### 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)<br>00086956 | 2 Total pages filed:<br>34             |  |  |  |
|-----|---|--|---|--|--|--|--|
| 3   | COMMITTEE NAME  |  |   | OFFICE USE ONLY                        |  |  |  |
|     | Jim Wells County I  | Republican Party                         |   | Date Received                          |  |  |  |
|     |   |  |   | ELECTRONICALLY FILED                   |  |  |  |
|     |   |  |   |  |  |  |  |
| Ļ   |   |  |   | 01/15/2025                             |  |  |  |
| 4   | COMMITTEE<br>ADDRESS  | ADDRESS / PO BOX; APT / SUITE #; CIT     | Y; STATE; ZIP CODE                                |  |  |  |  |
|     |   | PO Box 3184                              |   | Date Hand-delivered or Date Postmarked |  |  |  |
|     | Change of Address   |  |   |  |  |  |  |
|     |   | Alice, TX 78372                          |   | Receipt # Amount                       |  |  |  |
|     |   |  |   |  |  |  |  |
|     |   |  |   | Date Processed                         |  |  |  |
|     |   |  |   | Date Imaged                            |  |  |  |
|     |   |  |   | Date mayeu                             |  |  |  |
| 5   | CAMPAIGN  | MS / MRS / MR FIRST                      |   | MI                                     |  |  |  |
|     | TREASURER<br>NAME   | Mr. Charles H.                           |   |  |  |  |  |
|     | NAME  |  |   |  |  |  |  |
|     |   | NICKNAME LAST                            |   | SUFFIX                                 |  |  |  |
|     |   | Ragland                                  |   |  |  |  |  |
|     |   |  |   |  |  |  |  |
| 6   | CAMPAIGN  | STREET ADDRESS (NO PO BOX PLEASE);       | APT / SUITE #; CITY;                              | STATE; ZIP CODE                        |  |  |  |
|     | TREASURER<br>STREET   | 581 County Road 331                      |   |  |  |  |  |
|     | ADDRESS   |  |   |  |  |  |  |
|     | (Residence or Business)   | Alice, TX 78332                          |   |  |  |  |  |
| 7   | CAMPAIGN  | STREET OR PO BOX;                        | APT / SUITE #; CITY                               | ; STATE; ZIP CODE                      |  |  |  |
|     | TREASURER   | 581 County Road 331                      |   |  |  |  |  |
|     | MAILING<br>ADDRESS  |  |   |  |  |  |  |
|     | _   | Alice, TX 78332                          |   |  |  |  |  |
|     | Change of Address   |  |   |  |  |  |  |
| 8   | CAMPAIGN<br>TREASURER   |  | EXTENSION   |  |  |  |  |
|     | PHONE   | (936) 348-4896                           |   |  |  |  |  |
| Ļ   |   |  |   |  |  |  |  |
| 9   | REPORT<br>TYPE  | X January 15 30                          | th day before election                            | Final Report                           |  |  |  |
|     |   | 8t/                                      | n day before election                             | 10th day after campaign treasurer      |  |  |  |
|     |   | July 15                                  | Inoff   | termination                            |  |  |  |
|     |   |  |   |  |  |  |  |
| 10  | PERIOD<br>COVERED   | Month Day Year                           | Month Day   | Year                                   |  |  |  |
|     | COVERED   | 07/01/2024 TH                            | IROUGH 12/31/2024                                 | 4                                      |  |  |  |
| L   |   |  |   |  |  |  |  |
| 11  | ELECTION  | ELECTION DATE                            |   | Other                                  |  |  |  |
|     |   | Month Day Year                           | rimary Runoff                                     | Other                                  |  |  |  |
|     |   |  | General Special                                   |  |  |  |  |
|     |   |  |   |  |  |  |  |
|     |   |  |   |  |  |  |  |
|     |   |  |   |  |  |  |  |
| L   |   |  | TO PAGE 2   |  |  |  |  |
| Foi | orms provided by Texas Ethics Commission www.ethics.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 II   | C (Ethics Commission Filers)  |           |                              |  |  |  |
|---|---|---|-----------|------------------------------|--|--|--|
| Jim Wells County Repu   | blican Party  |   | 00086     | 956                          |  |  |  |
| 14 COMMITTEE<br>ACTIVITY  | 1. Candidates<br>(Identify by name or, if<br>applicable, classify by party.)                | A. Supported  |           |                              |  |  |  |
| (Attach lists on plain<br>paper to complete this<br>report if necessary.) |   | B. Opposed  |           |                              |  |  |  |
|   | 2. Measures<br>(Describe by date and<br>location of election and<br>nature of issue.)       | A. Supported  |           |                              |  |  |  |
|   |   |   |           |                              |  |  |  |
|   | 3. Officeholders<br>Assisted<br>(Identify by name or, if<br>applicable, classify by party.) |   |           |                              |  |  |  |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOAN   | ED POLITICAL CONTRIBUTIONS (OTHER THAN<br>S, OR GUARANTEES OF LOANS, OR<br>S MADE ELECTRONICALLY)<br>ort qualifies for the higher itemization threshold | \$        | 3,425.00                     |  |  |  |
|   |   | CAL CONTRIBUTIONS<br>LEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$        | 10,813.00                    |  |  |  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZ   | ED POLITICAL EXPENDITURES   | \$        | 0.00                         |  |  |  |
|   | 4. TOTAL POLITIC  | CAL EXPENDITURES  | \$        | 13,449.78                    |  |  |  |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICA<br>OF THE REPORT  | L CONTRIBUTIONS MAINTAINED AS OF THE LAST I<br>ING PERIOD   | DAY \$    | 189.27                       |  |  |  |
| OUTSTANDING<br>LOAN TOTALS  |   | L AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>E REPORTING PERIOD   | HE \$     | 0.00                         |  |  |  |
| 16 AFFIDAVIT  |   | l swear, or affirm, under penalty of per<br>true and correct and includes all inforr<br>under Title 15, Election Code.                                  |           |                              |  |  |  |
|   |   | Mr. Charles   | H. Ragl   | and                          |  |  |  |
|   |   | Signature of Car  | npaign Tr | easurer                      |  |  |  |
| AFFIX NOTARY  | STAMP / SEAL ABOV   | E   |           |                              |  |  |  |
| Sworn to and subscribed   | is the  | day   |           |                              |  |  |  |
| 01  | of, 20, to certify which, witness my hand and seal of office.                               |   |           |                              |  |  |  |
| Signature of officer ad   | ministering oath  | Printed name of officer administering oath  | Title o   | f officer administering oath |  |  |  |
| Forms provided by Texas E   | thics Commission  | www.ethics.state.tx.us  |           | Version V4.1.0.5dd2ace2      |  |  |  |

| SUBTOTALS - CEC  | CC                      | FORM CEC<br>OVER SHEET PG 3<br>3 of 34 |
|--|-------------------------|--|
| 17 COMMITTEE NAME<br>Jim Wells County Republican Party                             | 18 Filer ID<br>00086956 | (Ethics Commission Filers)             |
| 19 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |                         | SUBTOTAL AMOUNT                        |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 |                         | <b>\$</b> 10,813.00                    |
| 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              | 6                       | <b>\$</b> 13,449.78                    |
| 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              | DNS                     | \$                                     |
| 10. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I<br>TO FILER | RETURNED                | \$                                     |
|  |                         |  |

