## COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM CEC COVER SHEET PG 1

Th	e CEC Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00088946	2 Total pages filed: 11
3	COMMITTEE NAME		•	OFFICE USE ONLY
	Wichita County Re	epublican Party		
	-			
L				01/12/2025
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CIT	TY; STATE; ZIP CODE	
	ADDITESS	2708 Southwest Pkwy		Date Hand-delivered or Date Postmarked
	Change of Address	Suite 135		
		Wichita Falls, TX 76308		Receipt # Amount
				Date Processed
				Date Imaged
5	CAMPAIGN	MS / MRS / MR FIRST		MI
	TREASURER	Marissa		
	NAME			
		NICKNAME LAST		SUFFIX
		Kirsch		
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
	TREASURER	4004 Cynthia Lane		
	STREET ADDRESS			
	(Residence or Business)	Wichita Falls, TX 76302		
7	CAMPAIGN	STREET OR PO BOX;	APT / SUITE #; CITY	; STATE; ZIP CODE
	TREASURER	404 Cynthia Lane		
	MAILING ADDRESS			
	_	Wichita Falls, TX 76302		
	Change of Address			
8	CAMPAIGN TREASURER		EXTENSION	
	PHONE	(830) 643-4679		
Ļ				
9	REPORT TYPE	X January 15 30	Oth day before election	Final Report
		81	h day before election	10th day after campaign treasurer
		July 15		termination
		─	unoff	
10	PERIOD	Month Day Year	Month Day	Year
	COVERED	10/27/2024 TH	HROUGH 12/31/202	4
11	ELECTION			
		Month Day Year	Primary Runoff	Other
			General Special	
L				
		GO <sup>-</sup>	TO PAGE 2	
Fo	rms provided by Te	xas Ethics Commission www.et	thics.state.tx.us	Version V4.1.0.5dd2ace2

# COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer I	D (Ethics Commission Filers)
Wichita County Republic	can Party		00088	3946
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOAN	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) prt qualifies for the higher itemization threshold	\$	\$ 0.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	4	\$ 3,834.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES	\$	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	<b>\$</b> 0.00
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF E REPORTING PERIOD	THE	<b>\$</b> 0.00
16 AFFIDAVIT	L			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Maries	a Kirsch	
		Signature of Ca		
AFFIX NOTARY	STAMP / SEAL ABOV	=		
Sworn to and subscribed	before me, by the said	, t	his the	day
		y which, witness my hand and seal of office.		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title o	of officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

SUBTOTALS - CEC	СС	FORM CEC OVER SHEET PG 3 3 of 11	
17 COMMITTEE NAME Wichita County Republican Party	18 Filer ID 00088946	(Ethics Commission Filers)	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 2,539.	.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		<b>\$</b> 1,295.	.40
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. SCHEDULE E: LOANS		\$	
5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	
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. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	<b>\$</b> 14,812.	.29
10. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

# MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/11
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Wichita Cou	nty Republican Party		00088946
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
11/04/2024	Baldwin, Charlene		\$22.
	6 Contributor address; City; State; Zip Code		
	Wichita Falls, TX 76308		
8 Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	l
Retired			, 
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/01/2024	Carlson, Tricia		\$6.
	Contributor address; City; State; Zip Code		
	Wichita Falls, TX 76310		
	pation / Job title (See Instructions)	Employer (See Instructions	
Retired			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/01/2024	Cheatheam, Jimmy		\$110.
	Contributor address; City; State; Zip Code		
	Wichita Falls, TX 76301		
Principal occu Dish Networ	upation / Job title (See Instructions)	Employer (See Instructions	5)
			1
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/04/2024	Dean, Jason		\$30.
	Contributor address; City; State; Zip Code		
	Iowa Park, TX 76367		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	() ()
Computer Se			)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/14/2024	Freehling, Mark	/	\$100.
	Contributor address; City; State; Zip Code		
	Munday, TX 76371		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Retired			

# MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	·						
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/11	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
		nty Republican Party				00088946	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/01/2024	Hayden, Floyd					\$40.00
		6 Contributor address; City; State; 2	Zip Code		1		
		Wichita Falls, TX 76308					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u> 5)		
	Retired	· ·		· · ·			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/01/2024	Lavender, Mickey					\$1,000.00
		Contributor address; City; State; 2			1		
		Lawton, OK 73505					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Business Ov	<i>i</i> ner					
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/04/2024	Lennard, Barry					\$1,000.00
		Contributor address; City; State; 2			1		
		Wichita Falls, TX 76308			Ĺ		
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions	5)		
					-		
	Date		out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 22.00
	11/01/2024						\$20.00
		Contributor address; City; State; 2	Zip Code				
		Wichita Falls, TX 76308					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Retired	•					
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/01/2024	Pettibon, Michael	······································			· ·	\$30.00
		Contributor address; City; State; Z	Zip Code		1		
			- P				
		Wichita Falls, TX 76310					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Safety Speci	alist					
			ı				

# MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

_							
	The Instru	ction Guide explains hov	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/11	
2	FILER NAME				2	Filer ID (Ethics Commission	Filers)
		nty Republican Party				00088946	1 11013)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	11/01/2024	Roberts, Larry					\$41.00
		6 Contributor address; City; S	tate: Zip Code				
		· · · · · · · · · · · · · · · · · · ·					
		Wichita Falls, TX 76308					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Retired						
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/12/2024	Shults, Crimson		······································			\$40.00
							+
		Contributor address; City; S	lale, ZIP Code				
		Wichita Falls, TX 76301					
⊢	Dringing ogg		-)	Employer (See Instructions	<u> </u>		
	Realtor	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Realion				_		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/01/2024	Simpson, Don					\$40.00
		Contributor address; City; S	tate; Zip Code		1		
		Wichita Falls, TX 76301					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<b>-</b> 5)		
	Retired						
⊨	Date	Full name of contributor	out-of-state PAC (ID#:_	)	<u> </u>	Amount of Contribution (\$)	
	11/04/2024	Thompson, Trent	UUI-0I-SIAIE PAC (ID#	)			\$60.00
	11/04/2024						φ00.00
		Contributor address; City; S	tate; Zip Code				
		Wichita Falls, TX 76309					
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Retired						
ĺ							
ĺ							
ĺ							

