

COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC
COVER SHEET PG 1

| | | | |
|---|--|--|--|
| The CEC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00055268 | 2 Total pages filed: 18 |
| 3 COMMITTEE NAME Bastrop County Republican Party | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 01/11/2025 | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 443 Highway 71 W Bastrop, TX 78602 | | |
| | Date Hand-delivered or Date Postmarked | | |
| | Receipt # | Amount | |
| | Date Processed | | |
| | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | | James | |
| | | NICKNAME | LAST SUFFIX |
| | | | Page |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 375 Peach Creek Road Rosanky, TX 78953 | | |
| | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 375 Peach Creek Road Rosanky, TX 78953 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 375 Peach Creek Road Rosanky, TX 78953 | | |
| | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 375 Peach Creek Road Rosanky, TX 78953 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (512) | 332-1920 | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final Report | | |
| | <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 | | |
| | | | |
| 10 PERIOD COVERED | Month | Day | Year |
| | 10/27/2024 | THROUGH | 12/31/2024 |
| 11 ELECTION | ELECTION DATE Month Day Year 11/05/2024 | | ELECTION TYPE <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

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC
COVER SHEET PG 2

| | |
|---|---|
| 12 COMMITTEE NAME Bastrop County Republican Party | 13 Filer ID (Ethics Commission Filers) 00055268 |
|---|---|

| | | |
|---|--|--|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Republican 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 | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 729.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 4,576.22 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 68,341.82 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 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.

 James Page
 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

SUBTOTALS - CEC**FORM CEC**
COVER SHEET PG 3
3 of 18

| | | | |
|---|---|--------------------------------|----------------------------|
| 17 COMMITTEE NAME Bastrop County Republican Party | | 18 Filer ID 00055268 | (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 729.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 0.00 |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | 0.00 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ | |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 4,576.22 |
| 6. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | 0.00 |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | 0.00 |
| 9. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 10. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/18 |
| 2 FILER NAME Bastrop County Republican Party | | 3 Filer ID (Ethics Commission Filers) 00055268 |
| 4 Date 10/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anguiano, Lisa <hr/> 6 Contributor address; City; State; Zip Code BASTROP, TX 78602 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Owner | | 9 Employer (See Instructions) |
| Date 11/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baxter, Amy <hr/> Contributor address; City; State; Zip Code BASTROP, TX 78602 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 10/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Darlene <hr/> Contributor address; City; State; Zip Code BASTROP, TX 78602 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 11/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Debra <hr/> Contributor address; City; State; Zip Code CEDAR CREEK, TX 78612 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 11/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Lindsey <hr/> Contributor address; City; State; Zip Code BASTROP, TX 78602 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/18 |
| 2 FILER NAME Bastrop County Republican Party | | 3 Filer ID (Ethics Commission Filers) 00055268 |
| 4 Date 10/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crouch, James | 7 Amount of Contribution (\$) \$20.00 |
| 6 Contributor address; City; State; Zip Code BASTROP, TX 78602 | | |
| 8 Principal occupation / Job title (See Instructions) Consultant | | 9 Employer (See Instructions) |
| Date 10/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodd, Jimmie | Amount of Contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code DALE, TX 78616 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 10/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, WC | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code ELGIN, TX 78621 | | |
| Principal occupation / Job title (See Instructions) small business | | Employer (See Instructions) |
| Date 10/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Norma | Amount of Contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code AUSTIN, TX 78753 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 10/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gravelle, Nicole | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code BASTROP, TX 78602 | | |
| Principal occupation / Job title (See Instructions) Unknown | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/18 |
| 2 FILER NAME Bastrop County Republican Party | | 3 Filer ID (Ethics Commission Filers) 00055268 |
| 4 Date 11/02/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Brandi | 7 Amount of Contribution (\$) \$20.00 |
| 6 Contributor address; City; State; Zip Code BASTROP, TX 78602 | | |
| 8 Principal occupation / Job title (See Instructions) Office Manager | | 9 Employer (See Instructions) |
| Date 11/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman Jr., Dale | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code BASTROP, TX 78602 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 10/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hevrin, Rose | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code BASTROP, TX 78602 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 10/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madere, Kim | Amount of Contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code BASTROP, TX 78602 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 10/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martindale, Scott | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code CEDAR CREEK, TX 78612 | | |
| Principal occupation / Job title (See Instructions) Software Engineer | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/18 |
| 2 FILER NAME Bastrop County Republican Party | | 3 Filer ID (Ethics Commission Filers) 00055268 |
| 4 Date 10/30/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mowrey, Daniel <hr/> 6 Contributor address; City; State; Zip Code ELGIN, TX 78621 | 7 Amount of Contribution (\$) \$30.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 10/30/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Brandon <hr/> Contributor address; City; State; Zip Code CEDAR CREEK, TX 78612 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 10/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pietrowiak, Lisa <hr/> Contributor address; City; State; Zip Code BASTROP, TX 78602 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Surgical Technologist | | Employer (See Instructions) |
| Date 11/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rydell, Dwayne <hr/> Contributor address; City; State; Zip Code ELGIN, TX 78621 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Pest Control | | Employer (See Instructions) |
| Date 10/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, David <hr/> Contributor address; City; State; Zip Code BASTROP, TX 78602 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Productions | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/18 |
| 2 FILER NAME Bastrop County Republican Party | | 3 Filer ID (Ethics Commission Filers) 00055268 |
| 4 Date 10/28/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwan, Betty <hr/> 6 Contributor address; City; State; Zip Code BASTROP, TX 78602 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 11/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Daniel <hr/> Contributor address; City; State; Zip Code BASTROP, TX 78602 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 10/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Judith <hr/> Contributor address; City; State; Zip Code SMITHVILLE, TX 78957 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Unknown | | Employer (See Instructions) |
| Date 11/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Toni <hr/> Contributor address; City; State; Zip Code BASTROP, TX 78602 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retail | | Employer (See Instructions) |
| Date 10/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suarez, Fermin <hr/> Contributor address; City; State; Zip Code | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/18 |
| 2 FILER NAME Bastrop County Republican Party | | 3 Filer ID (Ethics Commission Filers) 00055268 |
| 4 Date 10/30/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinney, Brenda <hr/> 6 Contributor address; City; State; Zip Code PAIGE, TX 78659 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 11/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tuma, Darrell <hr/> Contributor address; City; State; Zip Code BASTROP, TX 78602 | Amount of Contribution (\$) \$9.00 |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) |
| Date 10/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whited, Christina <hr/> Contributor address; City; State; Zip Code SMITHVILLE, TX 78957 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Unknown | | Employer (See Instructions) |
| Date 11/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Stuart <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78727 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) *unknown | | Employer (See Instructions) |