#### SCHEDULE A1

|   | The Instru                                 | ction Guide explains how to complete this         | form.                        | 1                          | Total pages Schedule A1:<br>Sch: 1/5 Rpt: 4/34 |            |
|---|--|---|------------------------------|----------------------------|--|------------|
| 2 | FILER NAME                                 |   | 3                            | Filer ID (Ethics Commissio | on Filers)                                     |            |
|   |  | ounty Republican Party                            |                              | 00086956                   |  |            |
| 4 | Date                                       | 5 Full name of contributor out-of-state PAC (ID#: | )                            | 7                          | Amount of Contribution (\$)                    |            |
|   | 07/31/2024                                 | Baker, Joseph Guy                                 |                              |                            |  | \$1,000.00 |
|   |  | 6 Contributor address; City; State; Zip Code      |                              |                            |  |            |
|   |  |   |                              |                            |  |            |
|   |  |   |                              |                            |  |            |
|   |  | Alice, TX 78332                                   |                              |                            |  |            |
| 8 |  | pation / Job title (See Instructions)             | 9 Employer (See Instructions | 5)                         |  |            |
|   | County Sher                                | iff   | Jim Wells County             |                            |  |            |
|   | Date                                       | Full name of contributor out-of-state PAC (ID#:   | )                            |                            | Amount of Contribution (\$)                    |            |
|   | 08/08/2024                                 | Brand, Seal                                       |                              |                            |  | \$75.00    |
|   |  | Contributor address; City; State; Zip Code        |                              |                            |  |            |
|   |  |   |                              |                            |  |            |
|   |  |   |                              |                            |  |            |
|   |  | Orange Grove, TX 78372-0035                       |                              |                            |  |            |
|   | Principal occu                             | pation / Job title (See Instructions)             | Employer (See Instructions   | 5)                         |  |            |
|   | Retired                                    |   | Retired                      |                            |  |            |
|   | Date                                       | Full name of contributor out-of-state PAC (ID#:   | ·<br>)                       |                            | Amount of Contribution (\$)                    |            |
|   | 08/20/2024 Dobie, Roberta                  |   |                              |                            |  | \$200.00   |
|   | Contributor address; City; State; Zip Code |   |                              |                            |  |            |
|   |  |   |                              |                            |  |            |
|   |  |   |                              |                            |  |            |
|   | Three Rivers, TX 78701                     |   |                              |                            |  |            |
|   | Principal occu                             | pation / Job title (See Instructions)             | Employer (See Instructions   | 5)                         |  |            |
|   | Retired                                    |   | Retired                      |                            |  |            |
|   | Date                                       | Full name of contributor out-of-state PAC (ID#:   | )                            |                            | Amount of Contribution (\$)                    |            |
|   | 08/08/2024                                 | Garza, Mauricio                                   |                              |                            |  | \$210.00   |
|   |  | Contributor address; City; State; Zip Code        |                              |                            |  |            |
|   |  |   |                              |                            |  |            |
|   |  |   |                              |                            |  |            |
|   |  | Alice, TX 78332                                   |                              |                            |  |            |
|   |  | pation / Job title (See Instructions)             | Employer (See Instructions   | 5)                         |  |            |
|   | Professional                               | Santa Claus                                       | Self-Employed                |                            |  |            |
|   | Date                                       | Full name of contributor out-of-state PAC (ID#:   | )                            |                            | Amount of Contribution (\$)                    |            |
|   | 10/07/2024                                 | Holmgreen, Jim                                    |                              |                            |  | \$100.00   |
|   | Contributor address; City; State; Zip Code |   |                              |                            |  |            |
|   |  |   |                              |                            |  |            |
|   |  |   |                              |                            |  |            |
|   |  | Alice, TX 78332                                   |                              |                            |  |            |
|   |  | pation / Job title (See Instructions)             | Employer (See Instructions   | 5)                         |  |            |
|   | Sales                                      |   | Self                         |                            |  |            |
|   |  |   |                              |                            |  |            |
| I |  |   |                              |                            |  |            |

#### SCHEDULE A1

| The Instru                | iction Guide explains how to complete this        | form.                                | 1 Total pages Schedule A1:<br>Sch: 2/5 Rpt: 5/34 |          |
|---------------------------|---|--------------------------------------|--|----------|
| 2 FILER NAME              |   |                                      | 3 Filer ID (Ethics Commission F                  | ilers)   |
| Jim Wells C               | ounty Republican Party                            | 00086956                             |  |          |
| 4 Date                    | 5 Full name of contributor out-of-state PAC (ID#: | )                                    | 7 Amount of Contribution (\$)                    |          |
| 11/15/2024                |   |                                      | 9  | \$100.00 |
|                           | 6 Contributor address; City; State; Zip Code      |                                      | 1  |          |
|                           |   |                                      |  |          |
|                           | Alice, TX 78332                                   |                                      |  |          |
| 8 Principal occu<br>Sales | upation / Job title (See Instructions)            | 9 Employer (See Instructions<br>Self | s)<br>   |          |
| Date                      | Full name of contributor out-of-state PAC (ID#:   | :)                                   | Amount of Contribution (\$)                      |          |
| 08/20/2024                |   |                                      | 9  | \$600.00 |
|                           | Contributor address; City; State; Zip Code        | 1                                    | 1  |          |
|                           |   | ł                                    |  |          |
|                           |   |                                      |  |          |
|                           | Kingsville, TX 78363                              |                                      |  |          |
| Р/псра оссо               | upation / Job title (See Instructions)            | Employer (See Instructions           | 3)   |          |
| Date                      | Full name of contributor out-of-state PAC (ID#:   | <u> </u>                             | Amount of Contribution (\$)                      |          |
| Date<br>09/05/2024        |   | J                                    | Amount of Contribution (\$)                      | \$75.00  |
| 001001202.                | Contributor address; City; State; Zip Code        |                                      |  | Ψι υ.υυ  |
|                           | CUITIBUTION autoress, City, State, Lip Cous       |                                      |  |          |
|                           |   |                                      |  |          |
|                           | Sandia, TX 78383                                  | ł                                    |  |          |
| Principal occl            | upation / Job title (See Instructions)            | Employer (See Instructions           | ۲<br>۶)  |          |
| Retired                   |   | Retired                              |  |          |
| Date                      | Full name of contributor out-of-state PAC (ID#:   | ·)                                   | Amount of Contribution (\$)                      |          |
| 08/08/2024                | ,   |                                      | 9  | \$225.00 |
|                           | Contributor address; City; State; Zip Code        |                                      |  |          |
|                           |   |                                      |  |          |
|                           |   |                                      |  |          |
| Di vicel e e              | Sandia, TX 78383                                  |                                      | <u> </u>   |          |
| Principal occu            | upation / Job title (See Instructions)            | Employer (See Instructions           | 3)   |          |
| Date                      | Full name of contributor out-of-state PAC (ID#:   | <u> </u>                             | Amount of Contribution (\$)                      |          |
| 08/08/2024                |   |                                      |  | \$158.00 |
|                           | Contributor address; City; State; Zip Code        |                                      | •  | •••      |
|                           |   |                                      |  |          |
|                           |   |                                      |  |          |
|                           | Sandia, TX 78383-2336                             |                                      |  |          |
| Principal occu            | upation / Job title (See Instructions)            | Employer (See Instructions           | 5)   |          |
|                           |   |                                      |  |          |
|                           |   | ·                                    |  |          |
|                           |   |                                      |  |          |

