#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00055780 Date Received COMMITTEE Lubbock County Republican Party (CEC) **ELECTRONICALLY FILED** NAME 01/13/2025 TREASURER Cox, Lisa (Mrs.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** X January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Day Year Month Day Date Imaged **COVERED THROUGH** 10/27/2024 12/31/2024 **EXPLANATION OF CORRECTION** Two phone bills for the office were not reported on the first version of the report. These totaled \$70 and have been added to expenditures and the total cash on hand has been updated accordingly. AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mrs. Lisa Cox Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_ \_\_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

#### 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. 15 00055780 3 COMMITTEE NAME **OFFICE USE ONLY** Lubbock County Republican Party (CEC) Date Received **ELECTRONICALLY FILED** 01/13/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 94775 Date Hand-delivered or Date Postmarked Change of Address Lubbock, TX 79493 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Lisa NAME NICKNAME LAST **SUFFIX** Cox STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1440 6th Street STREET **ADDRESS** (Residence or Business) Shallowater, TX 79363 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 1284 MAILING **ADDRESS** Shallowater, TX 79363 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (806) 782-4740 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) |
|---|---|---|-----------------|----------------------------|
| Lubbock County Repub  | lican Party (CEC)   |   | 00055780        |                            |
| 14 COMMITTEE<br>ACTIVITY  | Candidates (Identify by name or, if applicable, classify by party.)                   | A. Supported Cary Shaw Lubbock County Con   | nmissioner Pro  | ecinct 3                   |
| (Attach lists on plain paper to complete this report if necessary.) |   | B. Opposed  |                 |                            |
|   | 2. Measures<br>(Describe by date and<br>location of election and<br>nature of issue.) | A. Supported  |                 |                            |
|   |   | B. Opposed  |                 |                            |
|   | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)    |   |                 |                            |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOAN CONTRIBUTIONS Check here if this rep                                    | ZED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR S MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold | \$              | 2,640.75                   |
|   |   | CAL CONTRIBUTIONS<br>LEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$              | 12,316.70                  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZ   | ED POLITICAL EXPENDITURES   | \$              | 70.00                      |
|   | 4. TOTAL POLITION   | CAL EXPENDITURES  | \$              | 18,860.20                  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICA<br>OF THE REPORT  | L CONTRIBUTIONS MAINTAINED AS OF THE LAST<br>ING PERIOD   | DAY \$          | 10,976.27                  |
| OUTSTANDING<br>LOAN TOTALS  |   | AL AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>E REPORTING PERIOD  | THE \$          | 0.00                       |
| 16 AFFIDAVIT  | •   |   | •               |                            |
|   |   | I swear, or affirm, under penalty of pe<br>true and correct and includes all informunder Title 15, Election Code.                               |                 |                            |
|   |   | Mrs. L  | isa Cox         |                            |
|   |   | Signature of Car  | mpaign Treasur  | er                         |
| AFFIX NOTARY  | STAMP / SEAL ABOV   | E   |                 |                            |
| Sworn to and subscribed   | before me, by the said  | , th  | nis the         | day                        |
|   |   | fy which, witness my hand and seal of office.   |                 |                            |
|   |   |   |                 |                            |
| Signature of officer ad   | ministering oath  | Printed name of officer administering oath  | Title of office | er administering oath      |

## **SUBTOTALS - CEC**

# FORM CEC COVER SHEET PG 3

|    |                     |  |                       | <b></b> | 4 of 15         |
|----|---------------------|--|-----------------------|---------|-----------------|
|    | OMMITTE<br>Ibbock ( | (Ethio   | cs Commission Filers) |         |                 |
|    |                     | E SUBTOTALS<br>SCHEDULE  |                       |         | SUBTOTAL AMOUNT |
| 1. | Х                   | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                  |                       | \$      | 12,316.70       |
| 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                     | \$      | 18,860.20       |
| 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 F<br>TO FILER | RETURNED              | \$      |                 |
|    |                     |  |                       |         |                 |
| ĺ  |                     |  |                       |         |                 |

