FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 18 00055268 3 COMMITTEE NAME **OFFICE USE ONLY Bastrop County Republican Party** Date Received **ELECTRONICALLY FILED** 01/11/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 443 Highway 71 W Date Hand-delivered or Date Postmarked Change of Address Bastrop, TX 78602 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** James NAME NICKNAME LAST **SUFFIX** Page STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 375 Peach Creek Road STREET **ADDRESS** (Residence or Business) Rosanky, TX 78953 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 375 Peach Creek Road MAILING **ADDRESS** Rosanky, TX 78953 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 332-1920 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)			
Bastrop County Republ	Bastrop County Republican Party						
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ZED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR S MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	0.00			
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	729.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00			
	4. TOTAL POLITION	CAL EXPENDITURES	\$	4,576.22			
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	68,341.82			
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	THE \$	0.00			
16 AFFIDAVIT			•				
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.					
		Jame	s Page				
		Signature of Car	mpaign Trea	asurer			
AFFIX NOTARY	STAMP / SEAL ABOV	Е					
Sworn to and subscribed	before me, by the said	, th	nis the	day			
		fy which, witness my hand and seal of office.					
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of o	officer administering oath			

SUBTOTALS - CEC

FORM CEC COVER SHEET PG 3

				3 of 18		
17 COMMITTEE	18 Filer ID	(Ethics Commission	Filers)			
Bastrop Co	00055268					
19 SCHEDULE NAME OF S	SUBTOTAL AM	OUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	729.00		
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00		
4.	4. SCHEDULE E: LOANS					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	4,576.22		
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00		
9.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			
			•			

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/18	
2	FILER NAME Bastrop Cou	nty Republican Party		3	Filer ID (Ethics Commission 00055268	n Filers)
4	Date 10/29/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_		BASTROP, TX 78602		_		
8	Principal occu Owner	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#: Baxter, Amy Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.00	
	Principal occur	BASTROP, TX 78602 pation / Job title (See Instructions)	Employer (See Instructions	·/_		
	Retired	valion / 300 title (See matructions)	Employer (See Instructions	•)		
	Date 10/28/2024				Amount of Contribution (\$)	\$5.00
		BASTROP, TX 78602				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/05/2024	rate Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/05/2024 Chambers, Lindsey Contributor address; City; State; Zip Code BASTROP, TX 78602			Amount of Contribution (\$)	\$20.00	
	Principal occu Homemaker	oation / Job title (See Instructions)	Employer (See Instructions	5)		
		,				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/18	
2	FILER NAME Bastrop Cou	nty Republican Party		3	Filer ID (Ethics Commission 00055268	Filers)
4	Date 10/29/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$20.00
_		BASTROP, TX 78602	1			
8	Principal occu Consultant	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/29/2024 Dodd, Jimmie Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.00
	Principal occu	DALE, TX 78616 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Retired	sation, oos tille (see instituctions)	,,			
Date 10/29/2024		Full name of contributor out-of-state PAC (ID#: Estes, WC Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$50.00	
		ELGIN, TX 78621				
	Principal occu small busine	pation / Job title (See Instructions) SS	Employer (See Instructions	5)		
10/29/2024 FI		Full name of contributor out-of-state PAC (ID#: Flores, Norma Contributor address; City; State; Zip Code AUSTIN, TX 78753			Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:) 10/30/2024 Gravelle, Nicole Contributor address; City; State; Zip Code BASTROP, TX 78602			Amount of Contribution (\$)	\$10.00	
	Principal occu Unknown	pation / Job title (See Instructions)	Employer (See Instructions	. (5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1 Total pages Schedule A1:			
	The Instruc	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/18		
2	FILER NAME Bastrop Cou	nty Republican Party		3	Filer ID (Ethics Commission 00055268	ı Filers)
4	Date 11/02/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$20.00
_	5	BASTROP, TX 78602	To 5 1 (0 1 1 1	_		
8	Office Manag	pation / Job title (See Instructions) er	9 Employer (See Instructions	S)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/05/2024 Herman Jr., Dale Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
	Principal occur	BASTROP, TX 78602 pation / Job title (See Instructions)	Employer (See Instructions	·/-		
	Retired	auton / Job title (See Instructions)	·)			
Date 10/28/2024		Full name of contributor out-of-state PAC (ID# Hevrin, Rose Contributor address; City; State; Zip Code	•	Amount of Contribution (\$)	\$25.00	
		BASTROP, TX 78602				
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID# Madere, Kim Contributor address; City; State; Zip Code BASTROP, TX 78602)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/28/2024 Martindale, Scott Contributor address; City; State; Zip Code CEDAR CREEK, TX 78612			Amount of Contribution (\$)	\$10.00	
	Principal occu Software Eng	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Soluvare Elif					