| SCHEDULE | A1 |
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| _ |  |   |                             |                              |           |  |          |
|---|--|---|-----------------------------|------------------------------|-----------|--|----------|
|   | The Instru   | ction Guide explains how to cor           | nplete this fo              | orm.                         | 1         | Total pages Schedule A1:<br>Sch: 3/5 Rpt: 6/34 |          |
| 2 | FILER NAME   |   | 3                           | Filer ID (Ethics Commission  | n Filers) |  |          |
| ľ |  | ounty Republican Party                    | Ŭ                           | 00086956                     | 11 11013) |  |          |
| 4 | Date   | 5 Full name of contributor X out-c        | of-state PAC (ID#: <u>C</u> | )                            | 7         | Amount of Contribution (\$)                    |          |
|   | 08/05/2024   | MONICA FOR CONGRESS                       |                             |                              |           |  | \$300.00 |
|   |  | 6 Contributor address; City; State; Zip ( |                             |                              |           |  |          |
|   |  |   |                             |                              |           |  |          |
|   |  |   |                             |                              |           |  |          |
|   |  | Alamo, TX 78516-2389                      |                             |                              |           |  |          |
| 8 | Principal occu   | pation / Job title (See Instructions)     |                             | 9 Employer (See Instructions | )         |  |          |
|   |  |   |                             |                              |           |  |          |
| Γ | Date   | Full name of contributor                  | of-state PAC (ID#:          | )                            |           | Amount of Contribution (\$)                    |          |
|   | 08/08/2024   | Miller, Richard                           |                             |                              |           |  | \$150.00 |
|   |  | Contributor address; City; State; Zip (   |                             |                              |           |  |          |
|   |  |   |                             |                              |           |  |          |
|   |  |   |                             |                              |           |  |          |
|   |  | Sandia, TX 78383                          |                             |                              |           |  |          |
|   | Principal occu   | pation / Job title (See Instructions)     |                             | Employer (See Instructions   | )         |  |          |
|   | Retired Retired  |   |                             |                              |           |  |          |
|   | Date     Full name of contributor     out-of-state PAC (ID#:)       08/08/2024     Miller, Richard |   |                             |                              |           | Amount of Contribution (\$)                    |          |
|   |  |   |                             |                              |           |  | \$225.00 |
|   | Contributor address; City; State; Zip Code   |   |                             |                              |           |  |          |
|   |  |   |                             |                              |           |  |          |
|   |  |   |                             |                              |           |  |          |
|   |  | Sandia, TX 78383                          |                             |                              |           |  |          |
|   | Principal occu   | pation / Job title (See Instructions)     |                             | Employer (See Instructions   | )         |  |          |
|   | Retired  |   |                             | Retired                      |           |  |          |
| Γ | Date   | Full name of contributor                  | of-state PAC (ID#:          | )                            |           | Amount of Contribution (\$)                    |          |
|   | 08/08/2024   | Naiser, S.                                |                             |                              |           |  | \$150.00 |
|   |  | Contributor address; City; State; Zip (   |                             |                              |           |  |          |
|   |  |   |                             |                              |           |  |          |
|   |  |   |                             |                              |           |  |          |
|   |  | Sandia, TX 78383                          |                             |                              |           |  |          |
|   | Principal occu   | pation / Job title (See Instructions)     |                             | Employer (See Instructions   | )         |  |          |
|   | Retired  |   |                             | Retired                      |           |  |          |
|   | Date   | Full name of contributor                  | of-state PAC (ID#:          | )                            |           | Amount of Contribution (\$)                    |          |
|   | 07/19/2024   | Ramirez, Elida                            |                             |                              |           |  | \$400.00 |
|   | Contributor address; City; State; Zip Code   |   |                             |                              |           |  |          |
|   |  |   |                             |                              |           |  |          |
|   |  |   |                             |                              |           |  |          |
|   |  | Alice, TX 78332                           |                             |                              |           |  |          |
|   |  | pation / Job title (See Instructions)     |                             | Employer (See Instructions   |           |  |          |
|   | Insurance A  | gent                                      |                             | T E Prosperity Ins. Ager     | су        |  |          |
|   |  |   |                             |                              |           |  |          |

#### SCHEDULE A1

| - | The Instru         | ction Guide explains how to complete this f                         | 1                            | 1 Total pages Schedule A1:<br>Sch: 4/5 Rpt: 7/34 |                             |            |
|---|--------------------|---|------------------------------|--|-----------------------------|------------|
| 2 | FILER NAME         |   | Filer ID (Ethics Commissio   | on Filers)                                       |                             |            |
|   | Jim Wells Co       | ounty Republican Party  |                              | 00086956   |                             |            |
| 4 | Date<br>07/31/2024 | 5 Full name of contributor out-of-state PAC (ID#:<br>Storm, Phillip | 7                            | Amount of Contribution (\$)                      | \$100.00                    |            |
|   |                    | 6 Contributor address; City; State; Zip Code                        |                              |  |                             |            |
|   |                    | Alice, TX 78332   |                              |  |                             |            |
| 8 | Principal occu     | pation / Job title (See Instructions)                               | 9 Employer (See Instructions | <b></b> ;)                                       |                             |            |
|   | Financial Se       | rvices  | Self                         |  |                             |            |
| — | Date               | Full name of contributor Out-of-state PAC (ID#:_                    | ,                            | Γ  | Amount of Contribution (\$) |            |
|   | 07/19/2024         | Storm, Phillip  |                              |  |                             | \$300.00   |
|   |                    | Contributor address; City; State; Zip Code                          |                              | •  |                             |            |
|   |                    |   |                              |  |                             |            |
|   |                    |   |                              |  |                             |            |
|   |                    | Alice, TX 78332   |                              |  |                             |            |
|   | Principal occu     | pation / Job title (See Instructions)                               | Employer (See Instructions   | ;)   |                             |            |
|   | Financial Se       | rvices  | Self                         |  |                             |            |
|   | Date               | Full name of contributor out-of-state PAC (ID#:                     | )                            | Γ  | Amount of Contribution (\$) |            |
|   | 08/08/2024         | Sullivan Jr., Joe D.  |                              |  |                             | \$225.00   |
|   |                    | Contributor address; City; State; Zip Code                          |                              |  |                             |            |
|   |                    |   |                              |  |                             |            |
|   |                    |   |                              |  |                             |            |
|   |                    | Sandia, TX 78383  |                              |  |                             |            |
|   |                    | pation / Job title (See Instructions)                               | Employer (See Instructions   | 5)   |                             |            |
|   | Retired            |   | Retired                      |  |                             |            |
|   | Date               | Full name of contributor out-of-state PAC (ID#:                     |                              | Γ  | Amount of Contribution (\$) |            |
|   | 09/04/2024         | Texas Republican County Chairmen's Associati                        | on                           |  |                             | \$2,500.00 |
|   |                    | Contributor address; City; State; Zip Code                          | Ţ                            |  |                             |            |
|   |                    |   |                              |  |                             |            |
|   |                    |   |                              |  |                             |            |
| ∟ | <u></u>            | Austin, TX 78701  | 1                            | Ĺ  |                             |            |
|   | Principal occu     | ipation / Job title (See Instructions)                              | Employer (See Instructions   | 5)   |                             |            |
| ╞ |                    |   | <u> </u>                     | —  |                             |            |
|   | Date               | Full name of contributor out-of-state PAC (ID#:                     | )                            |  | Amount of Contribution (\$) | ±400.00    |
|   | 10/29/2024         | The Lice Angels   |                              |  |                             | \$100.00   |
|   |                    | Contributor address; City; State; Zip Code                          |                              |  |                             |            |
|   |                    |   |                              |  |                             |            |
|   |                    | Alice, TX 78332   |                              |  |                             |            |
| - | Principal occu     | upation / Job title (See Instructions)                              | Employer (See Instructions   | <u> </u><br>ະ)                                   |                             |            |
|   | Г шора ооса        |   |                              | 'n   |                             |            |
| ⊢ |                    |   | <u> </u>                     |  |                             |            |
|   |                    |   |                              |  |                             |            |
|   |                    |   |                              |  |                             |            |