| MONETARY POLITICAL CONTRIBUTIONS  |  |  |                                   |                             |  | SCHEDUL    | LE <b>A1</b>                                   |            |
|---|--|--|-----------------------------------|-----------------------------|--|------------|--|------------|
|   | The Instruction Guide explains how to complete this form.  |  |                                   |                             |  | 1          | Total pages Schedule A1:<br>Sch: 1/3 Rpt: 5/15 |            |
| 2   | FILER NAME<br>Lubbock Cou  | unty Republican Party (CEC)                            |                                   |                             |  | 3          | Filer ID (Ethics Commission 00055780           | on Filers) |
| 4   |  |  | 7                                 | Amount of Contribution (\$) | \$500.00                                       |            |  |            |
| 8   | Principal occu   | Lubbock, TX 79424 pation / Job title (See Instructions | <u> </u>                          |                             | Employer (See Instructions                     | -,<br>     |  |            |
| 0   | Retired  | pation / Job title (See Instructions                   | ,                                 | J                           | Retired  | ·)         |  |            |
|   | Date Full name of contributor out-of-state PAC (ID#:)  11/05/2024 Englund, Phillip  Contributor address; City; State; Zip Code |  |                                   | Amount of Contribution (\$) | \$125.00                                       |            |  |            |
|   | Lubbock, TX 79424  |  | <u></u>                           |                             |  |            |  |            |
|   | Retired  | pation / Job title (See Instructions                   | ()                                |                             | Employer (See Instructions Retired             | 5)         |  |            |
| Date Full name of contributor out-of-state PAC (ID#:  |  |  | )                                 | •                           | Amount of Contribution (\$)                    | \$1,000.00 |  |            |
|   |  | Lubbock, TX 79410                                      |                                   |                             |  |            |  |            |
|   | Principal occu<br>Attorney   | pation / Job title (See Instructions                   | )<br>                             |                             | Employer (See Instructions David Glasheen Atty | 5)         |  |            |
| Date  Full name of contributor out-of-state PAC (ID#:  11/05/2024 Hiebert, Carrie  Contributor address; City; State; Zip Code  Idalou, TX 79329 |  |  |                                   | Amount of Contribution (\$) | \$890.00                                       |            |  |            |
| Principal occupation / Job title (See Instructions)  Owner  Employer (See Instructions)  Cantex   |  |  | Employer (See Instructions Cantex | 5)                          |  |            |  |            |
| Date Full name of contributor out-of-state PAC (ID#:)  11/05/2024 Hiebert, Carrie  Contributor address; City; State; Zip Code  Idalou, TX 79329 |  | •  | Amount of Contribution (\$)       | \$25.00                     |  |            |  |            |
|   | Principal occu<br>Owner  | pation / Job title (See Instructions                   | )                                 |                             | Employer (See Instructions<br>Cantex           | s)         |  |            |
|   |  |  |                                   |                             |  |            |  |            |

| MONETARY POLITICAL CONTRIBUTIONS   |   |  |                             |                                    | SCHEDULE A                  |  |           |
|--|---|--|-----------------------------|------------------------------------|-----------------------------|--|-----------|
|  | The Instruction Guide explains how to complete this form.   |  |                             |                                    |                             | Total pages Schedule A1:<br>Sch: 2/3 Rpt: 6/15 |           |
| 2  | FILER NAME  | ınty Republican Party (CEC)  |                             |                                    | 3                           | Filer ID (Ethics Commission 00055780           | n Filers) |
| 4  |   |  | 7                           | Amount of Contribution (\$)        | \$20.00                     |  |           |
| 8  | Principal occu  | Idalou, TX 79329 pation / Job title (See Instructions)   | l <sub>a</sub>              | Employer (See Instructions         | ;)<br>                      |  |           |
| 0  | Owner   | pation 7 300 title (See Instituctions)   |                             | Cantex                             | ·)                          |  |           |
|  | Date Full name of contributor out-of-state PAC (ID#:)  11/05/2024 Key, John  Contributor address; City; State; Zip Code |  |                             | Amount of Contribution (\$)        | \$200.00                    |  |           |
|  | Wolfforth, TX 79382   |  | <u></u>                     |                                    |                             |  |           |
|  | Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)  Retired                      |  |                             | 5)                                 |                             |  |           |
|  | Date Full name of contributor out-of-state PAC (ID#:  |  |                             | •                                  | Amount of Contribution (\$) | \$600.00                                       |           |
|  |   | Lubbock, TX 79493  |                             |                                    |                             |  |           |
|  | Principal occu  | pation / Job title (See Instructions)  |                             | Employer (See Instructions         | s)                          |  |           |
|  | Date<br>12/05/2024  | Full name of contributor out-of-state PAC (IE Lubbock Area Republican Women PAC Contributor address; City; State; Zip Code Lubbock, TX 79493 |                             |                                    | •                           | Amount of Contribution (\$)                    | \$600.00  |
|  | Principal occupation / Job title (See Instructions)  Employer (See Instructions)  |  |                             |                                    | 5)                          |  |           |
| Date Full name of contributor out-of-state PAC (ID#:)  11/05/2024 May, Jane  Contributor address; City; State; Zip Code  Lubbock, TX 79408 |   |  | Amount of Contribution (\$) | \$50.00                            |                             |  |           |
|  | Principal occu<br>Retired   | pation / Job title (See Instructions)  |                             | Employer (See Instructions Retired | 5)                          |  |           |
|  |   |  |                             |                                    |                             |  |           |

