#### 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. 00050373 3 COMMITTEE NAME **OFFICE USE ONLY** Denton County Republican Party Executive Committee (CEC) Date Received **ELECTRONICALLY FILED** 01/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 2921 Country Club Rd #102 Date Hand-delivered or Date Postmarked Change of Address Denton, TX 76210 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Michael NAME NICKNAME LAST **SUFFIX** Sturtevant STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2921 Country Club Rd #102 STREET **ADDRESS** (Residence or Business) Denton, TX 76210 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2921 Country Club Rd #102 MAILING **ADDRESS** Denton, TX 76210 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (940) 613-3632 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 Day Month Day Year 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

| 2 COMMITTEE NAME                                                          |                                                                  |                                                                                           |                                                                                                          | 13 Filer ID  | (Ethics Commission Filers) |
|---------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------|----------------------------|
| Denton County Republic                                                    | can Party Executive                                              | Committee (CEC)                                                                           |                                                                                                          | 0005037      | 73                         |
| 4 COMMITTEE                                                               | 1. Candidates                                                    | A. Supported                                                                              |                                                                                                          |              |                            |
| ACTIVITY                                                                  | (Identify by name or, if applicable, classify by party.)         |                                                                                           |                                                                                                          |              |                            |
| (Attach lists on plain<br>paper to complete this<br>report if necessary.) |                                                                  | B. Opposed                                                                                |                                                                                                          |              |                            |
|                                                                           | 2. Measures                                                      | A. Supported                                                                              |                                                                                                          |              |                            |
|                                                                           | (Describe by date and location of election and nature of issue.) |                                                                                           |                                                                                                          |              |                            |
|                                                                           |                                                                  | B. Opposed                                                                                |                                                                                                          |              |                            |
|                                                                           | 3. Officeholders Assisted (Identify by name or, if               |                                                                                           |                                                                                                          |              |                            |
|                                                                           | applicable, classify by party.)                                  |                                                                                           |                                                                                                          |              |                            |
| 5 CONTRIBUTION<br>TOTALS                                                  | PLEDGES, LOAN CONTRIBUTIONS                                      | ZED POLITICAL CON<br>S, OR GUARANTEES<br>S MADE ELECTRONI<br>Fort qualifies for the highe | CALLY)                                                                                                   | \$           | 0.00                       |
|                                                                           | 2. TOTAL POLITION                                                | CAL CONTRIBUTION                                                                          |                                                                                                          | \$           | 22,178.00                  |
| EXPENDITURE<br>TOTALS                                                     | 3. TOTAL UNITEMIZ                                                | ZED POLITICAL EXPE                                                                        | ENDITURES                                                                                                | \$           | 4.48                       |
|                                                                           | 4. TOTAL POLITION                                                | CAL EXPENDITUR                                                                            | ES                                                                                                       | \$           | 13,309.49                  |
| CONTRIBUTION<br>BALANCE                                                   | 5. TOTAL POLITICA<br>OF THE REPORT                               |                                                                                           | MAINTAINED AS OF THE LAST                                                                                | DAY \$       | 23,452.20                  |
| OUTSTANDING<br>LOAN TOTALS                                                |                                                                  | AL AMOUNT OF ALL (<br>IE REPORTING PERI                                                   | OUTSTANDING LOANS AS OF OD                                                                               | THE \$       | 0.00                       |
| 6 AFFIDAVIT                                                               | <u> </u>                                                         |                                                                                           |                                                                                                          |              |                            |
|                                                                           |                                                                  | true                                                                                      | ear, or affirm, under penalty of pe<br>and correct and includes all infor<br>er Title 15, Election Code. |              |                            |
|                                                                           |                                                                  |                                                                                           | Mr. Micha                                                                                                | el Sturtevar | nt                         |
|                                                                           |                                                                  |                                                                                           | Signature of Ca                                                                                          |              |                            |
| AFFIX NOTARY                                                              | STAMP / SEAL ABOV                                                | Έ                                                                                         |                                                                                                          |              |                            |
| Sworn to and subscribed                                                   | before me. by the said                                           |                                                                                           | , t                                                                                                      | his the      | day                        |
| of                                                                        |                                                                  |                                                                                           |                                                                                                          |              |                            |
|                                                                           |                                                                  |                                                                                           |                                                                                                          |              |                            |
| Signature of officer adı                                                  | ministering oath                                                 | Printed name of of                                                                        | ficer administering oath                                                                                 | Title of o   | officer administering oath |

### **SUBTOTALS - CEC**

### FORM CEC COVER SHEET PG 3

|    |                    |                                                                              | C(                 | OVER | <b>SHEET PG 3</b> 3 of 20 |
|----|--------------------|------------------------------------------------------------------------------|--------------------|------|---------------------------|
|    | MMITTE<br>enton Co | (Ethics                                                                      | Commission Filers) |      |                           |
|    | ME OF              | Sl                                                                           | JBTOTAL AMOUNT     |      |                           |
| 1. | X                  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                |                    | \$   | 22,178.00                 |
| 2. |                    | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                  |                    | \$   |                           |
| 3. |                    | SCHEDULE B: PLEDGED CONTRIBUTIONS                                            |                    | \$   |                           |
| 4. |                    | SCHEDULE E: LOANS                                                            |                    | \$   |                           |
| 5. | X                  | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS             | S                  | \$   | 13,309.49                 |
| 6. |                    | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                     |                    | \$   |                           |
| 7. |                    | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION             | ONS                | \$   |                           |
| 8. |                    | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                |                    | \$   |                           |
| 9. |                    | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION           | ONS                | \$   |                           |
| 10 | . 🔲                | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER | RETURNED           | \$   |                           |
|    |                    |                                                                              |                    |      |                           |
|    |                    |                                                                              |                    |      |                           |

| MONETARY POLITICAL CONTRIBUTIONS             |                                                                          |                                                          |                        |                                                |                                    | SCHEDULE A1                                   |                             |                   |
|----------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------|------------------------|------------------------------------------------|------------------------------------|-----------------------------------------------|-----------------------------|-------------------|
|                                              | The Instru                                                               | ction Guide explains hov                                 | 1                      | Total pages Schedule A1:<br>Sch: 1/2 Rpt: 4/20 |                                    |                                               |                             |                   |
| 2                                            | FILER NAME                                                               |                                                          |                        |                                                |                                    | 3                                             | Filer ID (Ethics Commission | on Filers)        |
|                                              | Denton Cour                                                              | Denton County Republican Party Executive Committee (CEC) |                        |                                                |                                    |                                               | 00050373                    |                   |
| 4                                            | Date                                                                     | 5 Full name of contributor                               | out-of-state PAC (ID#: |                                                | )                                  | 7                                             | Amount of Contribution (\$) | <b>+</b> = 000 00 |
|                                              | 12/17/2024                                                               | Adams, Carol                                             | tota: 7:- Cada         |                                                |                                    |                                               |                             | \$7,928.00        |
|                                              |                                                                          | 6 Contributor address; City; S                           | tate, Zip Code         |                                                |                                    |                                               |                             |                   |
| _                                            | Dringing agou                                                            | Dallas, TX 75225                                         | 2)                     | _                                              | Employer (Coo Instructions         | <u>,                                     </u> |                             |                   |
| 8                                            | Investor                                                                 | pation / Job title (See Instructions                     | 5)                     | 9                                              | Employer (See Instructions<br>Self | 5)                                            |                             |                   |
|                                              | Date                                                                     | Full name of contributor                                 | out-of-state PAC (ID#: |                                                | )                                  |                                               | Amount of Contribution (\$) |                   |
|                                              | 11/26/2024                                                               | Armstrong, John                                          |                        |                                                |                                    |                                               |                             | \$600.00          |
|                                              |                                                                          | Contributor address; City; S                             | tate; Zip Code         |                                                |                                    |                                               |                             |                   |
|                                              |                                                                          | Denton, TX 76210                                         |                        |                                                |                                    |                                               |                             |                   |
|                                              | Principal occupation / Job title (See Instructions) Employer (See Instru |                                                          |                        |                                                | Employer (See Instructions         | 5)                                            |                             |                   |
|                                              | Business Owner Self                                                      |                                                          |                        |                                                | Self                               |                                               |                             |                   |
| Date Full name of contributor out-of-state P |                                                                          | out-of-state PAC (ID#:                                   |                        | )                                              |                                    | Amount of Contribution (\$)                   |                             |                   |
|                                              | 12/28/2024                                                               | Denton County Conserva                                   | ·                      |                                                |                                    |                                               |                             | \$8,750.00        |
|                                              |                                                                          | Contributor address; City; S  Argyle, TX 76226           | tate; Zip Code         |                                                |                                    |                                               |                             |                   |
|                                              | Principal occu                                                           | pation / Job title (See Instructions                     | s)                     |                                                | Employer (See Instructions         | <u>L</u>                                      |                             |                   |
|                                              |                                                                          | ( )                                                      | -7                     |                                                |                                    |                                               |                             |                   |
|                                              | Date                                                                     | Full name of contributor                                 | out-of-state PAC (ID#: |                                                | )                                  |                                               | Amount of Contribution (\$) |                   |
|                                              |                                                                          | Forest Beadle for Judge<br>Contributor address; City; S  | tate; Zip Code         |                                                |                                    |                                               |                             | \$1,550.00        |
|                                              |                                                                          | Denton, TX 76202                                         |                        |                                                |                                    |                                               |                             |                   |
|                                              | Principal occu                                                           | pation / Job title (See Instructions                     | 5)                     |                                                | Employer (See Instructions         | 5)                                            |                             |                   |
|                                              | Date                                                                     | Full name of contributor                                 | out-of-state PAC (ID#: |                                                | )                                  |                                               | Amount of Contribution (\$) |                   |
|                                              | 12/02/2024                                                               | Lacey 4 Denton County C                                  | ampaign                |                                                |                                    |                                               |                             | \$850.00          |
|                                              | Contributor address; City; State; Zip Code                               |                                                          |                        |                                                |                                    |                                               |                             |                   |
|                                              |                                                                          | Flower Mound, TX 75028                                   |                        |                                                |                                    |                                               |                             |                   |
| _                                            | Principal occu                                                           | pation / Job title (See Instructions                     | 5)                     |                                                | Employer (See Instructions         | 5)                                            |                             |                   |
|                                              |                                                                          |                                                          |                        |                                                |                                    |                                               |                             |                   |