#### SCHEDULE A1

| The Instru      | iction Guide explains how to complete this f       | orm.                         |                             | Total pages Schedule A1:<br>Sch: 5/5 Rpt: 8/34 |         |
|-----------------|--|------------------------------|-----------------------------|--|---------|
| 2 FILER NAME    |  | 3                            | Filer ID (Ethics Commission | Filers)  |         |
|                 | county Republican Party                            |                              | 00086956                    | ,  |         |
| 4 Date          | 5 Full name of contributor out-of-state PAC (ID#:_ | 7                            | Amount of Contribution (\$) |  |         |
| 08/08/2024      | —  |                              |                             |  | \$75.00 |
|                 | 6 Contributor address; City; State; Zip Code       |                              | ·                           |  |         |
|                 |  |                              |                             |  |         |
|                 | San Antonio, TX 78283                              |                              |                             |  |         |
| 8 Principal occ | upation / Job title (See Instructions)             | 9 Employer (See Instructions | s)                          |  |         |
|                 |  |                              |                             |  |         |
| Date            | Full name of contributor out-of-state PAC (ID#:    | )                            |                             | Amount of Contribution (\$)                    |         |
| 08/08/2024      | Wood, Juliette                                     |                              |                             |  | \$75.00 |
|                 | Contributor address; City; State; Zip Code         |                              | ·                           |  |         |
|                 |  |                              |                             |  |         |
|                 |  |                              |                             |  |         |
|                 | Alice, TX 78332                                    |                              |                             |  |         |
| Principal occi  | upation / Job title (See Instructions)             | Employer (See Instructions   | s)                          |  |         |
| GIS Mappin      | g  | Jim Wells CAD                |                             |  |         |
| Date            | Full name of contributor out-of-state PAC (ID#:_   | )                            |                             | Amount of Contribution (\$)                    |         |
| 08/08/2024      | Wood, Juliette                                     |                              |                             |  | \$45.00 |
|                 | Contributor address; City; State; Zip Code         |                              |                             |  |         |
|                 |  |                              |                             |  |         |
|                 |  |                              |                             |  |         |
|                 | Alice, TX 78332                                    |                              |                             |  |         |
| Principal occ   | upation / Job title (See Instructions)             | Employer (See Instructions   | s)                          |  |         |
| GIS Mappin      | ıg   | Jim Wells CAD                |                             |  |         |
|                 |  | •                            |                             |  |         |
|                 |  |                              |                             |  |         |
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|                 |  |                              |                             |  |         |
|                 |  |                              |                             |  |         |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |  |   |  |  |  |  |
|---|---|--|---|--|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor | 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) |  |  |  |  |
| 1 | Total pages Schedule F1:  | · · · · ·  | <b>3</b> Filer ID (Ethics Commission Filers)  |  |  |  |  |
| - | Sch: 1/26 Rpt: 9/34   | Jim Wells County Republican Party  | 00086956  |  |  |  |  |
| 4 | Date<br>07/31/2024  | Payee name<br>1st Community Bank   |   |  |  |  |  |
| 6 | Amount (\$)   | Payee address; City; State; Zip Code   |   |  |  |  |  |
|   | \$15.00   | 1600 E. Main St.   |   |  |  |  |  |
|   |   | Alice, TX 78332  |   |  |  |  |  |
| 8 | PURPOSE   | b) Category (See Categories listed at the top of this schedule) (b) Description  |   |  |  |  |  |
|   | OF<br>EXPENDITURE   |  | uutside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>S  |  |  |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OF   | Candidate/Officeholder name Office sought  | Office held   |  |  |  |  |
|   | Date  | Payee name   |   |  |  |  |  |
|   | 08/31/2024  | 1st Community Bank   |   |  |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |   |  |  |  |  |
|   | \$15.00   | 1600 E. Main St.   |   |  |  |  |  |
|   |   | Alice, TX 78332  |   |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |  | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought  | Office held   |  |  |  |  |
|   | Date  | Payee name   |   |  |  |  |  |
|   | 08/28/2024  | AMPRO PRODUCTIONS  |   |  |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |   |  |  |  |  |
|   | \$162.38  | 7202 Smokey Hill Rd  |   |  |  |  |  |
|   |   | Austin, TX 78736   |   |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  | Check if Austin,   | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>er Stickers and Signs   |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought  | Office held   |  |  |  |  |
|   |   |  |   |  |  |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |  |   |  |  |  |  |
|---|---|--|---|--|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Committee     Legal Services       Salaries/Wages/Contract Labor | 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) |  |  |  |  |
| 1 | Total pages Schedule F1:  | P FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)  |  |  |  |  |
|   | Sch: 2/26 Rpt: 10/34  | Jim Wells County Republican Party  | 00086956  |  |  |  |  |
| 4 | Date<br>10/18/2024  | Payee name<br>Agua Dulce FFA   |   |  |  |  |  |
| 6 | Amount (\$)<br>\$86.00  | Y Payee address; City; State; Zip Code<br>1603 Hearn Ave.<br>Agua Dulce, TX 78330  |   |  |  |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  |  | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>ntribution  |  |  |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought  | Office held   |  |  |  |  |
|   | Date  | Payee name   |   |  |  |  |  |
|   | 09/24/2024  | Awaloo Printing  |   |  |  |  |  |
|   | Amount (\$)<br>\$595.38   | Payee address;City;State;Zip Code7905 4th St.  |   |  |  |  |  |
|   |   | San Antonio, TX 78069  |   |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |  | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>ISE for GOP signs   |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought  | Office held   |  |  |  |  |
|   | Date  | Payee name   |   |  |  |  |  |
|   | 10/04/2024  | Awaloo Printing  |   |  |  |  |  |
|   | Amount (\$)<br>\$81.19  | Payee address;City;State;Zip Code7905 4th St.  |   |  |  |  |  |
|   |   | San Antonio, TX 78069  |   |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |  | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought  | Office held   |  |  |  |  |
|   |   |  |   |  |  |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |   |   |                    |   |                            |        |  |                          |
|---|---|---|---|--------------------|---|----------------------------|--------|--|--------------------------|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   | Event Expense<br>Fees<br>Food/Beverage Expens<br>Gift/Awards/Memorials<br>nittee Legal Services<br>The Instruction Gu | Expense            | Office Overh<br>Polling Expe<br>Printing Exp<br>Salaries/Wa | ense<br>ges/Contract Labor |        | Solicitation/Fundraisin<br>Transportation Equipr<br>Travel in District<br>Travel Out of District<br>OTHER (enter a categ | ment & Related Expense   |
| _ | Tatal warman Oak adula E4   |   |   | nue explains       |   |                            |        |  |                          |
| 1 | Total pages Schedule F1:<br>Sch: 3/26 Rpt: 11/34  |   | lim Wells County Republica  | an Party           |   |                            | 3      | Filer ID (Et 00086956  | thics Commission Filers) |
| 4 | Date  | 5 | Payee name  |                    |   |                            |        |  |                          |
|   | 12/12/2024  |   | Bueno, Elias  |                    |   |                            |        |  |                          |
| 6 | Amount (\$)<br>\$48.00  |   | Payee address; City;<br>Best Effort to Find Address   | State;             | ; Zip Cod   | 9                          |        |  |                          |
|   |   |   | San Diego, TX 78384   |                    |   |                            |        |  |                          |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  |   | Category (See Categories listed at th<br>Food/Beverage Expense  | ne top of this sch | edule) (  |                            | n, TX, | de of Texas. Complete<br>officeholder living expe<br>staff meeting   |                          |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O   |   | andidate/Officeholder name  | C                  | Office soug   | nt                         |        | Office held  |                          |
|   | Date  |   | Payee name  |                    |   |                            |        |  |                          |
|   | 08/01/2024  |   | C.P. Ramos and Thomas R   | amos               |   |                            |        |  |                          |
|   | Amount (\$)   |   | Payee address; City;  | State;             | Zip Cod   | 9                          |        |  |                          |
|   | \$1,000.00  |   | 186 East 3rd  |                    |   |                            |        |  |                          |
|   |   |   | Alice, TX 78332   |                    |   |                            |        |  |                          |
|   | PURPOSE<br>OF<br>EXPENDITURE  |   | Category (See Categories listed at the Categories listed at the Office Overhead/Rental Exp                            |                    | edule) (  |                            |        | de of Texas. Complete<br>officeholder living expe  |                          |
|   | Complete ONLY if direct expenditure to benefit C/OF   |   | andidate/Officeholder name  | C                  | Office soug   | nt                         |        | Office held  |                          |
|   | Date  |   | Payee name  |                    |   |                            |        |  |                          |
|   | 09/01/2024  |   | C.P. Ramos and Thomas R   | amos               |   |                            |        |  |                          |
|   | Amount (\$)<br>\$1,000.00   |   | Payee address; City;<br>1186 East 3rd   | State;             | ; Zip Cod   | 9                          |        |  |                          |
|   |   |   | Alice, TX 78332   |                    |   |                            |        |  |                          |
|   | PURPOSE<br>OF<br>EXPENDITURE  |   | Category (See Categories listed at th<br>Office Overhead/Rental Exp   | •                  | edule) (  |                            |        | de of Texas. Complete<br>officeholder living expe  |                          |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |   | andidate/Officeholder name  | C                  | Office soug   | nt                         |        | Office held  |                          |
|   |   |   |   |                    |   |                            |        |  |                          |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |               |   |                                       |   |                                  |                      |       |   |                            |
|---|---|---------------|---|---------------------------------------|---|----------------------------------|----------------------|-------|---|----------------------------|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | / -<br>Il Com | Gift/Award<br>mittee Legal Ser                        | erage Expense<br>ds/Memorials Expense | Office Ove<br>Polling Ex<br>Printing Ex<br>Salaries/W | rheac<br>pense<br>(pens<br>/ages | e<br>/Contract Labor |       | Travel in District<br>Travel Out of Dis | quipment & Related Expense |
| 1 | Total pages Schedule F1:  | 2             | ILER NAME   |                                       |   |                                  |                      | 3     | Filer ID                                | (Ethics Commission Filers) |
| - | Sch: 4/26 Rpt: 12/34  |               | Jim Wells County F                                    | Republican Party                      |   |                                  |                      |       | 00086956                                | (                          |
| 4 | Date  | 5             | Payee name  |                                       |   |                                  |                      |       |   |                            |
|   | 08/31/2024  |               | C.P. Ramos and T                                      | homas Ramos                           |   |                                  |                      |       |   |                            |
| 6 | Amount (\$)   | 7             | Payee address;  | City; Sta                             | ate; Zip Co   | de                               |                      |       |   |                            |
|   | \$1,000.00  |               | 1186 East 3rd   |                                       |   |                                  |                      |       |   |                            |
|   | Alice, TX 78332   |               |   |                                       |   |                                  |                      |       |   |                            |
| 8 | PURPOSE   | (a)           | Category (See Categor                                 | ies listed at the top of this         | schedule)   | (b)                              | Description          |       |   |                            |
|   | OF<br>EXPENDITURE   |               | Office Overhead/R                                     |                                       |   |                                  |                      |       | de of Texas. Com                        |                            |
|   |   |               |   |                                       |   |                                  |                      | , TX, | officeholder living                     | expense                    |
|   |   |               |   |                                       |   |                                  | Office Rent          |       |   |                            |
|   |   |               |   |                                       |   |                                  |                      |       |   |                            |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |               | andidate/Officeholde                                  | r name                                | Office sou  | ght                              |                      |       | Office he                               | eld                        |
|   | Date  |               | Payee name  |                                       |   |                                  |                      |       |   |                            |
|   | 09/30/2024  |               | C.P. Ramos and T                                      | homas Ramos                           |   |                                  |                      |       |   |                            |
| - | Amount (\$)   |               | Payee address;  | City; Sta                             | ate; Zip Co   | de                               |                      |       |   |                            |
|   |   |               |   |                                       |   |                                  |                      |       |   |                            |
|   | \$1,000.00  | · ·           | 1100 East 310   |                                       |   |                                  |                      |       |   |                            |
|   |   |               | Alice, TX 78332                                       |                                       |   |                                  |                      |       |   |                            |
|   | PURPOSE<br>OF<br>EXPENDITURE  |               | Category <sub>(See Categor</sub><br>Office Overhead/R |                                       | schedule)   | (b)                              |                      |       | de of Texas. Com<br>officeholder living |                            |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/O   |               | andidate/Officeholde                                  | r name                                | Office sou  | ght                              |                      |       | Office he                               | ld                         |
|   | Date  |               | Payee name  |                                       |   |                                  |                      | _     |   |                            |
|   | 10/31/2024  |               | C.P. Ramos and T                                      | homas Ramos                           |   |                                  |                      |       |   |                            |
|   | Amount (\$)   |               | Payee address;  | City; Sta                             | ate; Zip Co   | de                               |                      |       |   |                            |
|   | \$1,000.00  |               | 1186 East 3rd   |                                       | , <u>Lip</u> 00                                       | uo                               |                      |       |   |                            |
|   | φ1,000.00   |               |   |                                       |   |                                  |                      |       |   |                            |
|   |   |               | Alice, TX 78332                                       |                                       |   |                                  |                      |       |   |                            |
|   | PURPOSE   |               | Category (See Categor                                 |                                       | schedule)   | (b)                              | Description          |       |   |                            |
|   | OF<br>EXPENDITURE   | '             | Office Overhead/R                                     | ental Expense                         |   |                                  |                      |       | de of Texas. Com                        |                            |
|   |   |               |   |                                       |   |                                  |                      | , TX, | officeholder living                     | expense                    |
|   |   |               |   |                                       |   |                                  | Office Rent          |       |   |                            |
|   |   |               |   |                                       |   |                                  |                      |       |   |                            |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |               | andidate/Officeholde                                  | r name                                | Office sou  | ght                              |                      |       | Office he                               | eld                        |
| ⊢ |   |               |   |                                       |   |                                  |                      |       |   |                            |
|   |   |               |   |                                       |   |                                  |                      |       |   |                            |

