                  | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00           |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired   |   | <b>9</b> Employer (See Instructions)<br>Retired                |
| Date<br>12/09/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>United Services Automobile Association Employee PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78288-0001 | Amount of Contribution (\$)<br><br>\$2,500.00                  |
| Principal occupation / Job title (See Instructions)                       |   | Employer (See Instructions)                                    |
| Date<br>11/01/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Vo, Hong<br><hr/> Contributor address; City; State; Zip Code<br><br>San Jose, CA 95116-3255   | Amount of Contribution (\$)<br><br>\$7.00                      |
| Principal occupation / Job title (See Instructions)<br>Broker             |   | Employer (See Instructions)<br>Global Business Solutions LLC   |
| Date<br>12/31/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Walters, Ted<br><hr/> Contributor address; City; State; Zip Code<br><br>Tyler, TX 75711-8082  | Amount of Contribution (\$)<br><br>\$1,000.00                  |
| Principal occupation / Job title (See Instructions)<br>Landman            |   | Employer (See Instructions)<br>Ted W Walters & Associates, Inc |
| Date<br>11/06/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Weisman, John<br><hr/> Contributor address; City; State; Zip Code<br><br>New Braunfels, TX 78132-3412                                     | Amount of Contribution (\$)<br><br>\$15,000.00                 |
| Principal occupation / Job title (See Instructions)<br>Highway Contractor |   | Employer (See Instructions)<br>Hunter Industries Ltd           |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                    |   | <b>1</b> Total pages Schedule A1:<br>Sch: 9/9 Rpt: 13/58 |
| <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund                |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
| <b>4</b> Date<br>11/22/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Zamora, Denyse | <b>7</b> Amount of Contribution (\$)<br><br>\$15.00      |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Grapevine, TX 76051-4552 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Real Estate Sales   |   | <b>9</b> Employer (See Instructions)<br>Self Employed    |
| Date<br>12/22/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Zamora, Denyse          | Amount of Contribution (\$)<br><br>\$15.00               |
| Contributor address; City; State; Zip Code<br><br>Grapevine, TX 76051-4552          |   |  |
| Principal occupation / Job title (See Instructions)<br>Real Estate Sales            |   | Employer (See Instructions)<br>Self Employed             |

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>     |   | <b>1</b> Total pages Schedule C3:<br>Sch: 1/1 Rpt: 14/58 |
| <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
| <b>4</b> Date<br>12/30/2024  | <b>5</b> Corporation / Labor Organization name<br>Pack Automotive Group, LTD. | <b>6</b> Amount (\$)<br>2,500.00                         |
| Date<br>12/30/2024   | Corporation / Labor Organization name<br>The Nathan Company                   | Amount (\$)<br>500.00                                    |
| Date<br>12/18/2024   | Corporation / Labor Organization name<br>Unintech Consulting Engineers, Inc.  | Amount (\$)<br>10,000.00                                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/42 Rpt: 15/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|---|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>10/29/2024 | <b>5</b> Payee name<br>1303 Properties, LTD |
|-----------------------------|---|

|                                    |  |
|------------------------------------|--|
| <b>6</b> Amount (\$)<br>\$2,601.00 | <b>7</b> Payee address; City; State; Zip Code<br>807 Brazos St Ste 1010<br><br>Austin, TX 78701-2508 |
|------------------------------------|--|

Expenditure from corporate funds

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking and Rent |
|---------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                    |
|--------------------|------------------------------------|
| Date<br>12/03/2024 | Payee name<br>1303 Properties, LTD |
|--------------------|------------------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$2,613.00 | Payee address; City; State; Zip Code<br>807 Brazos St Ste 1010<br><br>Austin, TX 78701-2508 |
|---------------------------|---|

Expenditure from corporate funds

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking and Rent |
|-------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                    |
|--------------------|--------------------|
| Date<br>12/26/2024 | Payee name<br>AT&T |
|--------------------|--------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$130.51 | Payee address; City; State; Zip Code<br>PO Box 105414<br><br>Atlanta, GA 30348-5414 |
|-------------------------|---|

Expenditure from corporate funds

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Telecommunications |
|-------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/42 Rpt: 16/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|---|--|--|

|                             |                             |
|-----------------------------|-----------------------------|
| <b>4</b> Date<br>12/12/2024 | <b>5</b> Payee name<br>AT&T |
|-----------------------------|-----------------------------|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$104.40 | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 105414<br><br>Atlanta, GA 30348-5414 |
|----------------------------------|--|

Expenditure from corporate funds

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Telecommunications |
|---------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                    |
|--------------------|--------------------|
| Date<br>11/12/2024 | Payee name<br>AT&T |
|--------------------|--------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$104.40 | Payee address; City; State; Zip Code<br>PO Box 105414<br><br>Atlanta, GA 30348-5414 |
|-------------------------|---|

Expenditure from corporate funds

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Telecommunications |
|------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                    |
|--------------------|--------------------|
| Date<br>11/22/2024 | Payee name<br>AT&T |
|--------------------|--------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$200.19 | Payee address; City; State; Zip Code<br>PO Box 105414<br><br>Atlanta, GA 30348-5414 |
|-------------------------|---|

Expenditure from corporate funds

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Telecommunications |
|------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/42 Rpt: 17/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|---|--|--|

|                             |                             |
|-----------------------------|-----------------------------|
| <b>4</b> Date<br>12/21/2024 | <b>5</b> Payee name<br>AT&T |
|-----------------------------|-----------------------------|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$200.19 | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 105414<br><br>Atlanta, GA 30348-5414 |
|----------------------------------|--|

Expenditure from corporate funds

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Telecommunications |
|---------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                            |
|--------------------|----------------------------|
| Date<br>12/10/2024 | Payee name<br>Abilene Aero |
|--------------------|----------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$2,341.65 | Payee address; City; State; Zip Code<br>2850 Airport Blvd<br><br>Abilene, TX 79602-2104 |
|---------------------------|---|

Expenditure from corporate funds

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Flight to attend political reception |
|-------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                      |
|--------------------|----------------------|
| Date<br>11/09/2024 | Payee name<br>Amazon |
|--------------------|----------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$61.62 | Payee address; City; State; Zip Code<br>410 Terry Ave N<br><br>Seattle, WA 98109-5210 |
|------------------------|---|