| MONET              | ARY POLITICAL CONTRIBUTION                                                                                                                     | NC:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | S                                                                                                                                                                                                                                                                                               |                                                                                 | SCHEDULE A1                                                                                                                                                                   |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Instru         | ction Guide explains how to complete this f                                                                                                    | form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ì.                                                                                                                                                                                                                                                                                              | 1                                                                               | Total pages Schedule A1:<br>Sch: 2/2 Rpt: 5/20                                                                                                                                |
|                    |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                 | 3                                                                               | Filer ID (Ethics Commission Filers) 00050373                                                                                                                                  |
| Date<br>12/28/2024 | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_Mitch Little Campaign</li> <li>Contributor address; City; State; Zip Code</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                 | 7                                                                               | Amount of Contribution (\$) \$2,500.00                                                                                                                                        |
|                    | Lewisville, TX 75056                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                 |                                                                                 |                                                                                                                                                                               |
| Principal occu     | upation / Job title (See Instructions)                                                                                                         | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Employer (See Instructions                                                                                                                                                                                                                                                                      | )                                                                               |                                                                                                                                                                               |
|                    |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                 |                                                                                 |                                                                                                                                                                               |
|                    | The Instru<br>FILER NAME<br>Denton Cou<br>Date<br>12/28/2024                                                                                   | The Instruction Guide explains how to complete this factorial form of the Instruction Guide explains how to complete this factorial form of the Instruction Guide explains how to complete this factorial form of the Instruction of the Instruct | The Instruction Guide explains how to complete this form  FILER NAME  Denton County Republican Party Executive Committee (CEC)  Date  12/28/2024  5 Full name of contributor  out-of-state PAC (ID#:  Mitch Little Campaign  6 Contributor address; City; State; Zip Code  Lewisville, TX 75056 | Denton County Republican Party Executive Committee (CEC)  Date  12/28/2024    S | The Instruction Guide explains how to complete this form.  FILER NAME Denton County Republican Party Executive Committee (CEC)  Date 12/28/2024    S Full name of contributor |

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | The Instruction Guide explains how to complete this form.                                                                               |  |  |  |  |
|---|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)                                                                                      |  |  |  |  |
|   | Sch: 1/15 Rpt: 6/20                                    | Denton County Republican Party Executive Committee 00050373                                                                             |  |  |  |  |
| 4 | Date                                                   | 5 Payee name                                                                                                                            |  |  |  |  |
|   | 12/27/2024                                             | Anedot                                                                                                                                  |  |  |  |  |
| 6 | Amount (\$)                                            | 7 Payee address; City; State; Zip Code                                                                                                  |  |  |  |  |
|   | \$118.18                                               | PO Box 84314                                                                                                                            |  |  |  |  |
|   |                                                        |                                                                                                                                         |  |  |  |  |
|   |                                                        | Baton Rouge, LA 70884                                                                                                                   |  |  |  |  |
| 8 | PURPOSE                                                | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                        |  |  |  |  |
|   | OF<br>EXPENDITURE                                      | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.                                                               |  |  |  |  |
|   |                                                        | Credit Card Processing Fees                                                                                                             |  |  |  |  |
|   |                                                        | Ground State 1 1000000111g 1 0000                                                                                                       |  |  |  |  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                                                                   |  |  |  |  |
|   | expenditure to benefit C/OI                            |                                                                                                                                         |  |  |  |  |
|   | Date                                                   | Payee name                                                                                                                              |  |  |  |  |
|   | 10/30/2024                                             | Atmos Energy                                                                                                                            |  |  |  |  |
|   | Amount (\$)                                            | Payee address; City; State; Zip Code                                                                                                    |  |  |  |  |
|   | \$60.89                                                | PO Box 790311                                                                                                                           |  |  |  |  |
|   |                                                        |                                                                                                                                         |  |  |  |  |
|   |                                                        | St Louis, MO 63179-0311                                                                                                                 |  |  |  |  |
|   | PURPOSE<br>OF                                          | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                        |  |  |  |  |
|   | EXPENDITURE                                            | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |  |  |  |  |
|   |                                                        | Utilities                                                                                                                               |  |  |  |  |
|   |                                                        |                                                                                                                                         |  |  |  |  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                                                                   |  |  |  |  |
|   | expenditure to benefit C/OI                            | H                                                                                                                                       |  |  |  |  |
|   | Date                                                   | Payee name                                                                                                                              |  |  |  |  |
|   | 12/03/2024                                             | Atmos Energy                                                                                                                            |  |  |  |  |
|   | Amount (\$)                                            | Payee address; City; State; Zip Code                                                                                                    |  |  |  |  |
|   | \$61.64                                                | PO Box 790311                                                                                                                           |  |  |  |  |
|   |                                                        |                                                                                                                                         |  |  |  |  |
|   |                                                        | St Louis, MO 63179-0311                                                                                                                 |  |  |  |  |
|   | PURPOSE                                                | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                        |  |  |  |  |
|   | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.                                                   |  |  |  |  |
|   | EXPENDITORE                                            | Check if Austin, TX, officeholder living expense                                                                                        |  |  |  |  |
|   |                                                        | Utilities                                                                                                                               |  |  |  |  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                                                                   |  |  |  |  |
|   | expenditure to benefit C/OI                            |                                                                                                                                         |  |  |  |  |
|   |                                                        |                                                                                                                                         |  |  |  |  |
|   |                                                        |                                                                                                                                         |  |  |  |  |
|   |                                                        |                                                                                                                                         |  |  |  |  |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|---|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)                                                                                                            |
|   | Sch: 2/15 Rpt: 7/20                                    | Denton County Republican Party Executive Committee 00050373                                                                                                   |
| 4 | Date                                                   | 5 Payee name                                                                                                                                                  |
|   | 12/31/2024                                             | Atmos Energy                                                                                                                                                  |
| 6 | Amount (\$)                                            | 7 Payee address; City; State; Zip Code                                                                                                                        |
|   | \$144.71                                               | PO Box 790311                                                                                                                                                 |
|   |                                                        |                                                                                                                                                               |
|   |                                                        | St Louis, MO 63179-0311                                                                                                                                       |
| 8 | PURPOSE                                                | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                                              |
|   | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.                                                                         |
|   |                                                        | Check if Austin, TX, officeholder living expense  Utilities                                                                                                   |
|   |                                                        | Gundes                                                                                                                                                        |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                                                                                         |
|   | expenditure to benefit C/O                             |                                                                                                                                                               |
| - | Date                                                   | Dougo nama                                                                                                                                                    |
|   | 11/05/2024                                             | Payee name Bill.com                                                                                                                                           |
|   |                                                        |                                                                                                                                                               |
|   | Amount (\$)                                            | Payee address; City; State; Zip Code                                                                                                                          |
|   | \$75.38                                                | 6220 American Center Dr                                                                                                                                       |
|   |                                                        | Suite 100                                                                                                                                                     |
|   |                                                        | San Jose, CA 95002                                                                                                                                            |
|   | PURPOSE<br>OF                                          | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                                              |
|   | EXPENDITURE                                            | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |
|   |                                                        | Payment Processing                                                                                                                                            |
|   |                                                        | T dymone i tooccomig                                                                                                                                          |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                                                                                         |
|   | expenditure to benefit C/OI                            |                                                                                                                                                               |
|   | Date                                                   | Payee name                                                                                                                                                    |
|   | 12/04/2024                                             | Bill.com                                                                                                                                                      |
|   | Amount (\$)                                            | Payee address; City; State; Zip Code                                                                                                                          |
|   | \$75.37                                                | 6220 American Center Dr                                                                                                                                       |
|   | Ψ10.51                                                 | Suite 100                                                                                                                                                     |
|   |                                                        |                                                                                                                                                               |
|   |                                                        | San Jose, CA 95002                                                                                                                                            |
|   | PURPOSE<br>OF                                          | (a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T. |
|   | EXPENDITURE                                            | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |
|   |                                                        | Payment Processing Fees                                                                                                                                       |
|   |                                                        |                                                                                                                                                               |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                                                                                         |
|   | expenditure to benefit C/O                             |                                                                                                                                                               |
|   |                                                        |                                                                                                                                                               |
|   |                                                        |                                                                                                                                                               |
| l |                                                        |                                                                                                                                                               |

#### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/Award/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|---|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)                                                                                                            |
|   | Sch: 3/15 Rpt: 8/20                                    | Denton County Republican Party Executive Committee 00050373                                                                                                   |
| 4 | Date                                                   | 5 Payee name                                                                                                                                                  |
|   | 11/12/2024                                             | City of Denton                                                                                                                                                |
| 6 | Amount (\$)                                            | 7 Payee address; City; State; Zip Code                                                                                                                        |
|   | \$137.92                                               | 601 East Hickory Suite F                                                                                                                                      |
|   |                                                        |                                                                                                                                                               |
|   |                                                        | Denton, TX 76205                                                                                                                                              |
| 8 | PURPOSE<br>OF                                          | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                                              |
|   | EXPENDITURE                                            | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                       |
|   |                                                        | Utilities                                                                                                                                                     |
|   |                                                        |                                                                                                                                                               |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol    | Candidate/Officeholder name Office sought Office held                                                                                                         |
| F | Date                                                   | Payee name                                                                                                                                                    |
|   | 12/11/2024                                             | City of Denton                                                                                                                                                |
| H | Amount (\$)                                            | Payee address; City; State; Zip Code                                                                                                                          |
|   | \$83.13                                                | 601 East Hickory Suite F                                                                                                                                      |
|   | ¥35.25                                                 |                                                                                                                                                               |
|   |                                                        | Denton, TX 76205                                                                                                                                              |
|   | PURPOSE<br>OF                                          | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                                              |
|   | EXPENDITURE                                            | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                       |
|   |                                                        | Utilities                                                                                                                                                     |
|   |                                                        |                                                                                                                                                               |
| ┢ | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held                                                                                                         |
|   | experience to benefit Gree                             |                                                                                                                                                               |
|   | Date                                                   | Payee name                                                                                                                                                    |
|   | 11/20/2024                                             | Cytracom                                                                                                                                                      |
|   | Amount (\$)                                            | Payee address; City; State; Zip Code                                                                                                                          |
|   | \$102.48                                               | 555 Republic Dr                                                                                                                                               |
|   |                                                        | Suite 525                                                                                                                                                     |
|   |                                                        | Plano, TX 75074                                                                                                                                               |
|   | PURPOSE                                                | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                                              |
|   | OF                                                     | Office Overhead/Rental Expense                                                                                                                                |
|   | EXPENDITURE                                            | Check if Austin, TX, officeholder living expense                                                                                                              |
|   |                                                        | Telephone Expense                                                                                                                                             |
| L |                                                        |                                                                                                                                                               |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                                                                                         |
|   | expenditure to benefit C/OI                            | 1                                                                                                                                                             |
|   |                                                        |                                                                                                                                                               |
|   |                                                        |                                                                                                                                                               |
|   |                                                        |                                                                                                                                                               |

#### 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

|   | Candidate/Officeholder/Politica Credit Card Payment |     | mmittee             | Legal Services         | S                      |          | ages | /Contract Labor              |       | OTHER (enter a     | a category not listed ab | ove)       |
|---|-----------------------------------------------------|-----|---------------------|------------------------|------------------------|----------|------|------------------------------|-------|--------------------|--------------------------|------------|
|   |                                                     |     |                     | The Instruction G      | uide explains ho       | w to con | nple | te this form.                |       |                    |                          |            |
| 1 | Total pages Schedule F1:                            | 2   | FILER NAME          |                        |                        |          |      |                              | 3     | Filer ID           | (Ethics Commiss          | on Filers) |
|   | Sch: 4/15 Rpt: 9/20                                 |     | Denton Cou          | nty Republican         | Party Executi          | ive Cor  | mm   | ittee                        |       | 00050373           |                          |            |
| 4 | Date                                                | 5   | Payee name          |                        |                        |          |      |                              |       |                    |                          |            |
|   | 12/03/2024                                          |     | Denton Cou          | nty                    |                        |          |      |                              |       |                    |                          |            |
| 6 | Amount (\$)                                         | 7   | Payee addres        | ss; City;              | State; 2               | Zip Cod  | de   |                              |       |                    |                          |            |
|   | \$100.00                                            |     | 1 Courthous         | se Dr                  |                        |          |      |                              |       |                    |                          |            |
|   |                                                     |     | Suite 3100          |                        |                        |          |      |                              |       |                    |                          |            |
|   |                                                     |     | Denton, TX          | 76208                  |                        |          |      |                              |       |                    |                          |            |
| 8 | PURPOSE                                             | (2) |                     |                        |                        |          | (h)  | Description                  |       |                    |                          |            |
| ľ | OF                                                  | (۵) |                     | e Categories listed at | the top of this schedu | ıle)     | (5)  | Description  Check if travel | outsi | de of Texas, Con   | nplete Schedule T.       |            |
|   | EXPENDITURE                                         |     | Event Exper         | 126                    |                        |          |      | 므                            |       | officeholder livin |                          |            |
|   |                                                     |     |                     |                        |                        |          |      | Meeting Rooi                 | m F   | Rental             |                          |            |
|   |                                                     |     |                     |                        |                        |          |      |                              |       |                    |                          |            |
| 9 | Complete ONLY if direct                             |     | <br>Candidate/Offic | ceholder name          | Offic                  | ce soug  | ght  |                              |       | Office h           | eld                      |            |
|   | expenditure to benefit C/OI                         | Н   |                     |                        |                        |          |      |                              |       |                    |                          |            |
|   | Date                                                |     | Payee name          |                        |                        |          |      |                              |       |                    |                          |            |
|   | 10/29/2024                                          |     | Dreamhost           |                        |                        |          |      |                              |       |                    |                          |            |
|   | Amount (\$)                                         |     | Payee addres        | ss; City;              | State; 2               | Zip Cod  | de   |                              |       |                    |                          |            |
|   | \$16.60                                             |     | 707 Wilshire        | e Blvd                 |                        |          |      |                              |       |                    |                          |            |
|   |                                                     |     |                     |                        |                        |          |      |                              |       |                    |                          |            |
|   |                                                     |     | Los Angeles         | s, CA 90017            |                        |          |      |                              |       |                    |                          |            |
|   | PURPOSE                                             | (a) | Category (Se        | e Categories listed at | the top of this schedu | ıle)     | (b)  | Description                  |       |                    |                          |            |
|   | OF<br>EXPENDITURE                                   |     | Office Overl        | nead/Rental Ex         | pense                  |          |      | <b>=</b>                     |       |                    | nplete Schedule T.       |            |
|   |                                                     |     |                     |                        |                        |          |      | _                            |       | officeholder livin | g expense                |            |
|   |                                                     |     |                     |                        |                        |          |      | Website Host                 | ung   |                    |                          |            |
|   | 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2             | L   |                     |                        |                        |          |      |                              |       |                    |                          |            |
|   | Complete ONLY if direct expenditure to benefit C/OI |     | Jandidate/Offic     | ceholder name          | Offic                  | ce souç  | ght  |                              |       | Office h           | eld                      |            |
|   |                                                     | _   |                     |                        |                        |          |      |                              |       |                    |                          |            |
|   | Date                                                |     | Payee name          |                        |                        |          |      |                              |       |                    |                          |            |
|   | 11/09/2024                                          |     | Dreamhost           |                        |                        |          |      |                              |       |                    |                          |            |
|   | Amount (\$)                                         |     | Payee addres        | •                      | State; 2               | Zip Co   | de   |                              |       |                    |                          |            |
|   | \$67.17                                             |     | 707 Wilshire        | e Blvd                 |                        |          |      |                              |       |                    |                          |            |
|   |                                                     |     |                     |                        |                        |          |      |                              |       |                    |                          |            |
|   |                                                     |     | Los Angeles         | s, CA 90017            |                        |          |      |                              |       |                    |                          |            |
|   | PURPOSE                                             | (a) | Category (Se        | e Categories listed at | the top of this schedu | ıle)     | (b)  | Description                  |       |                    |                          |            |
|   | OF<br>EXPENDITURE                                   |     |                     | nead/Rental Ex         |                        | ,        |      | ш                            |       |                    | nplete Schedule T.       |            |
|   | EXPENDITORE                                         |     |                     |                        | -                      |          |      | ш                            |       | officeholder livin | g expense                |            |
|   |                                                     |     |                     |                        |                        |          |      | Website Host                 | ting  | l                  |                          |            |
|   |                                                     |     |                     |                        |                        |          |      |                              |       |                    |                          |            |
|   | Complete ONLY if direct                             |     | Candidate/Offic     | ceholder name          | Offic                  | ce souç  | ght  |                              |       | Office h           | eld                      |            |
|   | expenditure to benefit C/O                          | H   |                     |                        |                        |          |      |                              |       |                    |                          |            |
|   |                                                     |     |                     |                        |                        |          |      |                              |       |                    |                          |            |
|   |                                                     |     |                     |                        |                        |          |      |                              |       |                    |                          |            |
| l |                                                     |     |                     |                        |                        |          |      |                              |       |                    |                          |            |