| IV          | MONET   | ARY POLITICAL CONTRIBUTION                                | SCHEDULE A1                                      |  |
|-------------|---|---|--|--|
| TI          | he Instru   | ction Guide explains how to complete this t               | 1 Total pages Schedule A1:<br>Sch: 3/3 Rpt: 7/15 |  |
|             | LER NAME  | unty Republican Party (CEC)                               |  | 3 Filer ID (Ethics Commission Filers) 00055780 |
| <b>4</b> Da |   | Full name of contributor                                  | 7 Amount of Contribution (\$) \$525.0            |  |
|             |   | Lubbock, TX 79408   | ,  |  |
|             | rincipal occu<br>etired   | ipation / Job title (See Instructions)                    | 9 Employer (See Instruction: Retired             | าร)  |
|             | Date 12/01/2024 Full name of contributor out-of-state PAC (ID#:) Texans for Jodey Arrington  Contributor address; City; State; Zip Code |   |  | Amount of Contribution (\$) \$5,140.9          |
| Pr          | rincipal occu   | Lubbock, TX 79401  upation / Job title (See Instructions) | Employer (See Instruction                        | ns)  |
|             |   |   |  |  |

#### SCHEDULE F1

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

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

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 | l 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:   |  |
|   | Sch: 1/8 Rpt: 8/15   | Lubbock County Republican Party (CEC) 00055780   |
| 4 | Date   | 5 Payee name   |
|   | 11/07/2024   | 34th and Boston Commercial LLC   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$1,200.00   | 1715 Pontiac Avenue  |
|   |  |  |
|   |  | Lubbock, TX 79416  |
| 8 | 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   |
|   |  | Office rent  |
|   |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name Office sought Office held  |
|   | CAPERICITIES TO DETICAL C/OF   | 1  |
|   | Date   | Payee name   |
|   | 12/04/2024   | 34th and Boston Commercial LLC   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$1,200.00   | 1715 Pontiac Avenue  |
|   |  |  |
|   |  | Lubbock, TX 79416  |
|   | 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   |
|   |  | Office rent  |
| _ | 0 1. 0   |  |
|   | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held  |
|   |  |  |
|   | Date   | Payee name   |
|   | 12/30/2024   | 34th and Boston Commercial LLC   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$1,200.00   | 1715 Pontiac Avenue  |
|   |  |  |
|   |  | Lubbock, TX 79416  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                   |
|   | OF<br>EXPENDITURE  | Solicitation/Fundraising Expense   |
|   | Za Enditone  | Check if Austin, TX, officeholder living expense   |
|   |  | Office rent  |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI                                 | •  |
|   |  |  |
|   |  |  |
|   |  |  |