Expenditure from corporate funds

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office Supplies |
|-------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |  |                             |               |
|--|---|--|--|-----------------------------|---------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/42 Rpt: 18/58            | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555   |  |                             |               |
| <b>4</b> Date<br>11/03/2024  | <b>5</b> Payee name<br>American City Business Journals  |  |  |                             |               |
| <b>6</b> Amount (\$)<br>\$213.20                                     | <b>7</b> Payee address; City; State; Zip Code<br>120 W Morehead St<br><br>Charlotte, NC 28202-1800  |  |  |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |  |  |                             |               |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper Subscription |  |                             |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate/Officeholder name   | Office sought  | Office held  |                             |               |
| Date<br>11/03/2024   | Payee name<br>American City Business Journals   |  |  |                             |               |
| Amount (\$)<br>\$213.20  | Payee address; City; State; Zip Code<br>120 W Morehead St<br><br>Charlotte, NC 28202-1800   |  |  |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |  |  |                             |               |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper Subscription |  |                             |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate/Officeholder name   | Office sought  | Office held  |                             |               |
| Date<br>12/02/2024   | Payee name<br>Austin American Statesman   |  |  |                             |               |
| Amount (\$)<br>\$15.98   | Payee address; City; State; Zip Code<br>305 S Congress Ave<br><br>Austin, TX 78704-1200   |  |  |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |  |  |                             |               |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper Subscription |  |                             |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate/Officeholder name   | Office sought  | Office held  |                             |               |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/42 Rpt: 19/58            | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555  |
| <b>4</b> Date<br>11/03/2024  | <b>5</b> Payee name<br>Austin American Statesman   |   |
| <b>6</b> Amount (\$)<br>\$15.98                                      | <b>7</b> Payee address; City; State; Zip Code<br>305 S Congress Ave<br><br>Austin, TX 78704-1200                             |   |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper Subscription    |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held |   |
| Date<br>12/10/2024   | Payee name<br>Austin Proper Hotel  |   |
| Amount (\$)<br>\$33.06   | Payee address; City; State; Zip Code<br>600 W 2Nd St<br><br>Austin, TX 78701-1079  |   |
| <input type="checkbox"/> Expenditure from corporate funds            |  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District                                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking                   |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held |   |
| Date<br>10/31/2024   | Payee name<br>Blue Cross Blue Shield of Texas  |   |
| Amount (\$)<br>\$408.69  | Payee address; City; State; Zip Code<br>Po Box 650615<br><br>Dallas, TX 75265-0615   |   |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Employee Health Insurance |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/42 Rpt: 20/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|---|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>10/31/2024 | <b>5</b> Payee name<br>Blue Cross Blue Shield of Texas |
|-----------------------------|--|

|                                    |   |
|------------------------------------|---|
| <b>6</b> Amount (\$)<br>\$1,301.28 | <b>7</b> Payee address; City; State; Zip Code<br>Po Box 650615<br><br>Dallas, TX 75265-0615 |
|------------------------------------|---|

Expenditure from corporate funds

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Employee Health Insurance |
|---------------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>11/27/2024 | Payee name<br>Blue Cross Blue Shield of Texas |
|--------------------|---|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$408.69 | Payee address; City; State; Zip Code<br>Po Box 650615<br><br>Dallas, TX 75265-0615 |
|-------------------------|--|

Expenditure from corporate funds

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Employee Health Insurance |
|------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>11/27/2024 | Payee name<br>Blue Cross Blue Shield of Texas |
|--------------------|---|

|                           |  |
|---------------------------|--|
| Amount (\$)<br>\$1,301.28 | Payee address; City; State; Zip Code<br>Po Box 650615<br><br>Dallas, TX 75265-0615 |
|---------------------------|--|

Expenditure from corporate funds

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Employee Health Insurance |
|------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/42 Rpt: 21/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|---|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>12/31/2024 | <b>5</b> Payee name<br>Blue Cross Blue Shield of Texas |
|-----------------------------|--|

|                                  |   |
|----------------------------------|---|
| <b>6</b> Amount (\$)<br>\$408.69 | <b>7</b> Payee address; City; State; Zip Code<br>Po Box 650615<br><br>Dallas, TX 75265-0615 |
|----------------------------------|---|

Expenditure from corporate funds

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Employee Health Insurance |
|---------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>12/31/2024 | Payee name<br>Blue Cross Blue Shield of Texas |
|--------------------|---|

|                           |  |
|---------------------------|--|
| Amount (\$)<br>\$1,301.28 | Payee address; City; State; Zip Code<br>Po Box 650615<br><br>Dallas, TX 75265-0615 |
|---------------------------|--|

Expenditure from corporate funds

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Employee Health Insurance |
|-------------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                |
|--------------------|--------------------------------|
| Date<br>10/31/2024 | Payee name<br>Bush, William B. |
|--------------------|--------------------------------|

|                           |  |
|---------------------------|--|
| Amount (\$)<br>\$4,166.67 | Payee address; City; State; Zip Code<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526 |
|---------------------------|--|

Expenditure from corporate funds

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll |
|-------------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |
|--|--|
|  |  |
|--|--|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/42 Rpt: 22/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|---|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>11/29/2024 | <b>5</b> Payee name<br>Bush, William B. |
|-----------------------------|---|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$4,166.67<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526 |
|---|---|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll |
|---------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                |
|--------------------|--------------------------------|
| Date<br>12/31/2024 | Payee name<br>Bush, William B. |
|--------------------|--------------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$6,666.67<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526 |
|--|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll |
|-------------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>12/03/2024 | Payee name<br>Central Texas Shredding Inc. |
|--------------------|--|

|  |  |
|--|--|
| Amount (\$)<br>\$50.00<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 170174<br><br>Austin, TX 78717-0014 |
|--|--|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Shredding Services |
|-------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/42 Rpt: 23/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|---|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>12/17/2024 | <b>5</b> Payee name<br>Charter Communications Holdings LLC |
|-----------------------------|--|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$171.48 | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 60074<br><br>City Of Industry, CA 91716-0074 |
|----------------------------------|--|

Expenditure from corporate funds

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Telecommunications |
|---------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>11/13/2024 | Payee name<br>Charter Communications Holdings LLC |
|--------------------|---|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$171.48 | Payee address; City; State; Zip Code<br>PO Box 60074<br><br>City Of Industry, CA 91716-0074 |
|-------------------------|---|

Expenditure from corporate funds

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Telecommunications |
|------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                     |
|--------------------|-------------------------------------|
| Date<br>11/13/2024 | Payee name<br>Convergence Media LLC |
|--------------------|-------------------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$5,264.54 | Payee address; City; State; Zip Code<br>130 N Fayette St<br><br>Alexandria, VA 22314-2902 |
|---------------------------|---|