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                                                                                       |
|---|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1:                                                                                | · · · · · · · · · · · · · · · · · · ·                                                 |
| _ | Sch: 5/15 Rpt: 10/20                                                                                    | Denton County Republican Party Executive Committee 00050373                           |
| 4 | Date                                                                                                    | 5 Payee name                                                                          |
|   | 11/29/2024                                                                                              | Dreamhost                                                                             |
| 6 | Amount (\$)                                                                                             | 7 Payee address; City; State; Zip Code                                                |
|   | \$12.79                                                                                                 | 707 Wilshire Blvd                                                                     |
|   |                                                                                                         |                                                                                       |
|   |                                                                                                         | Los Angeles, CA 90017                                                                 |
| 8 | PURPOSE                                                                                                 | (a) Category (See Categories listed at the top of this schedule) (b) Description      |
|   | OF<br>EXPENDITURE                                                                                       | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
|   |                                                                                                         | Check if Austin, TX, officeholder living expense  Website Hosting                     |
|   |                                                                                                         | Wobsite Hosting                                                                       |
| 9 | Complete ONLY if direct                                                                                 | Candidate/Officeholder name Office sought Office held                                 |
|   | expenditure to benefit C/O                                                                              |                                                                                       |
|   | Date                                                                                                    | Payee name                                                                            |
|   | 12/29/2024                                                                                              | Dreamhost                                                                             |
|   | Amount (\$)                                                                                             | Payee address; City; State; Zip Code                                                  |
|   | \$16.60                                                                                                 | 707 Wilshire Blvd                                                                     |
|   |                                                                                                         |                                                                                       |
|   |                                                                                                         | Los Angeles, CA 90017                                                                 |
|   | PURPOSE                                                                                                 | (a) Category (See Categories listed at the top of this schedule) (b) Description      |
|   | OF<br>EXPENDITURE                                                                                       | Office Overhead/Rental Expense                                                        |
|   |                                                                                                         | Check if Austin, TX, officeholder living expense                                      |
|   |                                                                                                         | Website Hosting                                                                       |
|   | Complete ONL V if direct                                                                                | Candidate/Officeholder name Office sought Office held                                 |
|   | Complete ONLY if direct expenditure to benefit C/O                                                      |                                                                                       |
|   | Date                                                                                                    | Payee name                                                                            |
|   | 10/29/2024                                                                                              | Frontier Communications                                                               |
|   | Amount (\$)                                                                                             | Payee address; City; State; Zip Code                                                  |
|   | \$42.23                                                                                                 | P O Box 740407                                                                        |
|   |                                                                                                         |                                                                                       |
|   |                                                                                                         | Cincinnati, OH 45274-0407                                                             |
|   | PURPOSE                                                                                                 | (a) Category (See Categories listed at the top of this schedule) (b) Description      |
|   | OF<br>EXPENDITURE                                                                                       | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
|   |                                                                                                         | Check if Austin, TX, officeholder living expense Internet Expense                     |
|   |                                                                                                         | mionist Expense                                                                       |
|   | Complete ONLY if direct                                                                                 | Candidate/Officeholder name Office sought Office held                                 |
|   | expenditure to benefit C/O                                                                              |                                                                                       |
|   |                                                                                                         |                                                                                       |
|   |                                                                                                         |                                                                                       |

#### SCHEDULE F1

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

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

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

|          | Candidate/Officeholder/Politica<br>Credit Card Payment     | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|----------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1        | Total pages Schedule F1:                                   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)                                                                                                            |
|          | Sch: 6/15 Rpt: 11/20                                       | Denton County Republican Party Executive Committee 00050373                                                                                                   |
| 4        | Date                                                       | 5 Payee name                                                                                                                                                  |
|          | 11/27/2024                                                 | Frontier Communications                                                                                                                                       |
| 6        | Amount (\$)                                                | 7 Payee address; City; State; Zip Code                                                                                                                        |
|          | \$42.22                                                    | P O Box 740407                                                                                                                                                |
|          |                                                            |                                                                                                                                                               |
|          |                                                            | Cincinnati, OH 45274-0407                                                                                                                                     |
| 8        | PURPOSE                                                    | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                                              |
|          | OF<br>EXPENDITURE                                          | Office Overhead/Rental Expense                                                                                                                                |
|          | EXI ENDITORE                                               | Check if Austin, TX, officeholder living expense                                                                                                              |
|          |                                                            | Internet Service                                                                                                                                              |
|          |                                                            |                                                                                                                                                               |
| 9        | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held                                                                                                         |
|          | experience to benefit of or                                |                                                                                                                                                               |
|          | Date                                                       | Payee name                                                                                                                                                    |
|          | 12/27/2024                                                 | Frontier Communications                                                                                                                                       |
|          | Amount (\$)                                                | Payee address; City; State; Zip Code                                                                                                                          |
|          | \$42.22                                                    | P O Box 740407                                                                                                                                                |
|          |                                                            |                                                                                                                                                               |
|          |                                                            | Cincinnati, OH 45274-0407                                                                                                                                     |
|          | PURPOSE<br>OF                                              | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                                              |
|          | EXPENDITURE                                                | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                       |
|          |                                                            | Internet Services                                                                                                                                             |
|          |                                                            |                                                                                                                                                               |
|          | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held                                                                                                         |
|          | expenditure to benefit C/OI                                |                                                                                                                                                               |
| H        | Date                                                       | Payee name                                                                                                                                                    |
|          | 10/31/2024                                                 | Greenawalt, Julie                                                                                                                                             |
|          | Amount (\$)                                                | Payee address; City; State; Zip Code                                                                                                                          |
|          | \$970.00                                                   | 12717 Pumice Lane                                                                                                                                             |
|          | Ψ970.00                                                    | 12/1/ Fullice Lane                                                                                                                                            |
|          |                                                            | Donton TV 76207                                                                                                                                               |
|          |                                                            | Denton, TX 76207                                                                                                                                              |
|          | PURPOSE<br>OF                                              | (a) Category (See Categories listed at the top of this schedule)  (b) Description                                                                             |
|          | EXPENDITURE                                                | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                        |
|          |                                                            | Party Payroll                                                                                                                                                 |
|          |                                                            | 9                                                                                                                                                             |
| $\vdash$ | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held                                                                                                         |
|          | expenditure to benefit C/OI                                |                                                                                                                                                               |
|          |                                                            |                                                                                                                                                               |
|          |                                                            |                                                                                                                                                               |
|          |                                                            |                                                                                                                                                               |

