#### 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. 00015769 3 COMMITTEE NAME **OFFICE USE ONLY Tarrant County GOP** Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 201 N. Rupert St Date Hand-delivered or Date Postmarked Suite 117 Change of Address Fort Worth, TX 76107 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Frederick NAME NICKNAME LAST **SUFFIX** Tate STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 201 N. Rupert St STREET **ADDRESS** Suite 117 (Residence or Business) Fort Worth, TX 76107 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 201 N. Rupert St. MAILING **ADDRESS** Suite 117 Fort Worth, TX 76107 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 290-7500 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

# COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

## FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)			
Tarrant County GOP			00015769	1			
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported Bill Waybourn Sheriff					
(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					
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)						
<b>15</b> CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	0.00			
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	24,545.81			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00			
	4. TOTAL POLITIO	\$	35,000.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	DAY \$	179,722.05				
OUTSTANDING LOAN TOTALS	1	L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	HE \$	0.00			
16 AFFIDAVIT	<u>'</u>		<u> </u>				
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.					
		Freder	ick Tate				
Signature of Campaign Treasurer							
AFFIX NOTARY	STAMP / SEAL ABOV	E					
Sworn to and subscribed	before me, by the said	, th	nis the	day			
of	_, 20, to certi	y which, witness my hand and seal of office.		-			
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title of offi	cer administering oath			

### **SUBTOTALS - CEC** FORM CEC **COVER SHEET PG 3** 17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers) **Tarrant County GOP** 00015769 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 24,545.81 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 35,000.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 10. \$ TO FILER

	MONET	Ά	RY POLITICAL CONTRIBUTION	NS		SCHEDULE A1	
	The Instru	cti	on Guide explains how to complete this fo	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/5			
2	FILER NAME Tarrant Cour	nty	GOP	<b>3</b> Filer ID (Ethics Commission Filers) 00015769			
4	Date 12/04/2024	<u> </u>	Full name of contributor out-of-state PAC (ID#:_French, Bo  Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$2,545.81		
			Fort Worth, TX 76147				
8	Principal occu Investor	ıpat	ion / Job title (See Instructions)	9 Employer (See Instructions Self-Employed	5)		
	Date 11/03/2024		Full name of contributor out-of-state PAC (ID#:_ Giovanni Capriglione Campaign (65973)  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$) \$1,000.00	
	Principal occu	pat	Southlake, TX 76092 ion / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$) \$20,000.00	
	•	pat	Fort Worth, TX 76107 ion / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 11/03/2024		Full name of contributor out-of-state PAC (ID#:_Melody Wilkinson Campaign  Contributor address; City; State; Zip Code  Fort Worth, TX 76132	Self Employed		Amount of Contribution (\$) \$1,000.00	
	Principal occu	<u>I</u> ıpat	ion / Job title (See Instructions)	Employer (See Instructions	<u>l</u> S)		

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Solicitation/Fundraising Expense

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Con	nmittee	Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services	se Expense	Polling Expense Printing Expense	o/Rental Expense e se s/Contract Labor		Travel in Distric Travel Out of Di		
	Credit Card Payment			The Instruction Gu	uide explains	how to comple	ete this form.				
1	Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	ı	FILER NAME Tarrant Cou					3	Filer ID 00015769	(Ethics Commiss	ion Filers)
_	Date	⊢									
4	10/28/2024		Payee name AX Media								
6	Amount (\$) \$35,000.00		Payee addres 800 W 47th Suite 200		State;	Zip Code					
			Kansas City	, MO 64112							
8	PURPOSE OF EXPENDITURE		Category <sub>(Se</sub>	ee Categories listed at tl Expense	he top of this sch	edule) (b)	Check if Austin	n, TX, endit	, officeholder livin ture for Adv	plete Schedule T. g expense ertising to supp	ort Bill
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Offi	ceholder name	C	Office sought			Office h	eld	