Expenditure from corporate funds

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Consulting Services |
|------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|  |  |
|--|--|
|  |  |
|--|--|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/42 Rpt: 24/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|--|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>12/10/2024 | <b>5</b> Payee name<br>Convergence Media LLC |
|-----------------------------|--|

|   |  |
|---|--|
| <b>6</b> Amount (\$)<br>\$5,258.92<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>130 N Fayette St<br><br>Alexandria, VA 22314-2902 |
|---|--|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Digital Consulting Services |
|---------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                   |
|--------------------|-----------------------------------|
| Date<br>12/08/2024 | Payee name<br>Dallas Morning News |
|--------------------|-----------------------------------|

|  |   |
|--|---|
| Amount (\$)<br>\$32.51<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>410 Terry Ave N<br><br>Seattle, WA 98109-5210 |
|--|---|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper Subscription |
|-------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                   |
|--------------------|-----------------------------------|
| Date<br>11/08/2024 | Payee name<br>Dallas Morning News |
|--------------------|-----------------------------------|

|  |   |
|--|---|
| Amount (\$)<br>\$32.51<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>410 Terry Ave N<br><br>Seattle, WA 98109-5210 |
|--|---|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper Subscription |
|-------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |   |   |  |                             |               |
|--|---|---|--|-----------------------------|---------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 11/42 Rpt: 25/58           | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555  |  |                             |               |
| <b>4</b> Date<br>12/01/2024  | <b>5</b> Payee name<br>Dropbox  |   |  |                             |               |
| <b>6</b> Amount (\$)<br>\$223.86                                     | <b>7</b> Payee address; City; State; Zip Code<br>1800 Owens St<br><br>San Francisco, CA 94158-2381  |   |  |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |   |  |                             |               |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online File Storage |  |                             |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate/Officeholder name   | Office sought   | Office held  |                             |               |
| Date<br>11/01/2024   | Payee name<br>Dropbox   |   |  |                             |               |
| Amount (\$)<br>\$223.86  | Payee address; City; State; Zip Code<br>1800 Owens St<br><br>San Francisco, CA 94158-2381   |   |  |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |   |  |                             |               |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online File Storage |  |                             |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate/Officeholder name   | Office sought   | Office held  |                             |               |
| Date<br>12/03/2024   | Payee name<br>FLS Connect, LLC  |   |  |                             |               |
| Amount (\$)<br>\$1.55  | Payee address; City; State; Zip Code<br>7300 Hudson Blvd N Ste 270<br><br>Saint Paul, MN 55128-7143   |   |  |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |   |  |                             |               |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Telecommunications  |  |                             |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate/Officeholder name   | Office sought   | Office held  |                             |               |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 12/42 Rpt: 26/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|--|--|--|

|                             |                              |
|-----------------------------|------------------------------|
| <b>4</b> Date<br>12/05/2024 | <b>5</b> Payee name<br>Favor |
|-----------------------------|------------------------------|

|  |   |
|--|---|
| <b>6</b> Amount (\$)<br>\$72.11<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1705 Guadalupe St Ste 300<br><br>Austin, TX 78701-1273 |
|--|---|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meal |
|---------------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                         |
|--------------------|-------------------------|
| Date<br>11/23/2024 | Payee name<br>Flipsnack |
|--------------------|-------------------------|

|   |  |
|---|--|
| Amount (\$)<br>\$48.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>535 Mission St Fl 14<br><br>San Francisco, CA 94105-3253 |
|---|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Graphic Design Software |
|-------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                         |
|--------------------|-------------------------|
| Date<br>12/23/2024 | Payee name<br>Flipsnack |
|--------------------|-------------------------|

|   |  |
|---|--|
| Amount (\$)<br>\$48.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>535 Mission St Fl 14<br><br>San Francisco, CA 94105-3253 |
|---|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Graphic Design Software |
|-------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 13/42 Rpt: 27/58           | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555   |
| <b>4</b> Date<br>10/29/2024  | <b>5</b> Payee name<br>Fox TelPro LLC  |  |
| <b>6</b> Amount (\$)<br>\$192.69                                     | <b>7</b> Payee address; City; State; Zip Code<br>4500 Williams Dr Ste 212 Pmb 199<br>Georgetown, TX 78633-1329 |  |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Telecommunications         |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH         | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>10/29/2024   | Payee name<br>HSA Bank   |  |
| Amount (\$)<br>\$135.00  | Payee address; City; State; Zip Code<br>Po Box 939<br>Sheboygan, WI 53082-0939                                 |  |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |  |  |
| PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Employee HSA Contributions |
| Complete ONLY if direct expenditure to benefit C/OH                  | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>10/29/2024   | Payee name<br>HSA Bank   |  |
| Amount (\$)<br>\$225.00  | Payee address; City; State; Zip Code<br>Po Box 939<br>Sheboygan, WI 53082-0939                                 |  |
| <input type="checkbox"/> Expenditure from corporate funds            |  |  |
| PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Employee HSA Contributions |
| Complete ONLY if direct expenditure to benefit C/OH                  | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |  |  |   |                             |               |
|--|--|--|---|-----------------------------|---------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 14/42 Rpt: 28/58           | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555   |   |                             |               |
| <b>4</b> Date<br>11/27/2024  | <b>5</b> Payee name<br>HSA Bank  |  |   |                             |               |
| <b>6</b> Amount (\$)<br>\$135.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>Po Box 939<br><br>Sheboygan, WI 53082-0939  |  |   |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |  |  |   |                             |               |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Employee HSA Contributions |   |                             |               |
|  | <table border="0" style="width:100%;"> <tr> <td style="width:25%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%;">Candidate/Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table> |  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought  | Office held   |                             |               |
| Date<br>11/27/2024   | Payee name<br>HSA Bank   |  |   |                             |               |
| Amount (\$)<br>\$225.00  | Payee address; City; State; Zip Code<br>Po Box 939<br><br>Sheboygan, WI 53082-0939   |  |   |                             |               |
| <input type="checkbox"/> Expenditure from corporate funds            |  |  |   |                             |               |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Employee HSA Contributions |   |                             |               |
|  | <table border="0" style="width:100%;"> <tr> <td style="width:25%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%;">Candidate/Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate/Officeholder name  | Office sought  | Office held   |                             |               |
| Date<br>12/27/2024   | Payee name<br>HSA Bank   |  |   |                             |               |
| Amount (\$)<br>\$135.00  | Payee address; City; State; Zip Code<br>Po Box 939<br><br>Sheboygan, WI 53082-0939   |  |   |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |  |  |   |                             |               |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Employee HSA Contributions |   |                             |               |
|  | <table border="0" style="width:100%;"> <tr> <td style="width:25%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%;">Candidate/Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate/Officeholder name  | Office sought  | Office held   |                             |               |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 15/42 Rpt: 29/58  | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund                                     | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555   |
| <b>4</b> Date<br>12/27/2024   | <b>5</b> Payee name<br>HSA Bank  |  |
| <b>6</b> Amount (\$)<br>\$225.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>Po Box 939<br><br>Sheboygan, WI 53082-0939              |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Employee HSA Contributions |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               |  |  |
| Date<br>10/28/2024  | Candidate/Officeholder name<br>Office sought<br>Office held  |  |
| Payee name<br>HSA Bank  |  |  |
| Amount (\$)<br>\$1.75<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>Po Box 939<br><br>Sheboygan, WI 53082-0939                       |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Account Maintenance Fee    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  |  |
| Date<br>11/26/2024  | Candidate/Officeholder name<br>Office sought<br>Office held  |  |
| Payee name<br>HSA Bank  |  |  |
| Amount (\$)<br>\$1.75<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>Po Box 939<br><br>Sheboygan, WI 53082-0939                       |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Account Maintenance Fee    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 16/42 Rpt: 30/58           | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund                               | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555  |
| <b>4</b> Date<br>12/27/2024  | <b>5</b> Payee name<br>HSA Bank  |   |
| <b>6</b> Amount (\$)<br>\$1.75                                       | <b>7</b> Payee address; City; State; Zip Code<br>Po Box 939<br><br>Sheboygan, WI 53082-0939        |   |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Account Maintenance Fee |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH         | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>11/08/2024   | Payee name<br>HUB International Insurance Services   |   |
| Amount (\$)<br>\$21,524.48   | Payee address; City; State; Zip Code<br>PO Box 1770<br><br>El Paso, TX 79949-1770                  |   |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |  |   |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>D&O Insurance                  |
| Complete ONLY if direct expenditure to benefit C/OH                  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>11/04/2024   | Payee name<br>Hill Country Springs   |   |
| Amount (\$)<br>\$39.32   | Payee address; City; State; Zip Code<br>PO Box 2220<br><br>Manchaca, TX 78652-2220                 |   |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |  |   |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office Supplies                |
| Complete ONLY if direct expenditure to benefit C/OH                  | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 17/42 Rpt: 31/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|--|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>12/03/2024 | <b>5</b> Payee name<br>Hill Country Springs |
|-----------------------------|---|