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/18		
2	FILER NAME Bastrop Cou	nty Republican Party		3	Filer ID (Ethics Commission 00055268	Filers)
4	Date 10/30/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$30.00
_	<u> </u>	ELGIN, TX 78621				
8	8 Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions))			
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_Oliver, Brandon Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00	
	Deire size al. a a a co	CEDAR CREEK, TX 78612	Farely and (Construction)			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/28/2024				Amount of Contribution (\$)	\$20.00
		BASTROP, TX 78602				
	Principal occu Surgical Tec	pation / Job title (See Instructions) hnologist	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$20.00
	Principal occu	ELGIN, TX 78621 pation / Job title (See Instructions)	Employer (See Instructions)		
	Pest Control		, , , (
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#: Sanchez, David Contributor address; City; State; Zip Code BASTROP, TX 78602)		Amount of Contribution (\$)	\$20.00
	Principal occu Productions	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTI	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/18	
2	FILER NAME Bastrop Cou	nty Republican Party		3	Filer ID (Ethics Commission 00055268	ı Filers)
4	Date 10/28/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$20.00
		BASTROP, TX 78602				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/01/2024 Smith, Daniel Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
	Principal occu	BASTROP, TX 78602 pation / Job title (See Instructions)	<u> </u>			
	Retired		Employer (See Instructions	-,		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID# Smith, Judith Contributor address; City; State; Zip Code	<i>:</i>)		Amount of Contribution (\$)	\$10.00
		SMITHVILLE, TX 78957				
	Principal occu Unknown	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:) 21/2024 Smith, Toni Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu Retail	BASTROP, TX 78602 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 		
	Date Full name of contributor out-of-state PAC (ID#:) 10/29/2024 Suarez, Fermin Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$20.00	
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	TIONS					
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/18			
2	FILER NAME Bastrop Cou	unty Republican Party		3	Filer ID (Ethics Commission 00055268	ı Filers)		
4	Date 10/30/2024	Full name of contributor	7	Amount of Contribution (\$)	\$10.00			
		PAIGE, TX 78659						
8	 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired 							
	Date 11/06/2024	Full name of contributor out-of-state PAC (ID#:_ Tuma, Darrell Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$9.00			
		BASTROP, TX 78602 upation / Job title (See Instructions)	Employer (See Instructions	 - s)				
	Homemaker							
	Date 10/29/2024	Full name of contributor out-of-state PAC (ID#: Whited, Christina Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00		
		SMITHVILLE, TX 78957						
	Principal occu Unknown	upation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_Young, Stuart Contributor address; City; State; Zip Code AUSTIN, TX 78727			Amount of Contribution (\$)	\$25.00		
	Principal occu *unknown	upation / Job title (See Instructions)	Employer (See Instructions	5)				

PLE	DGED CONTRIBU	TIONS			;	SCHEDULE B
Т	he Instruction Guide exp	1	Total pages Schedule B: Sch: 1/1 Rpt: 10/18			
2 FILER N	AME			3		ission Filers)
	County Republican Party				00055268	
4 TOTAL	OF UNITEMIZED PLEDO	GES			\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID	#:	_) 8		ind description f applicable)
	7 Pledgor Address;	City; State; Zip Cod	e			
				<u> </u>	Check if travel outside of Tex	as. Complete Schedule T.
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See In	structi	ons)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	3)
	Sch: 1/8 Rpt: 11/18	Bastrop County Republican Party 00055268	
4	Date	5 Payee name	
	11/05/2024	Bastrop Chamber Of Commerce	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.00	927 Main St	
		Bastrop, TX 78602	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Luncheon	
		Euncheon	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
		Т	
	Date	Payee name	
	11/13/2024	Bastrop Convention Center	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$58.00	1408 B Chestnut Street	
		Bastrop, TX 78602	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense	
		Check if Austin, TX, officeholder living expense	
		Remaining balance	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI		
		-	
	Date	Payee name	
	11/01/2024	Bastrop Market Place Ltd	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	5012 Augusta Cir	
		College Station, TX 77845	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Nov 2024 Lease Payment	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experialitate to belieff 6/01		