|                 | EXPENDITURE CATEGORIES FOR BOX 8(a)   |   |  |                                   |                        |        |   |  |  |  |
|-----------------|---|---|--|-----------------------------------|------------------------|--------|---|--|--|--|
|                 | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   | Fees Office Over<br>Food/Beverage Expense Polling Ex<br>Gift/Awards/Memorials Expense Printing E | erhead<br>pense<br>xpens<br>Vages | se<br>s/Contract Labor |        | 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) |  |  |  |
| 1               | Total pages Schedule F1:  | 2   | FILER NAME   |                                   |                        | 3      | Filer ID (Ethics Commission Filers)   |  |  |  |
|                 | Sch: 5/26 Rpt: 13/34  |   | Jim Wells County Republican Party  |                                   |                        |        | 00086956  |  |  |  |
| 4               | Date  | 5   | Payee name   |                                   |                        |        |   |  |  |  |
|                 | 12/02/2024  |   | C.P. Ramos and Thomas Ramos  |                                   |                        |        |   |  |  |  |
| 6               | Amount (\$)   | 7   | Payee address; City; State; Zip Co   | de                                |                        |        |   |  |  |  |
|                 | \$1,000.00  |   | 1186 East 3rd  |                                   |                        |        |   |  |  |  |
| Alice, TX 78332 |   |   |  |                                   |                        |        |   |  |  |  |
| 8               | PURPOSE   | (a)   | Category (See Categories listed at the top of this schedule)                                     | (b)                               | Description            |        |   |  |  |  |
|                 | OF<br>EXPENDITURE   | . ,   | Office Overhead/Rental Expense   | . ,                               |                        | outsio | de of Texas. Complete Schedule T.   |  |  |  |
|                 | EXPENDITORE   |   |  |                                   |                        | TX,    | officeholder living expense   |  |  |  |
|                 |   |   |  |                                   | Office Rent            |        |   |  |  |  |
|                 |   |   |  |                                   |                        |        |   |  |  |  |
| 9               | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |   | Candidate/Officeholder name Office sou   | ght                               |                        |        | Office held   |  |  |  |
|                 | Date  |   | Payee name   |                                   |                        |        |   |  |  |  |
|                 | 12/09/2024  |   | Cadena Shop  |                                   |                        |        |   |  |  |  |
|                 | Amount (\$)   |   | Payee address; City; State; Zip Co   | de                                |                        |        |   |  |  |  |
|                 | \$31.20 942 S. Johnson St.  |   |  |                                   |                        |        |   |  |  |  |
|                 |   |   |  |                                   |                        |        |   |  |  |  |
|                 |   |   | Alice, TX 78332  |                                   |                        |        |   |  |  |  |
|                 | PURPOSE<br>OF   | (a)   | Category (See Categories listed at the top of this schedule)                                     | (b)                               | Description            |        |   |  |  |  |
|                 | EXPENDITURE   |   | Travel In District   |                                   |                        |        | de of Texas. Complete Schedule T.<br>officeholder living expense  |  |  |  |
|                 |   |   |  |                                   | Auto Fuel Exp          |        |   |  |  |  |
|                 |   |   |  |                                   |                        |        |   |  |  |  |
|                 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held |  |                                   |                        |        |   |  |  |  |
|                 |   |   |  |                                   |                        |        |   |  |  |  |
|                 | Date  |   | Payee name   |                                   |                        |        |   |  |  |  |
|                 | 08/14/2024  |   | Chicken Express  |                                   |                        |        |   |  |  |  |
|                 | Amount (\$)   |   | Payee address; City; State; Zip Co   | de                                |                        |        |   |  |  |  |
|                 | \$61.91   |   | 1217 E. Main St.   |                                   |                        |        |   |  |  |  |
|                 |   |   |  |                                   |                        |        |   |  |  |  |
|                 |   |   | Alice, TX 78332  |                                   |                        |        |   |  |  |  |
|                 | PURPOSE   | (a)   | Category (See Categories listed at the top of this schedule)                                     | (b)                               | Description            |        |   |  |  |  |
|                 | OF<br>EXPENDITURE   |   | Food/Beverage Expense  |                                   |                        |        | de of Texas. Complete Schedule T.   |  |  |  |
|                 |   |   |  |                                   |                        |        | officeholder living expense   |  |  |  |
|                 |   |   |  |                                   | Meals for GO           | r 3    | bian meeting  |  |  |  |
|                 | Complete ONU V Stationer  | Ļ   | andidata/Officeholder name   | a                                 |                        |        | Office hold   |  |  |  |
|                 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |   | Candidate/Officeholder name Office sou   | gnt                               |                        |        | Office held   |  |  |  |
| -               |   |   |  |                                   |                        |        |   |  |  |  |
|                 |   |   |  |                                   |                        |        |   |  |  |  |