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 10/18

2 FILER NAME
Bastrop County Republican Party

3 Filer ID (Ethics Commission Filers)
00055268

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

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.

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

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 2/8 Rpt: 12/18 | 2 FILER NAME Bastrop County Republican Party | 3 Filer ID (Ethics Commission Filers) 00055268 |
| 4 Date 12/01/2024 | 5 Payee name Bastrop Market Place Ltd | |
| 6 Amount (\$) \$1,500.00 | 7 Payee address; City; State; Zip Code 5012 Augusta Cir College Station, TX 77845 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Oct 2024 Lease Payment |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/09/2024 | Payee name Beck, Sue | |
| Amount (\$) \$68.19 | Payee address; City; State; Zip Code 181 High Grove Rd Cedar Creek, TX 78612 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimburse for funeral flowers (Kaye Leidy) |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/01/2024 | Payee name Beck, Sue | |
| Amount (\$) \$53.57 | Payee address; City; State; Zip Code 181 High Grove Rd Cedar Creek, TX 78612 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Appreciation bouquet for Elections Office |
| 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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 3/8 Rpt: 13/18 | 2 FILER NAME Bastrop County Republican Party | 3 Filer ID (Ethics Commission Filers) 00055268 |
| 4 Date 11/05/2024 | 5 Payee name Bluebonnet Electric | |
| 6 Amount (\$) \$262.03 | 7 Payee address; City; State; Zip Code PO Box 240 Giddings, TX 78942-0240 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Utility Bill |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/02/2024 | Payee name Bluebonnet Electric | |
| Amount (\$) \$147.02 | Payee address; City; State; Zip Code PO Box 240 Giddings, TX 78942-0240 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Utility Bill |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/31/2024 | Payee name First National Bank | |
| Amount (\$) \$6.00 | Payee address; City; State; Zip Code 489 Highway 71 W Bastrop, TX 78602 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge |
| 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.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 4/8 Rpt: 14/18 | 2 FILER NAME Bastrop County Republican Party | 3 Filer ID (Ethics Commission Filers) 00055268 |
|--|--|--|