|                                 |   |
|---------------------------------|---|
| <b>6</b> Amount (\$)<br>\$31.99 | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 2220<br><br>Manchaca, TX 78652-2220 |
|---------------------------------|---|

Expenditure from corporate funds

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office Supplies |
|---------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>11/13/2024 | Payee name<br>Holtzman Vogel Baran Torchinsky Josefiak PLLC |
|--------------------|---|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$321.25 | Payee address; City; State; Zip Code<br>15405 John Marshall Hwy<br><br>Haymarket, VA 20169-2706 |
|-------------------------|---|

Expenditure from corporate funds

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Legal Services | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Committee Legal Compliance Services |
|-------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                 |
|--------------------|---------------------------------|
| Date<br>12/21/2024 | Payee name<br>Houston Chronicle |
|--------------------|---------------------------------|

|                        |  |
|------------------------|--|
| Amount (\$)<br>\$27.72 | Payee address; City; State; Zip Code<br>4747 Southwest Fwy<br><br>Houston, TX 77027-6901 |
|------------------------|--|

Expenditure from corporate funds

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper Subscription |
|-------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 18/42 Rpt: 32/58           | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555   |
| <b>4</b> Date<br>11/24/2024  | <b>5</b> Payee name<br>Houston Chronicle   |  |
| <b>6</b> Amount (\$)<br>\$27.72                                      | <b>7</b> Payee address; City; State; Zip Code<br>4747 Southwest Fwy<br><br>Houston, TX 77027-6901                            |  |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper Subscription       |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held |  |
| Date<br>10/27/2024   | Payee name<br>Houston Chronicle  |  |
| Amount (\$)<br>\$27.72   | Payee address; City; State; Zip Code<br>4747 Southwest Fwy<br><br>Houston, TX 77027-6901                                     |  |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper Subscription       |
|  | <b>Complete ONLY if direct expenditure to benefit C/OH</b><br>Candidate/Officeholder name Office sought Office held          |  |
| Date<br>12/17/2024   | Payee name<br>JRP Advisory   |  |
| Amount (\$)<br>\$1,326.06  | Payee address; City; State; Zip Code<br>2288 Savannah Ln<br><br>Lexington, KY 40513-1749                                     |  |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Board Meeting Briefing Books |
|  | <b>Complete ONLY if direct expenditure to benefit C/OH</b><br>Candidate/Officeholder name Office sought Office held          |  |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 19/42 Rpt: 33/58  | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund                                     | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555   |
| <b>4</b> Date<br>10/31/2024   | <b>5</b> Payee name<br>Jordan, Anne  |  |
| <b>6</b> Amount (\$)<br>\$3,375.00<br><br><input type="checkbox"/> Expenditure from corporate funds   | <b>7</b> Payee address; City; State; Zip Code<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526      |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll                |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                   |  |  |
| Date<br>10/31/2024  | Candidate/Officeholder name<br>Jordan, Anne  |  |
| Amount (\$)<br>\$3,375.00<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds | Office sought<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526                                      |  |
| Office held   |  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Administrative Payroll |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                   |  |  |
| Date<br>11/29/2024  | Candidate/Officeholder name<br>Jordan, Anne  |  |
| Amount (\$)<br>\$3,375.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Office sought<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526                                      |  |
| Office held   |  |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll                |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                   |  |  |
| Date<br>11/29/2024  | Candidate/Officeholder name<br>Jordan, Anne  |  |
| Amount (\$)<br>\$3,375.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Office sought<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526                                      |  |
| Office held   |  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 20/42 Rpt: 34/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|--|--|--|

|                             |                                     |
|-----------------------------|-------------------------------------|
| <b>4</b> Date<br>11/29/2024 | <b>5</b> Payee name<br>Jordan, Anne |
|-----------------------------|-------------------------------------|

|                                    |   |
|------------------------------------|---|
| <b>6</b> Amount (\$)<br>\$3,375.00 | <b>7</b> Payee address; City; State; Zip Code<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526 |
|------------------------------------|---|

Expenditure from corporate funds

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Administrative Payroll |
|---------------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                            |
|--------------------|----------------------------|
| Date<br>12/31/2024 | Payee name<br>Jordan, Anne |
|--------------------|----------------------------|

|                           |  |
|---------------------------|--|
| Amount (\$)<br>\$8,375.00 | Payee address; City; State; Zip Code<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526 |
|---------------------------|--|

Expenditure from corporate funds

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll |
|------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                            |
|--------------------|----------------------------|
| Date<br>12/31/2024 | Payee name<br>Jordan, Anne |
|--------------------|----------------------------|

|                           |  |
|---------------------------|--|
| Amount (\$)<br>\$8,375.00 | Payee address; City; State; Zip Code<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526 |
|---------------------------|--|