|                 | EXPENDITURE CATEGORIES FOR BOX 8(a)   |     |   |   |                    |   |                                |                      |        |  |              |                    |
|-----------------|---|-----|---|---|--------------------|---|--------------------------------|----------------------|--------|--|--------------|--------------------|
|                 | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |     | Gift/Awa<br>Imittee Legal Se  | verage Expense<br>rds/Memorials Expense<br>rvices |                    | Office Over<br>Polling Exp<br>Printing Exp<br>Salaries/Wa | head<br>ense<br>pense<br>ages/ | e<br>/Contract Labor |        | Solicitation/Func<br>Transportation E<br>Travel in District<br>Travel Out of Dis<br>OTHER (enter a | quipment &   | Related Expense    |
|                 |   |     |   | struction Guide exp                               | plains ho          | ow to con   | nple                           | te this form.        |        |  |              |                    |
| 1               | Total pages Schedule F1:  |     |   |   |                    |   |                                |                      |        | Filer ID   | (Ethics C    | Commission Filers) |
|                 | Sch: 6/26 Rpt: 14/34  |     | Jim Wells County  | Republican Par                                    | ty                 |   |                                |                      |        | 00086956   |              |                    |
| 4               | Date  | 5   | Payee name  |   |                    |   |                                |                      |        |  |              |                    |
|                 | 08/01/2024  |     | City of Alice   |   |                    |   |                                |                      |        |  |              |                    |
| 6               | Amount (\$)   | 7   | Payee address;  | City;   | State;             | Zip Coo   | le                             |                      |        |  |              |                    |
|                 | \$85.03   |     | 500 E. Main St.   |   |                    |   |                                |                      |        |  |              |                    |
|                 |   |     |   |   |                    |   |                                |                      |        |  |              |                    |
| Alice, TX 78332 |   |     |   |   |                    |   |                                |                      |        |  |              |                    |
|                 |   |     |   |   |                    |   |                                |                      |        |  |              |                    |
| 8               | PURPOSE<br>OF   |     | Category (See Catego  |   | this sched         | dule)   | (D)                            | Description          | outsid | le of Texas. Com   | nlete Schedi | ule T              |
|                 | EXPENDITURE   |     | Office Overhead/F   | kentai Expense                                    |                    |   |                                |                      |        | officeholder living  |              |                    |
|                 |   |     |   |   |                    |   |                                | Water/Gas            |        |  |              |                    |
|                 |   |     |   |   |                    |   |                                |                      |        |  |              |                    |
| 9               | Complete ONLY if direct expenditure to benefit C/OF   |     | andidate/Officehold   | er name   | Of                 | ffice soug  | jht                            |                      |        | Office he  | eld          |                    |
|                 | Date  |     | Payee name  |   |                    |   |                                |                      |        |  |              |                    |
|                 | 08/31/2024  |     | City of Alice   |   |                    |   |                                |                      |        |  |              |                    |
|                 | Amount (\$)   |     | Payee address;  | City;   | State <sup>.</sup> | Zip Coo   | 1e                             |                      |        |  |              |                    |
|                 | \$85.03   |     | 500 E. Main St.   | City,   | State,             |   |                                |                      |        |  |              |                    |
|                 | φ03.05  |     | 500 L. Main St.   |   |                    |   |                                |                      |        |  |              |                    |
|                 |   |     | Alice, TX 78332   |   |                    |   |                                |                      |        |  |              |                    |
|                 | PURPOSE<br>OF   | (a) | Category (See Catego  | pries listed at the top of                        | this sched         | dule)   | (b)                            | Description          |        |  |              |                    |
|                 | EXPENDITURE   |     | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |   |                    |   |                                |                      |        | ule T.   |              |                    |
|                 |   |     |   |   |                    |   |                                | Water/Gas Ex         |        |  | expense      |                    |
|                 |   |     |   |   |                    |   |                                |                      | 1      |  |              |                    |
|                 | Complete ONLY if direct   |     | andidate/Officehold   | er name   | Of                 | ffice soug  | tht                            |                      |        | Office he  | hl           |                    |
|                 | expenditure to benefit C/OF   |     | and all of officer officer of the   |   | 01                 |   | ji ic                          |                      |        | Office In  |              |                    |
|                 | Data  | _   |   |   |                    |   |                                |                      |        |  |              |                    |
|                 | Date  |     | Payee name  |   |                    |   |                                |                      |        |  |              |                    |
|                 | 09/30/2024  |     | City of Alice   |   |                    |   |                                |                      |        |  |              |                    |
|                 | Amount (\$)   |     | Payee address;  | City;   | State;             | Zip Coo   | le                             |                      |        |  |              |                    |
|                 | \$85.03   |     | 500 E. Main St.   |   |                    |   |                                |                      |        |  |              |                    |
|                 |   |     |   |   |                    |   |                                |                      |        |  |              |                    |
|                 |   |     | Alice, TX 78332   |   |                    |   |                                |                      |        |  |              |                    |
|                 | PURPOSE   | (a) | Category (See Catego  | pries listed at the top of                        | this sched         | dule)   | (b)                            | Description          |        |  |              |                    |
|                 | OF<br>EXPENDITURE   |     | Office Overhead/F   |   |                    | ,   |                                | Check if travel of   | outsid | le of Texas. Com   | plete Sched  | ule T.             |
|                 | EXPENDITORE   |     |   |   |                    |   |                                |                      |        | officeholder living  | expense      |                    |
|                 |   |     |   |   |                    |   |                                | Water/Gas Ex         | xpe    | ne   |              |                    |
|                 |   |     |   |   |                    |   |                                |                      |        |  |              |                    |
|                 | Complete ONLY if direct   |     | andidate/Officehold   | er name   | Of                 | ffice soug  | ht                             |                      |        | Office he  | eld          |                    |
| L               | expenditure to benefit C/OI   | H   |   |   |                    |   |                                |                      |        |  |              |                    |
|                 |   |     |   |   |                    |   |                                |                      |        |  |              |                    |
|                 |   |     |   |   |                    |   |                                |                      |        |  |              |                    |