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations N Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen nmittee 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 | 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:<br>Sch: 2/8 Rpt: 9/15   | 2 FILER NAME Lubbock County Republican Party (CEC) 3 Filer ID (Ethics Commission Filers) 00055780 |  |  |  |
| Ļ | <u> </u>   |   |  |  |  |
| 4 | Date   | 5 Payee name  |  |  |  |
|   | 12/09/2024   | Costco  |  |  |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |  |  |  |
|   | \$84.88  | 6020 34th Street  |  |  |  |
|   |  |   |  |  |  |
|   |  | Lubbook TV 70407  |  |  |  |
|   |  | Lubbock, TX 79407   |  |  |  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                  |  |  |  |
|   | OF<br>EXPENDITURE  | Event Expense Check if travel outside of Texas. Complete Schedule T.                              |  |  |  |
|   | -  | Check if Austin, TX, officeholder living expense  |  |  |  |
|   |  | Food for Christmas party  |  |  |  |
|   |  |   |  |  |  |
| 9 | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |  |  |  |
|   | expenditure to benefit C/OI  |   |  |  |  |
|   | Date   | Payee name  |  |  |  |
|   | 11/05/2024   | Flores, Jacob   |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |
|   | ` ,  |   |  |  |  |
|   | \$300.00   | 1205 15th Street  |  |  |  |
|   |  |   |  |  |  |
|   |  | Lubbock, TX 79401   |  |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                  |  |  |  |
|   | OF   | Event Expense Check if travel outside of Texas. Complete Schedule T.                              |  |  |  |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |  |  |  |
|   |  | Security for event  |  |  |  |
|   |  |   |  |  |  |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |  |  |  |
|   | expenditure to benefit C/OI  | 1   |  |  |  |
| H | Date   | Payee name  |  |  |  |
|   | 11/05/2024   | Garcia, Arnold  |  |  |  |
|   |  |   |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |
|   | \$300.00   | 1205 15th Street  |  |  |  |
|   |  |   |  |  |  |
|   |  | Lubbock, TX 79401   |  |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                  |  |  |  |
|   | OF   | Event Expense Check if travel outside of Texas. Complete Schedule T.                              |  |  |  |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |  |  |  |
|   |  | Security for event  |  |  |  |
|   |  |   |  |  |  |
|   | 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 By Candidate/Officeholder/Political Committee Credit Card Payment

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

The Instruction Guide explains how to complete this form.

| Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
|---|
| Filer ID (Ethics Commission Filers) 00055780  |
|   |
|   |
| tside of Texas. Complete Schedule T.<br>X, officeholder living expense<br>rmas Party  |
| Office held   |
|   |
|   |
| tside of Texas. Complete Schedule T.<br>X, officeholder living expense<br>d for election night event  |
| Office held   |
|   |

| 1 Total pages Schedule F1:<br>Sch: 3/8 Rpt: 10/15      | 2 FILER NAME Lubbock County Republican Party (CEC) 3 Filer ID (Ethics Commission Filers) 00055780   |
|--|---|
| 4 Date<br>12/10/2024                                   | 5 Payee name Glazed Honey Ham Company   |
| 6 Amount (\$)<br>\$574.09                              | 7 Payee address; City; State; Zip Code 3424 82nd Street  Lubbock, TX 79423  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                         | (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Food for Christmas Party                |
| Complete ONLY if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
| Date<br>11/05/2024<br>Amount (\$)                      | Payee name Hillcrest Country Club Payee address; City; State; Zip Code  |
| \$4,015.95   | Lubbock, TX 79408   |
| PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Venue and food for election night event |
| Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held   |
| Date<br>11/07/2024                                     | Payee name Hillcrest Country Club   |
| Amount (\$)<br>\$7,486.75                              | Payee address; City; State; Zip Code 4011 N Boston Avenue  Lubbock, TX 79408  |
| PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Venue and food for election night event |
| Complete ONLY if direct expenditure to benefit C/Ol    | Candidate/Officeholder name Office sought Office held   |
| Forms provided by Texas E                              | thics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ac   |

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |   |
|---|--|---|---|
| _ |  |   | _ |
| 1 | Total pages Schedule F1:<br>Sch: 4/8 Rpt: 11/15  | 2 FILER NAME Lubbock County Republican Party (CEC) 3 Filer ID (Ethics Commission Filers) 00055780                                       |   |
| 4 | Date   | 5 Payee name  | _ |
|   | 12/12/2024   | Optimum   |   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |   |
|   | \$736.23   | 11430 Quaker  |   |
|   |  | Lubbock, TX 79424   |   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |   |
|   | OF<br>EXPENDITURE  | Office Overhead/Rental Expense  |   |
|   | LXI LINDITORL  | Check if Austin, TX, officeholder living expense  |   |
|   |  | Internet bill for office  |   |
| _ |  |   | _ |
| 9 | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held   |   |
|   | Date   | Payee name  |   |
|   | 12/30/2024   | Optimum   |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |   |
|   | \$245.41   | 11430 Quaker  |   |
|   |  |   |   |
|   |  | Lubbock, TX 79424   |   |
|   | 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 bill for office  |   |
|   |  |   |   |
|   | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held   |   |
|   | Date   | Payee name  | _ |
|   | 12/09/2024   | Party City  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  | _ |
|   | \$32.48  | 6038 Marsha Sharp Fwy   |   |
|   | , ,  | #100  |   |
|   |  |   |   |
|   |  | Lubbock, TX 79407   | _ |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule)  (b) Description   |   |
|   | EXPENDITURE  | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                  |   |
|   |  | Supplies for Christmas Party  |   |
|   |  | Supplies for Officialities Fairty   |   |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   | _ |
|   | expenditure to benefit C/OI  |   |   |
|   |  |   | _ |
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### 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