| | |
|-----------------------------|--|
| 4 Date 11/29/2024 | 5 Payee name First National Bank |
|-----------------------------|--|

| | |
|--------------------------------|--|
| 6 Amount (\$) \$6.00 | 7 Payee address; City; State; Zip Code 489 Highway 71 W Bastrop, TX 78602 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge |
|---------------------------------|---|--|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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|--------------------|-----------------------------------|
| Date 12/31/2024 | Payee name First National Bank |
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| Amount (\$) \$7.00 | Payee address; City; State; Zip Code 489 Highway 71 W Bastrop, TX 78602 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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|--------------------|---------------------------|
| Date 11/26/2024 | Payee name HEB Grocery |
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| Amount (\$) \$21.73 | Payee address; City; State; Zip Code 104 Hasler Blvd Bastrop, TX 78602 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for info mtg |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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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.

| | | | | | |
|----------|---|--|--|---------------|---|
| 1 | Total pages Schedule F1: Sch: 5/8 Rpt: 15/18 | 2 | FILER NAME Bastrop County Republican Party | 3 | Filer ID (Ethics Commission Filers) 00055268 |
| 4 | Date 12/01/2024 | 5 | Payee name Lost Pines Republican Women | | |
| 6 | Amount (\$) \$570.00 | 7 | Payee address; City; State; Zip Code PO Box 575 Bastrop, TX 78602 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Seats at LPRW Christmas dinner | | |
| 9 | | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 11/25/2024 | | Payee name MailChimp | | |
| | Amount (\$) \$47.97 | | Payee address; City; State; Zip Code c/o The Rocket Science Group LLC 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly charges | | |
| | | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 12/23/2024 | | Payee name MailChimp | | |
| | Amount (\$) \$47.97 | | Payee address; City; State; Zip Code c/o The Rocket Science Group LLC 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly charges | | |
| | | 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.

| | | | | | |
|----------|---|---|---|---------------|---|
| 1 | Total pages Schedule F1: Sch: 6/8 Rpt: 16/18 | 2 | FILER NAME Bastrop County Republican Party | 3 | Filer ID (Ethics Commission Filers) 00055268 |
| 4 | Date 12/09/2024 | 5 | Payee name Post Office | | |
| 6 | Amount (\$) \$6.86 | 7 | Payee address; City; State; Zip Code 1106 Main St Bastrop, TX 78602 | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Missing receipt | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 11/08/2024 | | Payee name Spectrum Business | | |
| | Amount (\$) \$120.51 | | Payee address; City; State; Zip Code 4145 S. Falkenburg Rd. Riverview, FL 33578-8652 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly usage | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | Date 12/02/2024 | | Payee name Spectrum Business | | |
| | Amount (\$) \$120.51 | | Payee address; City; State; Zip Code 4145 S. Falkenburg Rd. Riverview, FL 33578-8652 | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly usage | | |
| | | 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.

| | | |
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| 1 Total pages Schedule F1: Sch: 7/8 Rpt: 17/18 | 2 FILER NAME Bastrop County Republican Party | 3 Filer ID (Ethics Commission Filers) 00055268 |
| 4 Date 10/27/2024 | 5 Payee name Square Inc | |
| 6 Amount (\$) \$0.36 | 7 Payee address; City; State; Zip Code 1455 Market St Suite 600 San Francisco, CA 94103 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Square |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought 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 | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Square |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought 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 | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Square |
| 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.

| | | |
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| 1 Total pages Schedule F1: Sch: 8/8 Rpt: 18/18 | 2 FILER NAME Bastrop County Republican Party | 3 Filer ID (Ethics Commission Filers) 00055268 |
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| 4 Date 10/30/2024 | 5 Payee name Square Inc |
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|--------------------------------|---|
| 6 Amount (\$) \$0.62 | 7 Payee address; City; State; Zip Code 1455 Market St Suite 600 San Francisco, CA 94103 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Square |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--------------------------|
| Date 10/31/2024 | Payee name Square Inc |
|--------------------|--------------------------|

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| Amount (\$) \$0.23 | Payee address; City; State; Zip Code 1455 Market St Suite 600 San Francisco, CA 94103 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Square |
|------------------------|--|---|

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

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|--------------------|--------------------------|
| Date 11/04/2024 | Payee name Square Inc |
|--------------------|--------------------------|

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| Amount (\$) \$1.24 | Payee address; City; State; Zip Code 1455 Market St Suite 600 San Francisco, CA 94103 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Square |
|------------------------|--|---|

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

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