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |                                                                                  | Travel Out of District OTHER (enter a category not listed above) |
|---|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------|
| Ļ |                                                                                            |                                                                                  |                                                                  |
| 1 | Total pages Schedule F1:<br>Sch: 7/15 Rpt: 12/20                                           | Denton County Republican Party Executive Committee                               | 3 Filer ID (Ethics Commission Filers) 00050373                   |
| 4 | Date                                                                                       | 5 Payee name                                                                     |                                                                  |
|   | 11/15/2024                                                                                 | Greenawalt, Julie                                                                |                                                                  |
| 6 | Amount (\$)                                                                                | 7 Payee address; City; State; Zip Code                                           |                                                                  |
|   | \$1,175.87                                                                                 | 12717 Pumice Lane                                                                |                                                                  |
|   |                                                                                            | Denton, TX 76207                                                                 |                                                                  |
| 8 | PURPOSE<br>OF                                                                              | (a) Category (See Categories listed at the top of this schedule) (b) Description |                                                                  |
|   | EXPENDITURE                                                                                | Galaries/ Wages/ Cornitact Labor                                                 | utside of Texas. Complete Schedule T.                            |
|   |                                                                                            | Party Payroll                                                                    | TX, officeholder living expense                                  |
|   |                                                                                            | T arty r ayron                                                                   |                                                                  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI                                        | Candidate/Officeholder name Office sought H                                      | Office held                                                      |
| _ |                                                                                            |                                                                                  |                                                                  |
|   | Date                                                                                       | Payee name                                                                       |                                                                  |
|   | 11/01/2024                                                                                 | Gurkin Security Systems, Inc.                                                    |                                                                  |
|   | Amount (\$)                                                                                | Payee address; City; State; Zip Code                                             |                                                                  |
|   | \$58.89                                                                                    | PO Box 294836                                                                    |                                                                  |
|   |                                                                                            |                                                                                  |                                                                  |
|   |                                                                                            | Lewisville, TX 75029                                                             |                                                                  |
|   | PURPOSE                                                                                    | (a) Category (See Categories listed at the top of this schedule) (b) Description |                                                                  |
|   | OF<br>EXPENDITURE                                                                          | Office Overficad/Nertical Experise                                               | utside of Texas. Complete Schedule T.                            |
|   |                                                                                            | l                                                                                | TX, officeholder living expense                                  |
|   |                                                                                            | Security Moni                                                                    | toring                                                           |
| _ | Complete ONLY if direct                                                                    | Candidate/Officeholder name Office sought                                        | Office held                                                      |
|   | expenditure to benefit C/OI                                                                |                                                                                  | Office Held                                                      |
| H | Date                                                                                       | Payee name                                                                       |                                                                  |
|   | 11/02/2024                                                                                 | Gurkin Security Systems, Inc.                                                    |                                                                  |
|   | Amount (\$)                                                                                | Payee address; City; State; Zip Code                                             |                                                                  |
|   | \$12.47                                                                                    | PO Box 294836                                                                    |                                                                  |
|   | 412.11                                                                                     | TO BOX 20 1000                                                                   |                                                                  |
|   |                                                                                            | Lewisville, TX 75029                                                             |                                                                  |
|   | PURPOSE                                                                                    | (a) Category (See Categories listed at the top of this schedule) (b) Description |                                                                  |
|   | OF<br>EXPENDITURE                                                                          | Onice Overnead/Nental Expense                                                    | utside of Texas. Complete Schedule T.                            |
|   |                                                                                            | ,                                                                                | TX, officeholder living expense                                  |
|   |                                                                                            | Security Moni                                                                    | toring                                                           |
|   | Complete ONLY if direct                                                                    | Candidate/Officeholder name Office sought                                        | Office held                                                      |
|   | expenditure to benefit C/OI                                                                |                                                                                  | Office field                                                     |
|   |                                                                                            |                                                                                  |                                                                  |
|   |                                                                                            |                                                                                  |                                                                  |
|   |                                                                                            |                                                                                  |                                                                  |

#### SCHEDULE F1

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

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

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

|   | Credit Card Payment         | The Instruction Guide explains how to complete this form.                                                                               |
|---|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1:    |                                                                                                                                         |
| - | Sch: 8/15 Rpt: 13/20        | Denton County Republican Party Executive Committee 00050373                                                                             |
| 4 | Date                        | 5 Payee name                                                                                                                            |
|   | 12/02/2024                  | Gurkin Security Systems, Inc.                                                                                                           |
| 6 | Amount (\$)                 | 7 Payee address; City; State; Zip Code                                                                                                  |
|   | \$12.47                     | PO Box 294836                                                                                                                           |
|   |                             |                                                                                                                                         |
|   |                             | Lewisville, TX 75029                                                                                                                    |
| 8 | PURPOSE<br>OF               | (a) Category (See Categories listed at the top of this schedule)  (b) Description                                                       |
|   | EXPENDITURE                 | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |                             | Security Monitoring                                                                                                                     |
|   |                             |                                                                                                                                         |
| 9 | Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held                                                                                   |
|   | expenditure to benefit C/OF |                                                                                                                                         |
|   | Date                        | Payee name                                                                                                                              |
|   | 10/31/2024                  | Hudson, Angela                                                                                                                          |
|   | Amount (\$)                 | Payee address; City; State; Zip Code                                                                                                    |
|   | \$927.83                    | 5913 Carroll Dr                                                                                                                         |
|   | , -                         |                                                                                                                                         |
|   |                             | The Colony, TX 75056                                                                                                                    |
|   | PURPOSE<br>OF               | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                        |
|   | EXPENDITURE                 | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |
|   |                             | Party Payroll                                                                                                                           |
|   |                             |                                                                                                                                         |
|   | Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held                                                                                   |
|   | expenditure to benefit C/OF | -t                                                                                                                                      |
| _ | Date                        | Payee name                                                                                                                              |
|   | 11/15/2024                  | Hudson, Angela                                                                                                                          |
|   | Amount (\$)                 | Payee address; City; State; Zip Code                                                                                                    |
|   | \$927.82                    | 5913 Carroll Dr                                                                                                                         |
|   | 4021.102                    |                                                                                                                                         |
|   |                             | The Colony, TX 75056                                                                                                                    |
|   | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                        |
|   | OF<br>EXPENDITURE           | Salaries/Wages/Contract Labor                                                                                                           |
|   | _                           | Check if Austin, TX, officeholder living expense  Party Payroll                                                                         |
|   |                             | Tarty Layron                                                                                                                            |
|   | Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held                                                                                   |
|   | expenditure to benefit C/O  |                                                                                                                                         |
|   |                             |                                                                                                                                         |
|   |                             |                                                                                                                                         |
|   |                             |                                                                                                                                         |

#### SCHEDULE F1

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

|   | Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment |                                                                                                                                        |
|---|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1:                                                                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)                                                                                     |
|   | Sch: 9/15 Rpt: 14/20                                                                                   | Denton County Republican Party Executive Committee 00050373                                                                            |
| 4 | Date                                                                                                   | 5 Payee name                                                                                                                           |
|   | 11/29/2024                                                                                             | Hudson, Angela                                                                                                                         |
| 6 | Amount (\$)                                                                                            | 7 Payee address; City; State; Zip Code                                                                                                 |
|   | \$1,303.33                                                                                             | 5913 Carroll Dr                                                                                                                        |
|   |                                                                                                        | The Order TV 75050                                                                                                                     |
|   |                                                                                                        | The Colony, TX 75056                                                                                                                   |
| 8 | PURPOSE                                                                                                | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                       |
|   | OF<br>EXPENDITURE                                                                                      | Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.                                                  |
|   |                                                                                                        | Check if Austin, TX, officeholder living expense  Party Payroll                                                                        |
|   |                                                                                                        | Tarty Layron                                                                                                                           |
| Ļ | Operation ONLY if all and                                                                              | On all data (Office helds                                                                                                              |
| 9 | Complete ONLY if direct expenditure to benefit C/O                                                     | Candidate/Officeholder name Office sought Office held                                                                                  |
|   | Date                                                                                                   | Payee name                                                                                                                             |
|   | 12/13/2024                                                                                             | Hudson, Angela                                                                                                                         |
|   | Amount (\$)                                                                                            | Payee address; City; State; Zip Code                                                                                                   |
|   | \$752.50                                                                                               | 5913 Carroll Dr                                                                                                                        |
|   | ****                                                                                                   |                                                                                                                                        |
|   |                                                                                                        | The Colony, TX 75056                                                                                                                   |
|   | D. I.D. C. C.                                                                                          |                                                                                                                                        |
|   | PURPOSE<br>OF                                                                                          | (a) Category (See Categories listed at the top of this schedule)  (b) Description                                                      |
|   | EXPENDITURE                                                                                            | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |                                                                                                        | Party Payroll                                                                                                                          |
|   |                                                                                                        |                                                                                                                                        |
| _ | Complete ONLY if direct                                                                                | Candidate/Officeholder name Office sought Office held                                                                                  |
|   | expenditure to benefit C/O                                                                             |                                                                                                                                        |
|   | _                                                                                                      |                                                                                                                                        |
|   | Date                                                                                                   | Payee name                                                                                                                             |
|   | 12/31/2024                                                                                             | Hudson, Angela                                                                                                                         |
|   | Amount (\$)                                                                                            | Payee address; City; State; Zip Code                                                                                                   |
|   | \$1,182.50                                                                                             | 5913 Carroll Dr                                                                                                                        |
|   |                                                                                                        |                                                                                                                                        |
|   |                                                                                                        | The Colony, TX 75056                                                                                                                   |
|   | PURPOSE                                                                                                | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                       |
|   | OF<br>EXPENDITURE                                                                                      | Salaries/Wages/Contract Labor                                                                                                          |
|   | LAFENDITORE                                                                                            | Check if Austin, TX, officeholder living expense                                                                                       |
|   |                                                                                                        | Party Payroll                                                                                                                          |
|   |                                                                                                        |                                                                                                                                        |
|   | Complete ONLY if direct                                                                                | Candidate/Officeholder name Office sought Office held                                                                                  |
|   | expenditure to benefit C/O                                                                             | 1                                                                                                                                      |
|   |                                                                                                        |                                                                                                                                        |
|   |                                                                                                        |                                                                                                                                        |
| 1 |                                                                                                        |                                                                                                                                        |