Expenditure from corporate funds

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Administrative Payroll |
|------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|  |  |
|--|--|
|  |  |
|--|--|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 21/42 Rpt: 35/58   | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund                                 | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555  |
| <b>4</b> Date<br>10/30/2024  | <b>5</b> Payee name<br>KAP Print LLC   |   |
| <b>6</b> Amount (\$)<br>\$13,633.15<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>220 Quinn Dr<br><br>Dripping Springs, TX 78620-5109 |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Mailers              |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>11/04/2024   | Payee name<br>Keel Systems LLC   |   |
| Amount (\$)<br>\$599.75<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds  | Payee address; City; State; Zip Code<br>23812 Tres Coronas<br><br>Spicewood, TX 78669-1631           |   |
| PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Compliance Accounting Expense |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>12/03/2024   | Payee name<br>Keel Systems LLC   |   |
| Amount (\$)<br>\$599.75<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds  | Payee address; City; State; Zip Code<br>23812 Tres Coronas<br><br>Spicewood, TX 78669-1631           |   |
| PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Compliance Accounting Expense |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 22/42 Rpt: 36/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|--|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>11/13/2024 | <b>5</b> Payee name<br>LHP + Company, Inc. |
|-----------------------------|--|

|                                    |  |
|------------------------------------|--|
| <b>6</b> Amount (\$)<br>\$3,750.00 | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 29382<br><br>Austin, TX 78755-6382 |
|------------------------------------|--|

Expenditure from corporate funds

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Supervision Services |
|---------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                   |
|--------------------|-----------------------------------|
| Date<br>12/03/2024 | Payee name<br>LHP + Company, Inc. |
|--------------------|-----------------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$3,750.00 | Payee address; City; State; Zip Code<br>PO Box 29382<br><br>Austin, TX 78755-6382 |
|---------------------------|---|

Expenditure from corporate funds

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Supervision Services |
|------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                   |
|--------------------|-----------------------------------|
| Date<br>11/13/2024 | Payee name<br>LHP + Company, Inc. |
|--------------------|-----------------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$3,750.00 | Payee address; City; State; Zip Code<br>PO Box 29382<br><br>Austin, TX 78755-6382 |
|---------------------------|---|

Expenditure from corporate funds

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Consulting Services |
|------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 23/42 Rpt: 37/58  | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund                             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555  |
| <b>4</b> Date<br>12/03/2024   | <b>5</b> Payee name<br>LHP + Company, Inc.   |   |
| <b>6</b> Amount (\$)<br>\$3,750.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 29382<br><br>Austin, TX 78755-6382       |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Consulting Services |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 |  |   |
| Date<br>12/10/2024  | Candidate/Officeholder name<br>La Piscina  |   |
| Amount (\$)<br>\$240.70<br><br><input type="checkbox"/> Expenditure from corporate funds            | Office sought<br>600 W 2nd St<br><br>Austin, TX 78701-1079                                       |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meal                          |
| Office held   |  |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  |   |
| Date<br>11/05/2024  | Candidate/Officeholder name<br>Lambert's   |   |
| Amount (\$)<br>\$59.25<br><br><input type="checkbox"/> Expenditure from corporate funds             | Office sought<br>401 W 2nd St<br><br>Austin, TX 78701-3802                                       |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meal                          |
| Office held   |  |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 24/42 Rpt: 38/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|--|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>11/04/2024 | <b>5</b> Payee name<br>Leon Strategies |
|-----------------------------|--|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$2,996.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2012 Bear Creek Dr<br><br>Leander, TX 78641-4470 |
|---|---|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Text Messaging |
|---------------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>11/05/2024 | Payee name<br>Leon Strategies |
|--------------------|-------------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$450.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>2012 Bear Creek Dr<br><br>Leander, TX 78641-4470 |
|--|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Text Messaging |
|-------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>10/31/2024 | Payee name<br>Magruder, Megan |
|--------------------|-------------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$555.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526 |
|--|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll |
|-------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 25/42 Rpt: 39/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|--|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>11/29/2024 | <b>5</b> Payee name<br>Magruder, Megan |
|-----------------------------|--|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$210.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526 |
|---|---|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll |
|---------------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>12/31/2024 | Payee name<br>Magruder, Megan |
|--------------------|-------------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$210.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526 |
|--|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll |
|------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>11/13/2024 | Payee name<br>Maxwell, Locke & Ritter LLP |
|--------------------|---|

|   |  |
|---|--|
| Amount (\$)<br>\$6,650.00<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 224421<br><br>Dallas, TX 75222-4421 |
|---|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>2023 Form 990 Preparation |
|------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 26/42 Rpt: 40/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|--|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>10/31/2024 | <b>5</b> Payee name<br>McWright, Jamie |
|-----------------------------|--|

|                                     |   |
|-------------------------------------|---|
| <b>6</b> Amount (\$)<br>\$18,281.25 | <b>7</b> Payee address; City; State; Zip Code<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526 |
|-------------------------------------|---|

Expenditure from corporate funds

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll |
|---------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>10/31/2024 | Payee name<br>McWright, Jamie |
|--------------------|-------------------------------|

|                           |  |
|---------------------------|--|
| Amount (\$)<br>\$6,093.75 | Payee address; City; State; Zip Code<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526 |
|---------------------------|--|

Expenditure from corporate funds

|                               |  |  |
|-------------------------------|--|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Management Payroll |
|-------------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>11/29/2024 | Payee name<br>McWright, Jamie |
|--------------------|-------------------------------|

|                            |  |
|----------------------------|--|
| Amount (\$)<br>\$18,281.25 | Payee address; City; State; Zip Code<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526 |
|----------------------------|--|

Expenditure from corporate funds

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll |
|-------------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 27/42 Rpt: 41/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|--|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>11/29/2024 | <b>5</b> Payee name<br>McWright, Jamie |
|-----------------------------|--|

|                                    |   |
|------------------------------------|---|
| <b>6</b> Amount (\$)<br>\$6,093.75 | <b>7</b> Payee address; City; State; Zip Code<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526 |
|------------------------------------|---|

Expenditure from corporate funds

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Management Payroll |
|---------------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>12/31/2024 | Payee name<br>McWright, Jamie |
|--------------------|-------------------------------|

|                            |  |
|----------------------------|--|
| Amount (\$)<br>\$40,781.25 | Payee address; City; State; Zip Code<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526 |
|----------------------------|--|

Expenditure from corporate funds

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll |
|------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>12/31/2024 | Payee name<br>McWright, Jamie |
|--------------------|-------------------------------|

|                            |  |
|----------------------------|--|
| Amount (\$)<br>\$13,593.75 | Payee address; City; State; Zip Code<br>807 Brazos St Ste 601<br><br>Austin, TX 78701-2526 |
|----------------------------|--|