|  | EXPENDITURE CATEGORIES FOR BOX 8(a)   |            |  |                                       |            |   |                            |   |  |                            |
|--|---|------------|--|---------------------------------------|------------|---|----------------------------|---|--|----------------------------|
|  | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |            | ittee Gift/Awar                                    | erage Expense<br>ds/Memorials Expense |            | Office Overh<br>Polling Expe<br>Printing Exp<br>Salaries/Wa | ense<br>ges/Contract Labor |   | Travel in District<br>Travel Out of Dis    | quipment & Related Expense |
| 1  | Total pages Schedule F1:  | 2 [        |  |                                       |            |   |                            | 3 | Filer ID                                   | (Ethics Commission Filers) |
| 1  | Sch: 7/26 Rpt: 15/34  |            | m Wells County                                     | Republican Par                        | ty         |   |                            | 3 | 00086956                                   |                            |
| 4  | Date  | <b>5</b> P | ayee name  |                                       |            |   |                            | • |  |                            |
|  | 10/24/2024  | С          | ity of Alice                                       |                                       |            |   |                            |   |  |                            |
| 6 Amount (\$)<br>\$85.03 7 Payee address; City; State; Zip Code<br>500 E. Main St.<br>Alice, TX 78332  |   |            |  |                                       |            |   |                            |   |  |                            |
| 8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |            |  |                                       |            |   |                            |   |  |                            |
| -  | OF<br>EXPENDITURE   |            | office Overhead/F                                  |                                       | tnis sched | iule) <b>X</b>  | Check if travel            |   | ide of Texas. Com<br>, officeholder living |                            |
| 9  | Complete <u>ONLY</u> if direct expenditure to benefit C/O   |            | ndidate/Officeholde                                | er name                               | Off        | fice soug   | nt                         |   | Office he                                  | eld                        |
|  | Date  | Р          | ayee name  |                                       |            |   |                            |   |  |                            |
|  | 12/02/2024  | С          | ity of Alice                                       |                                       |            |   |                            |   |  |                            |
|  | Amount (\$)   | Р          | ayee address;                                      | City;                                 | State;     | Zip Cod   | e                          |   |  |                            |
|  | \$85.03   |            | 00 E. Main St.<br>lice, TX 78332                   |                                       |            |   |                            |   |  |                            |
|  | PURPOSE<br>OF<br>EXPENDITURE  |            | ategory <sub>(See Catego</sub><br>ffice Overhead/F |                                       | this sched | lule) (   |                            |   | ide of Texas. Com<br>, officeholder living |                            |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |            | ndidate/Officeholde                                | er name                               | Off        | fice soug   | nt                         |   | Office he                                  | eld                        |
|  | Date  | Р          | ayee name  |                                       |            |   |                            |   |  |                            |
|  | 11/19/2024  |            | I Jalisiense Resta                                 | aurant                                |            |   |                            |   |  |                            |
|  | Amount (\$)<br>\$6.75   |            | ayee address;<br>915 E. Main St.                   | City;                                 | State;     | Zip Cod   | e                          |   |  |                            |
|  |   | A          | lice, TX 78332                                     |                                       |            |   |                            |   |  |                            |
| PURPOSE<br>OF<br>EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Meals for staff |   |            |  |                                       |            |   |                            |   |  |                            |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/O   |            | ndidate/Officeholde                                | er name                               | Off        | fice soug   | nt                         |   | Office he                                  | eld                        |
|  |   |            |  |                                       |            |   |                            |   |  |                            |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |  |   |  |  |  |  |  |  |  |
|---|---|--|---|--|--|--|--|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor | 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) |  |  |  |  |  |  |  |
| 1   | Total pages Schedule F1:  | · · ·  | <b>3</b> Filer ID (Ethics Commission Filers)  |  |  |  |  |  |  |  |
| -   | Sch: 8/26 Rpt: 16/34  | Jim Wells County Republican Party  | 00086956  |  |  |  |  |  |  |  |
| 4   | Date<br>08/23/2024  | Payee name<br>Garza, Servando  |   |  |  |  |  |  |  |  |
| 6         Amount (\$)         7         Payee address;         City;         State;         Zip Code           \$500.18         1429 FM 665         Alice, TX 78332         Alice, TX 78332         Alice, TX 78332   |   |  |   |  |  |  |  |  |  |  |
| 8   | PURPOSE<br>OF<br>EXPENDITURE  | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>Fundraising Event Exepnse  |   |  |  |  |  |  |  |  |
| 9   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought  | Office held   |  |  |  |  |  |  |  |
|   | Date  | Payee name   |   |  |  |  |  |  |  |  |
|   | 07/12/2024  | HEB  |   |  |  |  |  |  |  |  |
|   | Amount (\$)<br>\$14.87  | Payee address; City; State; Zip Code<br>1115 E Main St.  |   |  |  |  |  |  |  |  |
|   |   | Alice, TX 78332  |   |  |  |  |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |  | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>P Staff   |  |  |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought  | Office held   |  |  |  |  |  |  |  |
|   | Date  | Payee name   |   |  |  |  |  |  |  |  |
|   | 08/01/2024  | HEB  |   |  |  |  |  |  |  |  |
|   | Amount (\$)<br>\$38.14  | Payee address; City; State; Zip Code<br>1115 E Main St.  |   |  |  |  |  |  |  |  |
|   |   | Alice, TX 78332  |   |  |  |  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense         Meals for GOP Staff |   |  |   |  |  |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought  | Office held   |  |  |  |  |  |  |  |
|   |   |  |   |  |  |  |  |  |  |  |