#### SCHEDULE F1

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

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

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|   | Sch: 10/15 Rpt: 15/20                                  | Denton County Republican Party Executive Committee 00050373                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 4 | Date                                                   | 5 Payee name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|   | 11/08/2024                                             | Intuit / Quickbooks Online                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 6 | Amount (\$)                                            | 7 Payee address; City; State; Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|   | \$95.17                                                | 2632 Marine Way                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|   |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|   |                                                        | Mountain View, CA 94043                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 8 | PURPOSE                                                | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|   | OF<br>EXPENDITURE                                      | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|   |                                                        | Check if Austin, TX, officeholder living expense  Accounting Software                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|   |                                                        | Accounting Software                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|   | expenditure to benefit C/O                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| _ | Date                                                   | Davies same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|   |                                                        | Payee name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|   | 12/08/2024                                             | Intuit / Quickbooks Online                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|   | Amount (\$)                                            | Payee address; City; State; Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|   | \$86.98                                                | 2632 Marine Way                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|   |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|   |                                                        | Mountain View, CA 94043                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|   | PURPOSE                                                | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|   | OF<br>EXPENDITURE                                      | Accounting/Banking Check if travel outside of Texas. Complete Schedule T.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|   |                                                        | Check if Austin, TX, officeholder living expense  Accounting Software                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|   |                                                        | Accounting Software                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|   | expenditure to benefit C/O                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| _ | Data                                                   | David and the second se |
|   | Date                                                   | Payee name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|   | 11/05/2024                                             | Keepers Press LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|   | Amount (\$)                                            | Payee address; City; State; Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|   | \$535.84                                               | 520 Loma Vista Drive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|   |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|   |                                                        | Heath, TX 75032                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|   | PURPOSE<br>OF                                          | (a) Category (See Categories listed at the top of this schedule) (b) Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|   | EXPENDITURE                                            | Printing Expense Check if travel outside of Texas. Complete Schedule T.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|   |                                                        | ☐ Check if Austin, TX, officeholder living expense Signs for Polling Locations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|   |                                                        | Signs for Folling Locations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|   | expenditure to benefit C/O                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|   |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|   |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|   |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Candidate/Officeholder/Politica                     |                 | Legal Services               |                         |                  | e<br>/Contract Labor         |       | OTHER (enter                                                                | a category not listed above) |      |  |  |  |
|---|-----------------------------------------------------|-----------------|------------------------------|-------------------------|------------------|------------------------------|-------|-----------------------------------------------------------------------------|------------------------------|------|--|--|--|
|   | Credit Card Payment                                 |                 | The Instruction Gui          | de explains how to co   | mple             | ete this form.               |       |                                                                             |                              |      |  |  |  |
| 1 | Total pages Schedule F1:                            | 2 FILER NAM     | E                            |                         |                  |                              | 3     | Filer ID                                                                    | (Ethics Commission File      | ers) |  |  |  |
|   | Sch: 11/15 Rpt: 16/20                               | Denton Co       | unty Republican F            | Party Executive Co      | omm              | ittee                        |       | 00050373                                                                    |                              |      |  |  |  |
| 4 | Date                                                | 5 Payee name    | !                            |                         |                  |                              |       |                                                                             |                              |      |  |  |  |
|   | 12/05/2024                                          | Keepers Pi      | ess LLC                      |                         |                  |                              |       |                                                                             |                              |      |  |  |  |
| 6 | Amount (\$)                                         | 7 Payee addre   | ess; City;                   | State; Zip Co           | ode              |                              |       |                                                                             |                              |      |  |  |  |
|   | \$463.31                                            | 520 Loma '      | Vista Drive                  |                         |                  |                              |       |                                                                             |                              |      |  |  |  |
|   |                                                     |                 |                              |                         |                  |                              |       |                                                                             |                              |      |  |  |  |
|   |                                                     | Heath, TX       | 75032                        |                         |                  |                              |       |                                                                             |                              |      |  |  |  |
| 8 | PURPOSE                                             | (a) Category (s | see Categories listed at the | e ton of this schedule) | (b)              | Description                  |       |                                                                             |                              |      |  |  |  |
|   | OF                                                  | Printing Ex     |                              | top of this seriedale)  |                  |                              | outsi | de of Texas. Cor                                                            | nplete Schedule T.           |      |  |  |  |
|   | EXPENDITURE                                         |                 | •                            |                         |                  | _                            |       | officeholder livin                                                          | g expense                    |      |  |  |  |
|   |                                                     |                 |                              |                         |                  | Signs for Poll               | ling  | Locations                                                                   |                              |      |  |  |  |
| _ |                                                     |                 |                              |                         | <u> </u>         |                              |       |                                                                             |                              |      |  |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI |                 | iceholder name               | Office sou              | ıght             |                              |       | Office h                                                                    | eld                          |      |  |  |  |
|   |                                                     |                 |                              |                         |                  |                              |       |                                                                             |                              |      |  |  |  |
|   | Date                                                | Payee name      | !                            |                         |                  |                              |       |                                                                             |                              |      |  |  |  |
|   | 11/26/2024                                          | MailChimp       |                              |                         |                  |                              |       |                                                                             |                              |      |  |  |  |
|   | Amount (\$)                                         | Payee addre     | •                            | State; Zip Co           | ode              |                              |       |                                                                             |                              |      |  |  |  |
|   | \$308.32                                            | 512 Means       | Street                       |                         |                  |                              |       |                                                                             |                              |      |  |  |  |
|   |                                                     |                 |                              |                         |                  |                              |       |                                                                             |                              |      |  |  |  |
|   |                                                     | Atlanta, GA     | 30318                        |                         |                  |                              |       |                                                                             |                              |      |  |  |  |
|   | PURPOSE                                             | (a) Category (s | ee Categories listed at the  | e top of this schedule) | (b)              | Description                  |       |                                                                             |                              |      |  |  |  |
|   | OF<br>EXPENDITURE                                   | Advertising     | Expense                      |                         |                  | <b>-</b>                     |       |                                                                             | nplete Schedule T.           |      |  |  |  |
|   |                                                     |                 |                              |                         |                  |                              |       | Check if Austin, TX, officeholder living expense<br>aail Marketing Software |                              |      |  |  |  |
|   |                                                     |                 |                              |                         |                  |                              | 9     | 30.11.01.0                                                                  |                              |      |  |  |  |
|   | Complete ONLY if direct                             | Candidate/Off   | iceholder name               | Office sou              | <u>l</u><br>ıght |                              |       | Office h                                                                    | eld                          |      |  |  |  |
|   | expenditure to benefit C/OI                         |                 |                              |                         | 3                |                              |       |                                                                             |                              |      |  |  |  |
| _ | Date                                                | Payee name      | <u> </u>                     |                         |                  |                              |       |                                                                             |                              |      |  |  |  |
|   | 12/26/2024                                          | MailChimp       |                              |                         |                  |                              |       |                                                                             |                              |      |  |  |  |
|   | Amount (\$)                                         | Payee addre     | ess; City;                   | State; Zip Co           | nde              |                              |       |                                                                             |                              |      |  |  |  |
|   | \$308.32                                            | 512 Means       | -                            | State, Zip Co           | Juc              |                              |       |                                                                             |                              |      |  |  |  |
|   | <b>4000.02</b>                                      | oll modile      | 0001                         |                         |                  |                              |       |                                                                             |                              |      |  |  |  |
|   |                                                     | Atlanta, GA     | 30318                        |                         |                  |                              |       |                                                                             |                              |      |  |  |  |
|   | DUDDOCE                                             |                 |                              |                         | (h)              | D                            |       |                                                                             |                              |      |  |  |  |
|   | PURPOSE<br>OF                                       | Advertising     | ee Categories listed at the  | e top of this schedule) | (D)              | Description  Check if travel | outsi | de of Texas. Cor                                                            | nplete Schedule T.           |      |  |  |  |
|   | EXPENDITURE                                         | Auvertising     | Expense                      |                         |                  | ш                            |       | officeholder livin                                                          |                              |      |  |  |  |
|   |                                                     |                 |                              |                         |                  | Email Market                 | ing   | Software                                                                    |                              |      |  |  |  |
|   |                                                     |                 |                              |                         |                  |                              |       |                                                                             |                              |      |  |  |  |
|   | Complete ONLY if direct                             |                 | iceholder name               | Office sou              | ıght             |                              |       | Office h                                                                    | eld                          |      |  |  |  |
| L | expenditure to benefit C/OI                         | 1               |                              |                         |                  |                              |       |                                                                             |                              |      |  |  |  |
|   |                                                     |                 |                              |                         |                  |                              |       |                                                                             |                              |      |  |  |  |
|   |                                                     |                 |                              |                         |                  |                              |       |                                                                             |                              |      |  |  |  |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ing Expense Event Expense Loan Repayment/Reimbu
Ing/Banking Fees Office Overhead/Rental E