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: 5/8 Rpt: 12/15  | Lubbock County Republican Party (CEC) 00055780  |
| 4 | Date   | 5 Payee name  |
|   | 11/04/2024   | Raise The Money   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$109.18   | P.O. Box 26466  |
|   |  |   |
|   |  | Little Rock, AR 72221   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Solicitation/Fundraising Expense  |
|   |  | Credit card processing fees   |
|   |  | Credit card processing rees   |
| _ | Operation ONLY if allowed                                  | Our did to 10 ff as had done as many  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|   |  |   |
|   | Date   | Payee name  |
|   | 11/07/2024   | Raise The Money   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$99.07  | P.O. Box 26466  |
|   |  |   |
|   |  | Little Rock, AR 72221   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Event Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Credit card processing fees   |
|   |  | Credit card processing rees   |
| _ | Operation ONLY if allowed                                  | Our did to 10 ff as had done as many  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|   | •  |   |
|   | Date   | Payee name  |
|   | 11/07/2024   | Raise The Money   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$123.39   | P.O. Box 26466  |
|   |  |   |
|   |  | Little Rock, AR 72221   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Solicitation/Fundraising Expense  |
|   |  | Check if Austin, TX, officeholder living expense  |
|   |  | Credit card processing fees   |
|   | Complete ONLY if allowers                                  | Condidate/Officeholder name   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|   | ,  |   |
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#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

|   | Candidate/Officenoider/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: 6/8 Rpt: 13/15                                    | Lubbock County Republican Party (CEC) 00055780  |
| 4 | Date   | 5 Payee name  |
|   | 11/13/2024   | Raise The Money   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$5.15   | P.O. Box 26466  |
|   |  |   |
|   |  | Little Rock, AR 72221   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description        |
|   | OF<br>EXPENDITURE                                      | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. |
|   |  | Check if Austin, TX, officeholder living expense  Credit card processing fee            |
|   |  | Croak sala processing les   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                   |
|   | expenditure to benefit C/O                             |   |
|   | Date   | Payee name  |
|   | 11/12/2024   | Reliant Energy  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$238.72   | 6315 82nd Street  |
|   |  |   |
|   |  | Lubbock, TX 79424   |
|   | 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  Electrical bill for office            |
|   |  | Electrical bill for office  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                   |
|   | expenditure to benefit C/O                             |   |
|   | Date   | Payee name  |
|   | 11/25/2024   | Reliant Energy  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$288.40   | 6315 82nd Street  |
|   |  |   |
|   |  | Lubbock, TX 79424   |
|   | 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 Office electrical bill                 |
|   |  | Office electrical bill  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                   |
|   | expenditure to benefit C/O                             |   |
|   |  |   |
|   |  |   |
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### 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 | 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: 7/8 Rpt: 14/15                                    | Lubbock County Republican Party (CEC) 00055780  |  |  |  |  |  |  |  |
| 4                 | Date   | 5 Payee name  |  |  |  |  |  |  |  |
|                   | 12/30/2024   | Reliant Energy  |  |  |  |  |  |  |  |
| 6                 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |  |  |  |  |  |  |  |
|                   | \$26.79  | 6315 82nd Street  |  |  |  |  |  |  |  |
|                   |  |   |  |  |  |  |  |  |  |
|                   |  | Lubbock, TX 79424   |  |  |  |  |  |  |  |
| 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  Electrical bill for office  |  |  |  |  |  |  |  |
|                   |  | Electrical bill for office  |  |  |  |  |  |  |  |
| 9                 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |  |  |
|                   | expenditure to benefit C/O                             |   |  |  |  |  |  |  |  |
|                   | Date   | Payee name  |  |  |  |  |  |  |  |
|                   | 11/12/2024   | Smokers Haven   |  |  |  |  |  |  |  |
|                   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |  |  |  |
|                   | \$404.44   | 5102 60th Street  |  |  |  |  |  |  |  |
|                   |  |   |  |  |  |  |  |  |  |
|                   |  | Lubbock, TX 79414   |  |  |  |  |  |  |  |
|                   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |  |  |
| EXPENDITURE       |  | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |  |  |  |  |  |  |  |
|                   |  | Cigars for election night event   |  |  |  |  |  |  |  |
|                   |  |   |  |  |  |  |  |  |  |
|                   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |  |  |
|                   | expenditure to benefit C/O                             |   |  |  |  |  |  |  |  |
|                   | Date   | Payee name  |  |  |  |  |  |  |  |
|                   | 11/29/2024   | The Tea Room at KK's  |  |  |  |  |  |  |  |
|                   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |  |  |  |
|                   | \$72.50  | 6409 Indiana Ave  |  |  |  |  |  |  |  |
|                   |  | Rear  |  |  |  |  |  |  |  |
|                   |  | Lubbock, TX 79413   |  |  |  |  |  |  |  |
|                   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |  |  |
| OF<br>EXPENDITURE |  | Food/Beverage Expense   |  |  |  |  |  |  |  |
|                   | LAFEINDITORE   | Check if Austin, TX, officeholder living expense  |  |  |  |  |  |  |  |
|                   |  | Food for meeting  |  |  |  |  |  |  |  |
|                   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |  |  |
|                   | Complete ONLY if direct expenditure to benefit C/OH    |   |  |  |  |  |  |  |  |
|                   |  |   |  |  |  |  |  |  |  |
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#### SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