Expenditure from corporate funds

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Management Payroll |
|------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 28/42 Rpt: 42/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|--|--|--|

|                             |                                  |
|-----------------------------|----------------------------------|
| <b>4</b> Date<br>11/03/2024 | <b>5</b> Payee name<br>Microsoft |
|-----------------------------|----------------------------------|

|                                     |  |
|-------------------------------------|--|
| <b>6</b> Amount (\$)<br><br>\$10.72 | <b>7</b> Payee address; City; State; Zip Code<br>One Microsoft Way<br><br>Redmond, WA 98052-8300 |
|-------------------------------------|--|

Expenditure from corporate funds

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software |
|---------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                         |
|--------------------|-------------------------|
| Date<br>12/12/2024 | Payee name<br>Microsoft |
|--------------------|-------------------------|

|                            |   |
|----------------------------|---|
| Amount (\$)<br><br>\$13.54 | Payee address; City; State; Zip Code<br>One Microsoft Way<br><br>Redmond, WA 98052-8300 |
|----------------------------|---|

Expenditure from corporate funds

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software |
|------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                         |
|--------------------|-------------------------|
| Date<br>11/12/2024 | Payee name<br>Microsoft |
|--------------------|-------------------------|

|                            |   |
|----------------------------|---|
| Amount (\$)<br><br>\$13.54 | Payee address; City; State; Zip Code<br>One Microsoft Way<br><br>Redmond, WA 98052-8300 |
|----------------------------|---|

Expenditure from corporate funds

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software |
|------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 29/42 Rpt: 43/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|--|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>11/22/2024 | <b>5</b> Payee name<br>Omni Austin Hotel Downtown |
|-----------------------------|---|

|                                  |   |
|----------------------------------|---|
| <b>6</b> Amount (\$)<br>\$657.20 | <b>7</b> Payee address; City; State; Zip Code<br>700 San Jacinto<br><br>Austin, TX 78701-3231 |
|----------------------------------|---|

Expenditure from corporate funds

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Board Meeting Room Rental |
|---------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>11/05/2024 | Payee name<br>Omni Austin Hotel Downtown |
|--------------------|--|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$675.00 | Payee address; City; State; Zip Code<br>700 San Jacinto<br><br>Austin, TX 78701-3231 |
|-------------------------|--|

Expenditure from corporate funds

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Staff Meeting Room Rental |
|------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>11/05/2024 | Payee name<br>Omni Austin Hotel Downtown |
|--------------------|--|

|                         |  |
|-------------------------|--|
| Amount (\$)<br>\$393.99 | Payee address; City; State; Zip Code<br>700 San Jacinto<br><br>Austin, TX 78701-3231 |
|-------------------------|--|

Expenditure from corporate funds

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Travel In District | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lodging |
|------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 30/42 Rpt: 44/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|--|--|--|

|                             |                                |
|-----------------------------|--------------------------------|
| <b>4</b> Date<br>11/13/2024 | <b>5</b> Payee name<br>PakMail |
|-----------------------------|--------------------------------|

|                                 |   |
|---------------------------------|---|
| <b>6</b> Amount (\$)<br>\$77.93 | <b>7</b> Payee address; City; State; Zip Code<br>3112 Windsor Rd Ste A<br><br>Austin, TX 78703-2350 |
|---------------------------------|---|

Expenditure from corporate funds

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraising Letters Postage |
|---------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                        |
|--------------------|------------------------|
| Date<br>12/04/2024 | Payee name<br>Park ATX |
|--------------------|------------------------|

|                       |  |
|-----------------------|--|
| Amount (\$)<br>\$3.80 | Payee address; City; State; Zip Code<br>1400 S Congress Ave<br><br>Austin, TX 78704-2487 |
|-----------------------|--|

Expenditure from corporate funds

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking |
|-------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                        |
|--------------------|------------------------|
| Date<br>12/04/2024 | Payee name<br>Park ATX |
|--------------------|------------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$18.40 | Payee address; City; State; Zip Code<br>200 E 8th St<br><br>Austin, TX 78701-3210 |
|------------------------|---|

Expenditure from corporate funds

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking |
|-------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|  |  |
|--|--|
|  |  |
|--|--|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 31/42 Rpt: 45/58  | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund                                     | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555  |
| <b>4</b> Date<br>10/31/2024   | <b>5</b> Payee name<br>Paychex   |   |
| <b>6</b> Amount (\$)<br>\$1,235.75<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>911 Panorama Trl S<br><br>Rochester, NY 14625-2311      |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll Taxes |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 |  |   |
| Date<br>11/29/2024  | Candidate/Officeholder name<br>Paychex   |   |
| Amount (\$)<br>\$1,206.43<br><br><input type="checkbox"/> Expenditure from corporate funds          | Office sought<br>911 Panorama Trl S<br><br>Rochester, NY 14625-2311                                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll Taxes        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  |   |
| Date<br>12/31/2024  | Candidate/Officeholder name<br>Paychex   |   |
| Amount (\$)<br>\$2,597.68<br><br><input type="checkbox"/> Expenditure from corporate funds          | Office sought<br>911 Panorama Trl S<br><br>Rochester, NY 14625-2311                                      |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll Taxes        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |   |   |  |                             |               |
|--|---|---|--|-----------------------------|---------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 32/42 Rpt: 46/58           | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555  |  |                             |               |
| <b>4</b> Date<br>11/15/2024  | <b>5</b> Payee name<br>Paychex  |   |  |                             |               |
| <b>6</b> Amount (\$)<br>\$170.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>911 Panorama Trl S<br><br>Rochester, NY 14625-2311   |   |  |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |   |  |                             |               |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll Processing Fees |  |                             |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate/Officeholder name   | Office sought   | Office held  |                             |               |
| Date<br>12/13/2024   | Payee name<br>Paychex   |   |  |                             |               |
| Amount (\$)<br>\$170.00  | Payee address; City; State; Zip Code<br>911 Panorama Trl S<br><br>Rochester, NY 14625-2311  |   |  |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |   |  |                             |               |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll Processing Fees |  |                             |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate/Officeholder name   | Office sought   | Office held  |                             |               |
| Date<br>10/31/2024   | Payee name<br>Paychex   |   |  |                             |               |
| Amount (\$)<br>\$267.16  | Payee address; City; State; Zip Code<br>911 Panorama Trl S<br><br>Rochester, NY 14625-2311  |   |  |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |   |  |                             |               |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll Processing Fees |  |                             |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate/Officeholder name   | Office sought   | Office held  |                             |               |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |   |   |  |                             |               |
|--|---|---|--|-----------------------------|---------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 33/42 Rpt: 47/58           | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555  |  |                             |               |
| <b>4</b> Date<br>11/29/2024  | <b>5</b> Payee name<br>Paychex  |   |  |                             |               |
| <b>6</b> Amount (\$)<br>\$247.97                                     | <b>7</b> Payee address; City; State; Zip Code<br>911 Panorama Trl S<br><br>Rochester, NY 14625-2311   |   |  |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |   |  |                             |               |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll Processing Fees |  |                             |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate/Officeholder name   | Office sought   | Office held  |                             |               |
| Date<br>12/31/2024   | Payee name<br>Paychex   |   |  |                             |               |
| Amount (\$)<br>\$247.97  | Payee address; City; State; Zip Code<br>911 Panorama Trl S<br><br>Rochester, NY 14625-2311  |   |  |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |   |  |                             |               |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Payroll Processing Fees |  |                             |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate/Officeholder name   | Office sought   | Office held  |                             |               |
| Date<br>12/07/2024   | Payee name<br>San Antonio Express News  |   |  |                             |               |
| Amount (\$)<br>\$27.72   | Payee address; City; State; Zip Code<br>301 Avenue E<br><br>San Antonio, TX 78205-2006  |   |  |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |   |  |                             |               |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper Subscription  |  |                             |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate/Officeholder name   | Office sought   | Office held  |                             |               |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 34/42 Rpt: 48/58           | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund                                      | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555   |
| <b>4</b> Date<br>11/11/2024  | <b>5</b> Payee name<br>San Antonio Express News   |  |
| <b>6</b> Amount (\$)<br>\$27.72                                      | <b>7</b> Payee address; City; State; Zip Code<br>301 Avenue E<br><br>San Antonio, TX 78205-2006           |  |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper Subscription       |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH         | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>10/28/2024   | Payee name<br>Sir Speedy  |  |
| Amount (\$)<br>\$1,520.26  | Payee address; City; State; Zip Code<br>1320 Arrow Point Dr Ste 410<br><br>Cedar Park, TX 78613-2095      |  |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Board Meeting Briefing Books |
| Complete ONLY if direct expenditure to benefit C/OH                  | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>12/19/2024   | Payee name<br>Sir Speedy  |  |
| Amount (\$)<br>\$793.97  | Payee address; City; State; Zip Code<br>1320 Arrow Point Dr Ste 410<br><br>Cedar Park, TX 78613-2095      |  |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Board Meeting Briefing Books |
| Complete ONLY if direct expenditure to benefit C/OH                  | Candidate/Officeholder name   | Office sought Office held  |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 35/42 Rpt: 49/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|--|--|--|