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

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

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.                                                                                                                                                                                          |
|---|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Total pages Schedule F1:<br>Sch: 12/15 Rpt: 17/20   | 2 FILER NAME Denton County Republican Party Executive Committee  3 Filer ID (Ethics Commission Filers) 00050373                                                                                                                                    |
| 4 | Date 11/23/2024                                     | 5 Payee name Microsoft                                                                                                                                                                                                                             |
| 6 | Amount (\$)<br>\$103.92                             | 7 Payee address; City; State; Zip Code 1 Microsoft Way  Redmond, WA 98052                                                                                                                                                                          |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Software Licenses      |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held                                                                                                                                                                                              |
|   | Date<br>12/23/2024                                  | Payee name<br>Microsoft                                                                                                                                                                                                                            |
|   | Amount (\$)<br>\$103.91                             | Payee address; City; State; Zip Code  1 Microsoft Way  Redmond, WA 98052                                                                                                                                                                           |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Office Software License |
|   | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held                                                                                                                                                                                              |
|   | Date<br>12/03/2024                                  | Payee name<br>Norred Law Plic                                                                                                                                                                                                                      |
|   | Amount (\$)<br>\$712.00                             | Payee address; City; State; Zip Code<br>515 E Border St                                                                                                                                                                                            |
|   |                                                     | Arlington, TX 76010                                                                                                                                                                                                                                |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule)  Legal Services  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Legal Fees                            |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held                                                                                                                                                                                              |
|   |                                                     |                                                                                                                                                                                                                                                    |

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politic |                                                     |              |                            | Gitt/Awards/Memori<br>Legal Services   | als Expense          | Salaries/V   |        | se<br>/Contract Labor        |                                      |                      | THER (enter a category not listed above) |                 |  |
|--------------------------------|-----------------------------------------------------|--------------|----------------------------|----------------------------------------|----------------------|--------------|--------|------------------------------|--------------------------------------|----------------------|------------------------------------------|-----------------|--|
|                                | Credit Card Payment                                 |              |                            | The Instruction                        | Guide explair        | ns how to co | mple   | ete this form.               |                                      |                      |                                          |                 |  |
| 1                              | Total pages Schedule F1:                            | 2            | FILER NAME                 |                                        |                      |              |        |                              | 3                                    | Filer ID             | (Ethics Com                              | nission Filers) |  |
|                                | Sch: 13/15 Rpt: 18/20                               |              | Denton Cou                 | nty Republica                          | an Party Exe         | ecutive Co   | omm    | ittee                        |                                      | 00050373             |                                          |                 |  |
| 4                              | Date                                                | 5            | Payee name                 |                                        |                      |              |        |                              | <u> </u>                             |                      |                                          |                 |  |
|                                | 11/01/2024                                          |              | Office Depor               | Ĺ                                      |                      |              |        |                              |                                      |                      |                                          |                 |  |
| 6                              | Amount (\$)                                         | 7            | Payee addres               | ss; City;                              | Sta                  | te; Zip Co   | ode    |                              |                                      |                      |                                          |                 |  |
|                                | \$31.17                                             |              | 660 North M                |                                        |                      |              |        |                              |                                      |                      |                                          |                 |  |
|                                |                                                     |              |                            |                                        |                      |              |        |                              |                                      |                      |                                          |                 |  |
|                                |                                                     |              | Boca Raton,                | FL 33496                               |                      |              |        |                              |                                      |                      |                                          |                 |  |
| 8                              | PURPOSE                                             | (a)          |                            | e Categories listed                    | -446-4               | l l l - \    | (b)    | Description                  |                                      |                      |                                          |                 |  |
| •                              | OF                                                  | ``'          |                            | e Categories listed :<br>nead/Rental E |                      | scnedule)    | (~)    |                              | outsi                                | ide of Texas. Con    | nplete Schedule T                        |                 |  |
|                                | EXPENDITURE                                         |              |                            |                                        |                      |              |        | Check if Austin              | n, TX,                               | , officeholder livin | g expense                                |                 |  |
|                                |                                                     |              |                            |                                        |                      |              |        | Office Suppli                | es                                   |                      |                                          |                 |  |
|                                |                                                     |              |                            |                                        |                      |              |        |                              |                                      |                      |                                          |                 |  |
| 9                              | Complete ONLY if direct expenditure to benefit C/OI |              | Candidate/Offic            | eholder name                           |                      | Office sou   | ıght   |                              |                                      | Office h             | eld                                      |                 |  |
|                                | experialitire to beliefit C/Oi                      | <u>''</u>    |                            |                                        |                      |              |        |                              |                                      |                      |                                          |                 |  |
|                                | Date                                                |              | Payee name                 |                                        |                      |              |        |                              |                                      |                      |                                          |                 |  |
|                                | 11/06/2024                                          |              | Texas Work                 | force Commis                           | ssion                |              |        |                              |                                      |                      |                                          |                 |  |
|                                | Amount (\$)                                         |              | Payee addres               | ss; City;                              | Sta                  | te; Zip Co   | ode    |                              |                                      |                      |                                          |                 |  |
|                                | \$25.43                                             |              | 101 E 15th 9               | 3t                                     |                      |              |        |                              |                                      |                      |                                          |                 |  |
|                                |                                                     |              |                            |                                        |                      |              |        |                              |                                      |                      |                                          |                 |  |
|                                |                                                     |              | Austin, TX 7               | 8778                                   |                      |              |        |                              |                                      |                      |                                          |                 |  |
|                                | PURPOSE                                             | (a)          | Category (Se               | e Categories listed                    | at the top of this s | schedule)    | (b)    | Description                  |                                      |                      |                                          |                 |  |
|                                | OF<br>EXPENDITURE                                   |              |                            | ges/Contract                           |                      |              |        | <b>=</b>                     |                                      |                      | nplete Schedule T                        |                 |  |
|                                |                                                     |              | Check if Austi             |                                        |                      |              |        |                              | tin, TX, officeholder living expense |                      |                                          |                 |  |
|                                |                                                     |              |                            |                                        |                      |              |        | rayiuli raxes                | 5                                    |                      |                                          |                 |  |
|                                | Complete ONLY if direct                             | <u> </u>     | `andidate/Offic            | ceholder name                          |                      | Office sou   | ıaht   |                              |                                      | Office h             | old.                                     |                 |  |
|                                | expenditure to benefit C/OI                         |              | zarialaate/Offic           | cholder flame                          |                      | Office 300   | agrit  |                              |                                      | Office fi            | Ciu                                      |                 |  |
|                                | Data                                                | <del>-</del> | D                          |                                        |                      |              |        |                              |                                      |                      |                                          |                 |  |
|                                | Date<br>11/06/2024                                  |              | Payee name<br>United State | e Treacury                             |                      |              |        |                              |                                      |                      |                                          |                 |  |
|                                |                                                     |              |                            |                                        | Cto                  | to: Zin Ca   | - al a |                              |                                      |                      |                                          |                 |  |
|                                | Amount (\$) \$830.43                                |              | Payee addres               |                                        | Sla                  | te; Zip Co   | oue    |                              |                                      |                      |                                          |                 |  |
|                                | φοσυ.4σ                                             |              | IKS Bulluling              |                                        |                      |              |        |                              |                                      |                      |                                          |                 |  |
|                                |                                                     |              | \\\- = \ - : = +           | DO 10045                               |                      |              |        |                              |                                      |                      |                                          |                 |  |
|                                |                                                     | ┝            | Washington                 |                                        |                      |              |        |                              |                                      |                      |                                          |                 |  |
|                                | PURPOSE<br>OF                                       | (a)          |                            | e Categories listed                    |                      | schedule)    | (b)    | Description  Check if travel | nutei                                | ide of Teyes Con     | nplete Schedule T                        |                 |  |
|                                | EXPENDITURE                                         |              | Salaries/wa                | ges/Contract                           | Labor                |              |        |                              |                                      | , officeholder livin |                                          | •               |  |
|                                |                                                     |              |                            |                                        |                      |              |        | Payroll Taxes                | S                                    |                      |                                          |                 |  |
|                                |                                                     |              |                            |                                        |                      |              |        |                              |                                      |                      |                                          |                 |  |
|                                | Complete ONLY if direct                             |              | Candidate/Offic            | ceholder name                          |                      | Office sou   | ight   |                              |                                      | Office h             | eld                                      |                 |  |
|                                | expenditure to benefit C/OI                         | Н            |                            |                                        |                      |              |        |                              |                                      |                      |                                          |                 |  |
|                                |                                                     |              |                            |                                        |                      |              |        |                              |                                      |                      |                                          |                 |  |
|                                |                                                     |              |                            |                                        |                      |              |        |                              |                                      |                      |                                          |                 |  |
|                                |                                                     |              |                            |                                        |                      |              |        |                              |                                      |                      |                                          |                 |  |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment |                 | Legal Services                                            |                                                  | OTHER (enter a category not listed above) |                              |       |                                            |                   |             |
|---|--------------------------------------------------------|-----------------|-----------------------------------------------------------|--------------------------------------------------|-------------------------------------------|------------------------------|-------|--------------------------------------------|-------------------|-------------|
|   |                                                        |                 | The Instruction Guide ex                                  | plains how to co                                 | omple                                     | ete this form.               |       |                                            |                   |             |
| 1 | Total pages Schedule F1:                               | 2 FILER NAM     | E                                                         |                                                  |                                           |                              | 3     | Filer ID                                   | (Ethics Commiss   | ion Filers) |
|   | Sch: 14/15 Rpt: 19/20                                  | Denton Co       | unty Republican Party                                     | Executive Co                                     | omm                                       | nittee                       |       | 00050373                                   |                   |             |
| 4 | Date                                                   | 5 Payee name    | ?                                                         |                                                  |                                           |                              |       |                                            |                   |             |
|   | 11/19/2024                                             | United Sta      | tes Treasury                                              |                                                  |                                           |                              |       |                                            |                   |             |
| 6 | Amount (\$)                                            | 7 Payee addre   | ess; City;                                                | State; Zip Co                                    | ode                                       |                              |       |                                            |                   |             |
|   | \$929.28                                               | IRS Buildir     | ng                                                        |                                                  |                                           |                              |       |                                            |                   |             |
|   |                                                        |                 | J                                                         |                                                  |                                           |                              |       |                                            |                   |             |
|   |                                                        | Washingto       | n, DC 12345                                               |                                                  |                                           |                              |       |                                            |                   |             |
| _ | DUDD005                                                | _               |                                                           |                                                  | la.                                       |                              |       |                                            |                   |             |
| 8 | PURPOSE<br>OF                                          |                 | See Categories listed at the top o                        | f this schedule)                                 | (b)                                       | Description                  | otoi  | ide of Toyon Com                           | alata Cabadula T  |             |
|   | EXPENDITURE                                            | Salaries/W      | ages/Contract Labor                                       |                                                  |                                           | =                            |       | ide of Texas. Com<br>, officeholder living |                   |             |
|   |                                                        |                 |                                                           |                                                  |                                           | Payroll Taxes                |       | ,                                          |                   |             |
|   |                                                        |                 |                                                           |                                                  |                                           | ,                            |       |                                            |                   |             |
| 9 | Complete ONLY if direct                                | Candidate/Of    | ficeholder name                                           | Office sou                                       | ıaht                                      |                              |       | Office he                                  | eld.              |             |
| • | expenditure to benefit C/OI                            |                 | nocholaci hame                                            | 011100 000                                       | ag. it                                    |                              |       | Omoo no                                    | , id              |             |
| _ | Data                                                   |                 |                                                           |                                                  |                                           |                              |       |                                            |                   |             |
|   | Date                                                   | Payee name      |                                                           |                                                  |                                           |                              |       |                                            |                   |             |
|   | 11/29/2024                                             | United Sta      | tes Treasury                                              |                                                  |                                           |                              |       |                                            |                   |             |
|   | Amount (\$)                                            | Payee addre     | -                                                         | State; Zip Co                                    | ode                                       |                              |       |                                            |                   |             |
|   | \$99.69                                                | IRS Buildir     | ng                                                        |                                                  |                                           |                              |       |                                            |                   |             |
|   |                                                        |                 |                                                           |                                                  |                                           |                              |       |                                            |                   |             |
|   |                                                        | Washingto       | n, DC 12345                                               |                                                  |                                           |                              |       |                                            |                   |             |
|   | PURPOSE                                                | (a) Category (s | See Categories listed at the top o                        | f this schedule)                                 | (b)                                       | Description                  |       |                                            |                   |             |
|   | OF                                                     |                 | ages/Contract Labor                                       | ,                                                |                                           | _                            | outsi | ide of Texas. Com                          | olete Schedule T. |             |
|   | EXPENDITURE                                            |                 |                                                           | Check if Austin, TX, officeholder living expense |                                           |                              |       |                                            |                   |             |
|   |                                                        |                 |                                                           |                                                  |                                           | Payroll Taxes                | 5     |                                            |                   |             |
|   |                                                        |                 |                                                           |                                                  |                                           |                              |       |                                            |                   |             |
|   | Complete ONLY if direct                                |                 | ficeholder name                                           | Office sou                                       | ught                                      |                              |       | Office he                                  | eld               |             |
|   | expenditure to benefit C/OI                            |                 |                                                           |                                                  |                                           |                              |       |                                            |                   |             |
|   | Date                                                   | Payee name      | ;                                                         |                                                  |                                           |                              |       |                                            |                   |             |
|   | 12/13/2024                                             | United Sta      | tes Treasury                                              |                                                  |                                           |                              |       |                                            |                   |             |
|   | Amount (\$)                                            | Payee addre     | ess; City;                                                | State; Zip Co                                    | ode                                       |                              |       |                                            |                   |             |
|   | \$57.58                                                | IRS Buildir     | ıg                                                        |                                                  |                                           |                              |       |                                            |                   |             |
|   |                                                        |                 |                                                           |                                                  |                                           |                              |       |                                            |                   |             |
|   |                                                        | <br>  Washingto | n, DC 12345                                               |                                                  |                                           |                              |       |                                            |                   |             |
|   | PURPOSE                                                |                 |                                                           |                                                  | (h)                                       | Description                  |       |                                            |                   |             |
|   | OF                                                     | · ·             | See Categories listed at the top o<br>ages/Contract Labor | f this schedule)                                 | (0)                                       | Description  Check if travel | outsi | ide of Texas. Com                          | olete Schedule T. |             |
|   | EXPENDITURE                                            | Salaties/W      | ayes/Contract Labor                                       |                                                  |                                           | 브                            |       | , officeholder living                      |                   |             |
|   |                                                        |                 |                                                           |                                                  |                                           | Payroll Taxes                | S     |                                            |                   |             |
|   |                                                        |                 |                                                           |                                                  |                                           |                              |       |                                            |                   |             |
|   | Complete ONLY if direct                                | Candidate/Of    | ficeholder name                                           | Office sou                                       | ught                                      |                              |       | Office he                                  | eld               |             |
|   | expenditure to benefit C/OI                            |                 |                                                           |                                                  | -                                         |                              |       |                                            |                   |             |
|   |                                                        |                 |                                                           |                                                  |                                           |                              |       |                                            |                   |             |
|   |                                                        |                 |                                                           |                                                  |                                           |                              |       |                                            |                   |             |
|   |                                                        |                 |                                                           |                                                  |                                           |                              |       |                                            |                   |             |