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/8 Rpt: 12/18	Bastrop County Republican Party	00055268
4	Date	5 Payee name	<u>'</u>
	12/01/2024	Bastrop Market Place Ltd	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,500.00	5012 Augusta Cir	
		College Station, TX 77845	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Oct 2024 Lease Payment
_	Complete ONLY if direct	Condidate/Officeholder regre	Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/09/2024	Beck, Sue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$68.19	181 High Grove Rd	
		Cedar Creek, TX 78612	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Reimburse for funeral flowers (Kaye Leidy)
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	12/01/2024	Beck, Sue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$53.57	181 High Grove Rd	
	400.0.		
		Cedar Creek, TX 78612	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overheau/Kerital Expense	Check if Austin, TX, officeholder living expense
			Appreciation bouquet for Elections Ofice
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpens Wages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
L	Sch: 3/8 Rpt: 13/18		Bastrop Cou	unty Republican P	arty					00055268	
4	Date	5	Payee name					•			
	11/05/2024		Bluebonnet	Electric							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$262.03		PO Box 240)							
			Giddings, T	X 78942-0240							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			head/Rental Expe						de of Texas. Comp	
	EXI ENDITORE							_		officeholder living	expense
								Monthly Utility	у Б	111	
9	Complete ONLY if direct	<u> </u>	`andidato/Offi	ceholder name		office sou	lup _t			Office he	ld .
9	expenditure to benefit C/O		Zandidate/Oni	centider name		vilice soc	agrit			Office fie	iu
	Date		Payee name								
	12/02/2024		Bluebonnet	Electric							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$147.02		PO Box 240)							
			Giddings, T	X 78942-0240							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Office Overl	head/Rental Expe	nse			—		de of Texas. Comp	
								Monthly Utility		officeholder living	expense
								Worlding Odine	y D.	111	
H	Complete ONLY if direct		Candidate/Offic	ceholder name	Ω	office sou	<u>l</u> Jaht			Office he	
	expenditure to benefit C/O				Ü		5			250 110	-
-	Date		Payee name								
	10/31/2024		First Nation	al Bank							
	Amount (\$)	\vdash	Payee addres		State:	Zip Co	ode				
	\$6.00		489 Highwa	, ,,	Ciaic,	_,p 00					
	+3.00		g	- · ·							
			Bastrop, TX	78602							
	PURPOSE OF	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description	_		
	EXPENDITURE		Fees							de of Texas. Comp officeholder living	
								Service Char		omeendidel livilig	олронас
									. -		
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office sou	ıght			Office he	ld
	expenditure to benefit C/O						-				
L											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials mittee Legal Services The Instruction G	·		ages.	/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed a	bove)		
1	Total pages Schedule F1:	2	FII FR NAMF				la	3	Filer ID	(Ethics Commis	sion Filers)		
Ĺ	Sch: 4/8 Rpt: 14/18	ı	Bastrop County Republicar	n Party					00055268	,			
4	Date	5	Payee name										
	11/29/2024		First National Bank										
6	Amount (\$)	7	Payee address; City;	State:	Zip Cod	de							
	\$6.00	ı	489 Highway 71 W	,									
	40.00												
			Doctron TV 70602										
		_	Bastrop, TX 78602										
8	PURPOSE OF	(a)	Category (See Categories listed at	he top of this sched	edule)	(b)	Description						
	EXPENDITURE		Fees				=		ide of Texas. Complete Schedule T. , officeholder living expense				
							Service Charge		incendider living	expense			
							Service Charge	C					
_	Complete ONLY if direct		andidate/Officeholder name	04	ffice cours	nh+			Office be	vld			
9	Complete ONLY if direct expenditure to benefit C/O		anuluate/Onicenolder name	Oī	ffice soug	JIIL			Office he	iu			
L	· 												
	Date	ı	Payee name										
	12/31/2024		First National Bank										
	Amount (\$)		Payee address; City;	State;	Zip Cod	de							
	\$7.00		489 Highway 71 W										
			Bastrop, TX 78602										
	PURPOSE OF	(a)	Category (See Categories listed at	he top of this sched	edule)	(b)	Description						
	EXPENDITURE		Fees				Check if travel ou						
							Service Charge		miceriolaer living	expense			
							Service Charge	C					
\vdash	Complete ONLY if direct		andidate/Officeholder name	Of.	ffice soug	ht			Office he	ald.			
	expenditure to benefit C/O		andidate/Officeriolaer name	Oi	mee soug	jiil			Office He	,iu			
\vdash	Data	_	Davias nama										
	Date 11/26/2024	ı	Payee name HEB Grocery										
		<u> </u>											
	Amount (\$)	ı	Payee address; City;	State;	Zip Coo	de							
	\$21.73		104 Hasler Blvd										
			Bastrop, TX 78602										
	PURPOSE	(a)	Category (See Categories listed at	he top of this sched	edule)	(b)	Description						
	OF EXPENDITURE		Event Expense				Check if travel ou						
							Check if Austin, T			expense			
							Food for info m	ntg					