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 7/11
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Wichita Cou	nty Republican Party	00088946	
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution
11/24/2024	Crossroads 2708 LLC		contribution (\$) description \$647.70 Portion of Office Rental
	7 Contributor address; City; State; Zip Code		
	Wichita Falls, TX 76308		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution
12/24/2024	Crossroads 2708 LLC	)	contribution (\$) description
	Contributor address; City; State; Zip Code		\$647.70 Portion of Office Rental
	Contributor address, ony, State, Zip Code		
	Wichita Falls, TX 76308		I Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
-			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
			``````````````````````````````````````
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

SCHEDULE |

Total pages Schedule I: Sch: 1/4 Rpt: 8/11	2 FILER NAME Wichita County Republican Party	3 Filer ID (Ethics Commission Filers 00088946
Date 11/20/2024	5 Payee name Alliance Power	
Amount (\$) 96.77	7 Payee Address; City; State; Zip 811 6th St	
	Wichita Falls, TX 76301	
PURPOSE OF EXPENDITURE		escription (See instructions regarding type of information required ectricity
Date 12/24/2024	Payee name Alliance Power	
Amount (\$) 76.30	Payee Address; City; State; Zip 811 6th St	
	Wichita Falls, TX 76301	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)       (b) De         Office Overhead/Rental Expense       Ele	escription (See instructions regarding type of information required ectricity
Date 11/04/2024	Payee name Charter Communications	
Amount (\$) 19.99	Payee Address; City; State; Zip PO Box 60074	
	City of Industry, CA 91716	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)       (b) De         Office Overhead/Rental Expense       Of	escription (See instructions regarding type of information required ffice Phone
Date 11/08/2024	Payee name Charter Communications	
Amount (\$) 115.60	Payee Address; City; State; Zip PO Box 60074	
PURPOSE OF EXPENDITURE	City of Industry, CA 91716 (a) Category (See instructions for examples of acceptable categories) (b) De Office Overhead/Rental Expense Int	escription (See instructions regarding type of information required ternet

SCHEDULE I

PURPOSE OF EXPENDITUR Date 12/09/2024 Amount (\$) 115 PURPOSE OF EXPENDITUR Date 12/02/2024 Amount (\$)	.9.99 E	<ul> <li>5 Payee name Charter Communications</li> <li>7 Payee Address; City; State; Zip PO Box 60074 City of Industry, CA 91716</li> <li>(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense</li> </ul>	(b) Description (See instructions regarding type of information required.
19 PURPOSE OF EXPENDITUR Date 12/09/2024 Amount (\$) 115 PURPOSE OF EXPENDITUR Date 12/02/2024 Amount (\$) 55 PURPOSE OF EXPENDITUR Date Date Date Date	E	PO Box 60074 City of Industry, CA 91716 (a) Category (See instructions for examples of acceptable categories)	(h) Departmention (See instructions regarding type of information required
OF EXPENDITUR Date 12/09/2024 Amount (\$) 115 PURPOSE OF EXPENDITUR Date 12/02/2024 Amount (\$) 55 PURPOSE OF EXPENDITUR		(a) Category (See instructions for examples of acceptable categories)	(b) Departmention (See instructions regarding time of information required)
OF EXPENDITUR Date 12/09/2024 Amount (\$) 115 PURPOSE OF EXPENDITUR Date 12/02/2024 Amount (\$) 55 PURPOSE OF EXPENDITUR			(b) Departmention (See instructions regarding time of information required)
12/09/2024 Amount (\$) 115 PURPOSE OF EXPENDITUR Date 12/02/2024 Amount (\$) 55 PURPOSE OF EXPENDITUR			(b) Description (See instructions regarding type of information required. Office Phone
115 PURPOSE OF EXPENDITUR Date 12/02/2024 Amount (\$) 55 PURPOSE OF EXPENDITUR Date		Payee name Charter Communications	
OF EXPENDITUR Date 12/02/2024 Amount (\$) 55 PURPOSE OF EXPENDITUR Date	.5.60	Payee Address; City; State; Zip PO Box 60074	
OF EXPENDITUR Date 12/02/2024 Amount (\$) 55 PURPOSE OF EXPENDITUR Date		City of Industry, CA 91716	
12/02/2024 Amount (\$) 55 PURPOSE OF EXPENDITUR		(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. Internet
55 PURPOSE OF EXPENDITUR		Payee name Constant Contact	
OF EXPENDITUR	5.43	Payee Address; City; State; Zip 1601 Trapelo Rd Waltham, MA 02451	
OF EXPENDITUR		(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
		Office Overhead/Rental Expense	Web Communication
12/30/2024		Payee name	
12/00/2024		Constant Contact	
Amount (\$) 55	5.43	Payee Address; City; State; Zip 1601 Trapelo Rd	
		Waltham, MA 02451	
PURPOSE OF EXPENDITUR	_	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. Web Communication

SCHEDULE I

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers			
Sch: 3/4 Rpt:	Wichita County Republican Party	00088946			
Date	5 Payee name				
11/22/2024	Crossroads 2708				
Amount (\$)	7 Payee Address; City; State; Zip				
501.39	4005 Call Field Rd				
	Wichita Falls, TX 76308				
PURPOSE		b) Description (See instructions regarding type of information required.			
OF EXPENDITURE	Office Overhead/Rental Expense	Office Rent			
-					
Date	Payee name				
12/24/2024	Crossroads 2708				
Amount (\$)	Payee Address; City; State; Zip				
501.39	4005 Call Field Rd				
001.00					
	Wichita Falls, TX 76308				
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) ( Office Overhead/Rental Expense	<ul> <li>b) Description (See instructions regarding type of information required. Office Rent</li> </ul>			
EXPENDITURE	Onice Overneau/Nental Expense	Once Rent			
Date	Payee name				
11/01/2024	Google				
Amount (\$)	Payee Address; City; State; Zip				
7.68	1600 Amphitheatre Parkway				
	Mountain View, CA 94043				
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (	b) Description (See instructions regarding type of information required.			
OF	Office Overhead/Rental Expense	GOTV Emails			
EXPENDITURE					
Date	Payee name				
12/02/2024	Google				
Amount (\$)	Payee Address; City; State; Zip				
7.68	1600 Amphitheatre Parkway				
	Mountain View, CA 94043				
PURPOSE		b) Description (See instructions regarding type of information required.			
OF	Office Overhead/Rental Expense	GOTV Emails			
EXPENDITURE					
	· · ·				

SCHEDULE I

Total pages Schedule I: Sch: 4/4 Rpt:	2 FILER NAME Wichita County Republican Party	3 Filer ID (Ethics Commission Filers 00088946
Date 11/04/2024	5 Payee name Hoeggar Communications	
Amount (\$) 12,932.00	7 Payee Address; City; State; Zip 901 Indiana Ave	
PURPOSE	Wichita Falls, TX 76301 (a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Office Overhead/Rental Expense	GOTV Initiative
Date	Payee name	
11/12/2024	McAfee	
Amount (\$) 75.76	Payee Address; City; State; Zip 6220 America Center Dr	
	San Jose, CA 95002	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. Antivirus Protection
Date 12/03/2024	Payee name USPS	
Amount (\$) 150.00	Payee Address; City; State; Zip 1000 Lamar St	
	Wichita Falls, TX 76301	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. PO Box Rental
Date	Payee name	
12/27/2024	Wichita County Tax Assessor	
Amount (\$) 81.28	Payee Address; City; State; Zip 600 Scott St, Suite 105	
	Wichita Falls, TX 76301	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. Property Tax
	1	