#### SCHEDULE F1

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

Advertising Expense

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/Political Committee |                                                     |     | mmittee       | Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed |                 |                 |                  |   |                                          | strict                    |    |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|------------------|---|------------------------------------------|---------------------------|----|
| l                                                                                                | Credit Card Payment                                 |     |               | The Instruction Gu                                                                                                                                                                                             | ıide explains l | how to com      | plete this form. |   |                                          |                           |    |
| 1                                                                                                | Total pages Schedule F1:<br>Sch: 15/15 Rpt: 20/20   | 2   |               | E<br>unty Republican                                                                                                                                                                                           | Party Exec      | utive Con       | nmittee          | 3 | Filer ID 00050373                        | (Ethics Commission Filers | ;) |
| 4                                                                                                | Date                                                | 5   | Payee name    | 1                                                                                                                                                                                                              |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  | 12/31/2024                                          |     |               | es Treasury                                                                                                                                                                                                    |                 |                 |                  |   |                                          |                           |    |
| 6                                                                                                | Amount (\$)                                         | 7   | Payee addre   | ess; City;                                                                                                                                                                                                     | State;          | Zip Cod         | e                |   |                                          |                           |    |
|                                                                                                  | \$90.45                                             |     | IRS Buildin   | g                                                                                                                                                                                                              |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
| L                                                                                                |                                                     |     |               | n, DC 12345                                                                                                                                                                                                    |                 | 1.              |                  |   |                                          |                           |    |
| 8                                                                                                | PURPOSE<br>OF                                       | (a) |               | See Categories listed at the                                                                                                                                                                                   |                 | edule) (        | b) Description   |   |                                          |                           |    |
| l                                                                                                | EXPENDITURE                                         |     | Salaries/W    | ages/Contract La                                                                                                                                                                                               | abor            |                 | <u> </u>         |   | de of Texas. Con<br>, officeholder livin | plete Schedule T.         |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 | Payroll Taxe     |   | , onicendider livin                      | g expense                 |    |
| l                                                                                                |                                                     |     |               |                                                                                                                                                                                                                |                 |                 | r dyron rux      |   |                                          |                           |    |
| Ļ                                                                                                | 0 1: 0:::::::::::::::::::::::::::::::::             | L   | 0 11 1 10 1   |                                                                                                                                                                                                                |                 | \(\frac{1}{2}\) |                  |   | 0" 1                                     |                           |    |
| 9                                                                                                | Complete ONLY if direct expenditure to benefit C/OI |     | Candidate/Off | iceholder name                                                                                                                                                                                                 | C               | Office soug     | nt               |   | Office h                                 | ela                       |    |
|                                                                                                  | '                                                   |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
| l                                                                                                |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |
|                                                                                                  |                                                     |     |               |                                                                                                                                                                                                                |                 |                 |                  |   |                                          |                           |    |