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder name	Of	ffice soug	ght			Office he	eld			
	experience to beliefft C/Of												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_				
	Sch: 5/8 Rpt: 15/18	Bastrop County Republican Party 00055268					
4	Date	5 Payee name					
	12/01/2024	Lost Pines Republican Women					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$570.00	PO Box 575					
		Bastrop, TX 78602					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Seats at LPRW Christmas dinner					
		Seats at LFTW Christinas uniner					
_	Complete ONL V if direct	Condidate/Officeholder name Office sought Office hold					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H					
			_				
	Date	Payee name					
	11/25/2024	MailChimp					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$47.97	c/o The Rocket Science Group LLC					
		675 Ponce de Leon Ave NE Suite 5000					
		Atlanta, GA 30308					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
	LAFENDITORE	Check if Austin, TX, officeholder living expense					
		Monthly charges					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	<u>'</u>						
	Date	Payee name					
	12/23/2024	MailChimp					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$47.97	c/o The Rocket Science Group LLC					
		675 Ponce de Leon Ave NE Suite 5000					
		Atlanta, GA 30308					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Monthly charges					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OF	л					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/8 Rpt: 16/18	Bastrop County Republican Party 00055268
4	Date	5 Payee name
	12/09/2024	Post Office
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.86	1106 Main St
		Bastrop, TX 78602
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Missing receipt
		Wildeling receipt
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/08/2024	Spectrum Business
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$120.51	4145 S. Falkenburg Rd.
		Riverview, FL 33578-8652
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly usage
		monary assign
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/02/2024	Spectrum Business
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$120.51	4145 S. Falkenburg Rd.
		Riverview, FL 33578-8652
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly usage
		Worthing usage
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 7/8 Rpt: 17/18	FILER NAME Bastrop County Republican Party	3 Filer ID (Ethics Commission Filers) 00055268
4	Date 10/27/2024	5 Payee name Square Inc	
	Amount (\$) \$0.36	7 Payee address; City; State; Zip Code 1455 Market St Suite 600 San Francisco, CA 94103	
8	PURPOSE OF EXPENDITURE	' ' ' ' '	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date 10/28/2024	Payee name Square Inc	
	Amount (\$) \$2.09	Payee address; City; State; Zip Code 1455 Market St Suite 600 San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	1 003	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date 10/29/2024	Payee name Square Inc	
	Amount (\$) \$3.32	Payee address; City; State; Zip Code 1455 Market St Suite 600 San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE	1003	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		/ages	/Contract Labor		OTHER (enter	a category not listed a	bove)
		_		The Instruction (now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 8/8 Rpt: 18/18		Bastrop Cou	ınty Republica	n Party					00055268		
4	Date	5	Payee name									
	10/30/2024		Square Inc									
6	Amount (\$)	7	Payee addres	ss; City;	Stato:	Zip Co	do					
ľ	* *	l'			State,	Zip Co	ue					
	\$0.62		1455 Marke	l SI								
			Suite 600									
			San Francis	co, CA 94103								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
OF			Fees	Ü	·	<i>'</i>		Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							Check if Austin	, TX,	officeholder livi	ng expense	
								Square				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	С	Office sou	ght			Office I	held	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	10/31/2024		Square Inc									
_	Amount (\$)	┝	Payee addres	ss; City;	State:	Zip Co	de					
	\$0.23		1455 Marke		Otato,	2.p 00	uo					
	Φ0.23			1 31								
			Suite 600									
			San Francis	co, CA 94103								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	LAFENDITORE							ш	, TX,	officeholder livi	ng expense	
								Square				
	Complete ONLY if direct		Candidate/Offic	ceholder name	О	Office sou	ght			Office I	held	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	11/04/2024		Square Inc									
				City:	Ctoto	Zip Co	do					
	Amount (\$)		Payee addres	•	Sidle,	Zip Co	ue					
	\$1.24		1455 Marke	l SI								
			Suite 600									
			San Francis	co, CA 94103								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees	Ü	•	<i>'</i>		Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							Check if Austin	, TX,	officeholder livi	ng expense	
								Square				
	Complete ONLY if direct		Candidate/Offic	ceholder name	С	Office sou	ght			Office I	neld	
	expenditure to benefit C/OI	Н										
l												