|   | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | / -<br>al Co                           | mmittee         | Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials E<br>Legal Services | xpense          | Polling Expe<br>Printing Expe | ead/Rental Expe<br>nse<br>nse<br>jes/Contract Lab |          | Travel in District Travel Out of D     |                            |  |  |
|---|---|--|-----------------|--|-----------------|-------------------------------|---|----------|--|----------------------------|--|--|
|   | Credit Card Payment   |  |                 | The Instruction Gui  | de explains     | how to com                    | olete this forn                                   | n.       |  |                            |  |  |
| 1 | Total pages Schedule F1:  | 2                                      | FILER NAME      | E  |                 |                               |   | 3        | Filer ID                               | (Ethics Commission Filers) |  |  |
|   | Sch: 8/8 Rpt: 15/15   |  | Lubbock Co      | ounty Republican   | Party (CE       | EC)                           |   |          | 00055780                               |                            |  |  |
| 1 | Date  | 5                                      | Payee name      |  | - `             |                               |   | <u> </u> |  |                            |  |  |
|   | 12/10/2024  | ľ                                      | Walmart         | •  |                 |                               |   |          |  |                            |  |  |
| Ļ |   | Ŀ                                      |                 |  |                 |                               |   |          |  |                            |  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code |                 |  |                 |                               |   |          |  |                            |  |  |
|   | \$46.77   |  | 4215 S Loop 289 |  |                 |                               |   |          |  |                            |  |  |
|   |   |  |                 |  |                 |                               |   |          |  |                            |  |  |
|   |   |  | Lubbock, T.     | X 79423  |                 |                               |   |          |  |                            |  |  |
| 8 | PURPOSE   | (a)                                    | Category (s     | See Categories listed at the   | ton of this sch | nedule) (I                    | ) Description                                     | n        |  |                            |  |  |
|   | OF  |  |                 |  |                 |                               |   |          | outside of Texas. Complete Schedule T. |                            |  |  |
|   | EXPENDITURE   |  |                 |  |                 |                               |   |          | stin, TX, officeholder living expense  |                            |  |  |
|   |   |  |                 |  |                 |                               | Supplies  | for Chr  | r Christmas Party                      |                            |  |  |
|   |   |  |                 |  |                 |                               |   |          |  |                            |  |  |
| 9 | Complete ONLY if direct   |  | Candidate/Off   | iceholder name   | (               | Office sough                  | ıt  |          | Office h                               | neld                       |  |  |
|   | expenditure to benefit C/OI   | Н                                      |                 |  |                 |                               |   |          |  |                            |  |  |
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