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>4</b> Date<br>11/13/2024 | <b>5</b> Payee name<br>Sir Speedy |
|-----------------------------|-----------------------------------|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$1,825.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1320 Arrow Point Dr Ste 410<br><br>Cedar Park, TX 78613-2095 |
|---|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraising Letters Postage |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                          |
|--------------------|--------------------------|
| Date<br>12/03/2024 | Payee name<br>Sir Speedy |
|--------------------|--------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$4,510.06<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>1320 Arrow Point Dr Ste 410<br><br>Cedar Park, TX 78613-2095 |
|--|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraising Letters |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                  |
|--------------------|----------------------------------|
| Date<br>10/29/2024 | Payee name<br>Southwest Airlines |
|--------------------|----------------------------------|

|  |   |
|--|---|
| Amount (\$)<br>\$1,559.97<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>2702 Love Field Dr<br><br>Dallas, TX 75235-1908 |
|--|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Flight to attend Texas Business Conference |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 36/42 Rpt: 50/58  | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund                              | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555  |
| <b>4</b> Date<br>10/29/2024   | <b>5</b> Payee name<br>Southwest Airlines   |   |
| <b>6</b> Amount (\$)<br>\$1,559.97<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2702 Love Field Dr<br><br>Dallas, TX 75235-1908  |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel Out of District | <b>(b)</b> Description<br><input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Flight to attend Texas Business Conference |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>11/15/2024  | Payee name<br>Southwest Airlines  |   |
| Amount (\$)<br>\$8.00<br><br><input type="checkbox"/> Expenditure from corporate funds              | Payee address; City; State; Zip Code<br>2702 Love Field Dr<br><br>Dallas, TX 75235-1908           |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>In Flight Wifi  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/31/2024  | Payee name<br>Tankersley, Kate  |   |
| Amount (\$)<br>\$30,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee address; City; State; Zip Code<br>PO Box 41964<br><br>Houston, TX 77241-1964                |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraising Consultanting Services                    |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 37/42 Rpt: 51/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|--|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>12/03/2024 | <b>5</b> Payee name<br>Tankersley, Kate |
|-----------------------------|---|

|                                    |   |
|------------------------------------|---|
| <b>6</b> Amount (\$)<br>\$5,000.00 | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 41964<br><br>Houston, TX 77241-1964 |
|------------------------------------|---|

Expenditure from corporate funds

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraising Consulting Services |
|---------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                  |
|--------------------|----------------------------------|
| Date<br>12/01/2024 | Payee name<br>The New York Times |
|--------------------|----------------------------------|

|                       |  |
|-----------------------|--|
| Amount (\$)<br>\$4.26 | Payee address; City; State; Zip Code<br>620 8Th Ave<br><br>New York, NY 10018-1427 |
|-----------------------|--|

Expenditure from corporate funds

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper Subscription |
|-------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>12/18/2024 | Payee name<br>The Stephen F Austin Royal Sonesta Hotel |
|--------------------|--|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$1,000.00 | Payee address; City; State; Zip Code<br>701 Congress Ave<br><br>Austin, TX 78701-3216 |
|---------------------------|---|

Expenditure from corporate funds

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Board Meeting - Room Rental, AV |
|-------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 38/42 Rpt: 52/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|--|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>12/03/2024 | <b>5</b> Payee name<br>The Stephen F Austin Royal Sonesta Hotel |
|-----------------------------|---|

|  |  |
|--|--|
| <b>6</b> Amount (\$)<br>\$20.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>701 Congress Ave<br><br>Austin, TX 78701-3216 |
|--|--|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Travel In District | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking |
|---------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>12/18/2024 | Payee name<br>The Stephen F Austin Royal Sonesta Hotel |
|--------------------|--|

|  |   |
|--|---|
| Amount (\$)<br>\$2,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>701 Congress Ave<br><br>Austin, TX 78701-3216 |
|--|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraising Event Room Rental |
|-------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                       |
|--------------------|---------------------------------------|
| Date<br>12/12/2024 | Payee name<br>The Wall Street Journal |
|--------------------|---------------------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$42.21<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>1155 Ave Of The Americas<br><br>New York, NY 10036 |
|--|--|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper Subscription |
|-------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 39/42 Rpt: 53/58           | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund                                      | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555   |
| <b>4</b> Date<br>11/13/2024  | <b>5</b> Payee name<br>The Wall Street Journal  |  |
| <b>6</b> Amount (\$)<br>\$42.21                                      | <b>7</b> Payee address; City; State; Zip Code<br>1155 Ave Of The Americas<br><br>New York, NY 10036       |  |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper Subscription |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH         | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>12/03/2024   | Payee name<br>Travis County Tax Office  |  |
| Amount (\$)<br>\$1,001.90  | Payee address; City; State; Zip Code<br>PO Box 149328<br><br>Austin, TX 78714-9328                        |  |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |  |
| PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Property Tax           |
| Complete ONLY if direct expenditure to benefit C/OH                  | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>12/01/2024   | Payee name<br>Vast Conference   |  |
| Amount (\$)<br>\$26.44   | Payee address; City; State; Zip Code<br>2770 Arapahoe Rd #132-127<br><br>Lafayette, CO 80026              |  |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |  |
| PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Telecommunications     |
| Complete ONLY if direct expenditure to benefit C/OH                  | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |   |                             |               |
|--|--|--|---|-----------------------------|---------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 40/42 Rpt: 54/58           | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555   |   |                             |               |
| <b>4</b> Date<br>11/01/2024  | <b>5</b> Payee name<br>Vast Conference   |  |   |                             |               |
| <b>6</b> Amount (\$)<br>\$26.44                                      | <b>7</b> Payee address; City; State; Zip Code<br>2770 Arapahoe Rd #132-127<br><br>Lafayette, CO 80026  |  |   |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |  |  |   |                             |               |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Telecommunications     |   |                             |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:25%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%;">Candidate/Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> |  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought  | Office held   |                             |               |
| Date<br>11/13/2024   | Payee name<br>Vipre Security   |  |   |                             |               |
| Amount (\$)<br>\$60.50   | Payee address; City; State; Zip Code<br>PO Box 50826<br><br>Los Angeles, CA 90074-0826   |  |   |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |  |  |   |                             |               |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email Hosting Services |   |                             |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:25%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%;">Candidate/Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> |  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought  | Office held   |                             |               |
| Date<br>12/10/2024   | Payee name<br>Vipre Security   |  |   |                             |               |
| Amount (\$)<br>\$60.50   | Payee address; City; State; Zip Code<br>PO Box 50826<br><br>Los Angeles, CA 90074-0826   |  |   |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |  |  |   |                             |               |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Email Hosting Services |   |                             |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:25%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%;">Candidate/Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table> |  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought  | Office held   |                             |               |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 41/42 Rpt: 55/58 | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
|--|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>10/27/2024 | <b>5</b> Payee name<br>WinRed Technical Services LLC |
|-----------------------------|--|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$262.03<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1776 Wilson Blvd Ste 530<br><br>Arlington, VA 22209-2517 |
|---|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Processing Fees 10/27/24-12/31/24 |
|---------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>11/12/2024 | Payee name<br>Zoom Video Communications, Inc |
|--------------------|--|

|  |  |
|--|--|
| Amount (\$)<br>\$17.05<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>55 Almaden Blvd<br><br>San Jose, CA 95113-1608 |
|--|--|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Video Conference Call Services |
|-------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>12/12/2024 | Payee name<br>Zoom Video Communications, Inc |
|--------------------|--|

|  |  |
|--|--|
| Amount (\$)<br>\$17.05<br><br><input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>55 Almaden Blvd<br><br>San Jose, CA 95113-1608 |
|--|--|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Video Conference Call Services |
|-------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |
- The Instruction Guide explains how to complete this form.**

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 42/42 Rpt: 56/58  | <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555  |
| <b>4</b> Date<br>12/10/2024   | <b>5</b> Payee name<br>goFish Advertising   |   |
| <b>6</b> Amount (\$)<br>\$189.44<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>19315 Fm 2252 Ste 312<br><br>Garden Ridge, TX 78266-2553   |   |
| <b>8</b> <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Solicitation/Fundraising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fundraising Letters |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name   | Office sought                      Office held  |



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

SCHEDULE K

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>     |  | <b>1</b> Total pages Schedule K:<br>Sch: 1/1 Rpt: 57/58  |
| <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
| <b>4</b> Date<br>10/31/2024  | <b>5</b> Name of person from whom amount is received<br>Susser Bank  | <b>8</b> Amount (\$)<br>\$482.88                         |
|  | <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br><br>Arlington, TX 76015  |  |
|  | <b>7</b> Purpose for which amount is received<br>IOD Interest Payment <input type="checkbox"/> Check if political contribution returned to filer |  |
| Date<br>11/30/2024   | Name of person from whom amount is received<br>Susser Bank   | Amount (\$)<br>\$735.74                                  |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>Arlington, TX 76015   |  |
|  | Purpose for which amount is received<br>IOD Interest Payment <input type="checkbox"/> Check if political contribution returned to filer          |  |
| Date<br>12/31/2024   | Name of person from whom amount is received<br>Susser Bank   | Amount (\$)<br>\$476.58                                  |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>Arlington, TX 76015   |  |
|  | Purpose for which amount is received<br>IOD Interest Payment <input type="checkbox"/> Check if political contribution returned to filer          |  |

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>   |   | <b>1</b> Total pages Schedule T:<br>Sch: 1/1 Rpt: 58/58  |
| <b>2</b> FILER NAME<br>Associated Republicans of Texas Campaign Fund   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015555 |
| <b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor /Payee<br>Southwest Airlines  |   |  |
| <b>5</b> Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC |   |  |
| <b>6</b> Dates of Travel<br><br>01/17/2025<br><br>01/17/2025   | <b>7</b> Name of person(s) traveling<br>McWright, Jamie   |  |
|  | <b>8</b> Departure city or name of departure location<br>Austin   |  |
|  | <b>9</b> Destination city or name of destination location<br>Washington DC  |  |
| <b>10</b> Means of transportation<br>Commercial Airplane   | <b>11</b> Purpose of travel (including name of conference, seminar, or other event)<br>Flight to attend Texas Business Conference |  |
| Name of Contributor / Corporation or Labor Organization / Pledgor /Payee<br>Southwest Airlines   |   |  |
| Contribution / Expenditure reported on:<br><input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1<br><input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC          |   |  |
| Dates of Travel<br><br>01/17/2025<br><br>01/17/2025  | Name of person(s) traveling<br>Parham, Lindsey  |  |
|  | Departure city or name of departure location<br>Austin  |  |
|  | Destination city or name of destination location<br>Washington DC   |  |
| Means of transportation<br>Commercial Airplane   | Purpose of travel (including name of conference, seminar, or other event)<br>Flight to attend Texas Business Conference           |  |