|  | EXPENDITURE CATEGORIES FOR BOX 8(a)   |     |  |   |             |   |                               |                      |       |   |                   |                |
|--|---|-----|--|---|-------------|---|-------------------------------|----------------------|-------|---|-------------------|----------------|
|  | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |     | Fees<br>Food/I<br>Gift/Av<br>nmittee Legal | Expense<br>Beverage Expense<br>vards/Memorials Expe<br>Services |             | Office Over<br>Polling Exp<br>Printing Exp<br>Salaries/Wa | heac<br>ense<br>pense<br>ages | e<br>/Contract Labor |       | Travel in District<br>Travel Out of Dis | quipment & Relate |                |
|  | -   |     |  | nstruction Guide  | explains l  | how to con  | nple                          | te this form.        |       |   |                   |                |
| 1  | Total pages Schedule F1:  | 2   |  |   |             |   |                               |                      | 3     | Filer ID                                | (Ethics Comm      | ission Filers) |
|  | Sch: 9/26 Rpt: 17/34  |     | Jim Wells Count                            | y Republican P  | arty        |   |                               |                      |       | 00086956                                |                   |                |
| 4  | Date<br>08/02/2024  | 5   | Payee name<br>HEB                          |   |             |   |                               |                      |       |   |                   |                |
| 6  | Amount (\$)   | 7   | Payee address;                             | City;   | State;      | ; Zip Coo   | de                            |                      |       |   |                   |                |
|  | \$85.00   |     | 1115 E Main St.                            |   |             |   |                               |                      |       |   |                   |                |
|  |   |     |  |   |             |   |                               |                      |       |   |                   |                |
| Alice, TX 78332  |   |     |  |   |             |   |                               |                      |       |   |                   |                |
| 8         PURPOSE         (a) Category         (See Categories listed at the top of this schedule)         (b) Description |   |     |  |   |             |   |                               |                      |       |   |                   |                |
|  | OF<br>EXPENDITURE   |     | Office Overhead                            |   |             | cuule)  |                               |                      | outsi | de of Texas. Com                        | plete Schedule T. |                |
|  | EXPENDITORE   |     |  |   |             |   |                               |                      |       | officeholder living                     |                   |                |
|  |   |     |  |   |             |   |                               | Office supplie       | es fo | or GOP offic                            | e                 |                |
|  |   |     |  |   |             |   |                               |                      |       |   |                   |                |
| 9  | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |     | Candidate/Officehol                        | der name  | C           | Office soug   | ght                           |                      |       | Office he                               | eld               |                |
|  | Date  |     | Payee name                                 |   |             |   |                               |                      |       |   |                   |                |
|  | 08/05/2024  |     | HEB  |   |             |   |                               |                      |       |   |                   |                |
| Amount (\$) Payee address; City; Si  |   |     |  |   |             | ; Zip Coo   | de                            |                      |       |   |                   |                |
|  | \$8.47 1115 E Main St.  |     |  |   |             |   |                               |                      |       |   |                   |                |
|  |   |     |  |   |             |   |                               |                      |       |   |                   |                |
|  |   |     | Alice, TX 78332                            |   |             |   |                               |                      |       |   |                   |                |
|  | PURPOSE   | (a) | Category (See Cate                         | nories listed at the ton  | of this sch | edule)  | (b)                           | Description          |       |   |                   |                |
|  | OF<br>EXPENDITURE   |     | Food/Beverage                              |   |             | ouulo)  |                               | <u> </u>             | outsi | de of Texas. Com                        | plete Schedule T. |                |
|  | EXPENDITORE   |     | -  | -   |             |   |                               |                      |       | officeholder living                     | expense           |                |
|  |   |     |  |   |             |   |                               | Meals for Sta        | lff   |   |                   |                |
|  |   |     |  |   |             |   |                               |                      |       |   |                   |                |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |     | Candidate/Officehol                        | der name  | C           | Office soug   | ght                           |                      |       | Office he                               | eld               |                |
|  | Date  |     | Payee name                                 |   |             |   |                               |                      |       |   |                   |                |
|  | 08/05/2024  |     | HEB  |   |             |   |                               |                      |       |   |                   |                |
|  | Amount (\$)   |     | Payee address;                             | City;   | State;      | ; Zip Coo   | de                            |                      |       |   |                   |                |
|  | \$79.98   |     | 1115 E Main St.                            |   |             |   |                               |                      |       |   |                   |                |
|  |   |     |  |   |             |   |                               |                      |       |   |                   |                |
|  |   |     | Alice, TX 78332                            |   |             |   |                               |                      |       |   |                   |                |
|  | PURPOSE<br>OF   | (a) | Category (See Cate                         |   |             | edule)  | (b)                           | Description          |       |   |                   |                |
|  | EXPENDITURE   |     | Office Overhead                            | /Rental Expens  | se          |   |                               |                      |       | de of Texas. Com<br>officeholder living | plete Schedule T. |                |
|  |   |     |  |   |             |   |                               | Supplies for (       |       |   | rexpense          |                |
|  |   |     |  |   |             |   |                               |                      |       |   |                   |                |
| -  | Complete ONLY if direct   | L   | Candidate/Officehol                        | der name  |             | Office soug   | 1ht                           |                      |       | Office he                               | h                 |                |
|  | expenditure to benefit C/OF   |     |  |   | Ċ           | Surce Soul  | jiit                          |                      |       |   |                   |                |
| -  |   |     |  |   |             |   |                               |                      |       |   |                   |                |
|  |   |     |  |   |             |   |                               |                      |       |   |                   |                |

|                 | EXPENDITURE CATEGORIES FOR BOX 8(a)   |   |  |  |  |  |  |  |  |  |
|-----------------|---|---|--|--|--|--|--|--|--|--|
|                 | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense Loan Repayment/Reimburse<br>Fees Office Overhead/Rental Expense<br>Food/Beverage Expense Polling Expense<br>Gift/Awards/Memorials Expense Salaries/Wages/Contract Lat<br>The Instruction Guide explains how to complete this form | nse Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>or OTHER (enter a category not listed above) |  |  |  |  |  |  |  |
| _               | Tatal same Oak adula E1   | · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |  |  |  |  |
| 1               | Total pages Schedule F1:<br>Sch: 10/26 Rpt: 18/34   | Jim Wells County Republican Party   | 3         Filer ID         (Ethics Commission Filers)           00086956   |  |  |  |  |  |  |  |
| 4               | Date  | Payee name  | · ·  |  |  |  |  |  |  |  |
|                 | 10/03/2024  | HEB   |  |  |  |  |  |  |  |  |
| 6               | Amount (\$)   | Payee address; City; State; Zip Code  |  |  |  |  |  |  |  |  |
|                 | \$18.28   | 1115 E Main St.   |  |  |  |  |  |  |  |  |
| Alice, TX 78332 |   |   |  |  |  |  |  |  |  |  |
| 8               | PURPOSE<br>OF   | ) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |  |  |  |
|                 | EXPENDITURE   |   | travel outside of Texas. Complete Schedule T.<br>Austin, TX, officeholder living expense   |  |  |  |  |  |  |  |
|                 |   |   | ipplies for GOP office   |  |  |  |  |  |  |  |
|                 |   |   |  |  |  |  |  |  |  |  |
| 9               | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought   | Office held  |  |  |  |  |  |  |  |
|                 | Date  | Payee name  |  |  |  |  |  |  |  |  |
|                 | 12/22/2024  | HEB   |  |  |  |  |  |  |  |  |
|                 | Amount (\$)   | Payee address; City; State; Zip Code  |  |  |  |  |  |  |  |  |
|                 | \$15.23   | 1115 E Main St.   |  |  |  |  |  |  |  |  |
|                 | \$10.20   |   |  |  |  |  |  |  |  |  |
|                 |   | Alice, TX 78332   |  |  |  |  |  |  |  |  |
|                 | PURPOSE<br>OF<br>EXPENDITURE  |   | on<br>travel outside of Texas. Complete Schedule T.<br>Austin, TX, officeholder living expense<br>Ipplies for GOP office                       |  |  |  |  |  |  |  |
|                 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought   | Office held  |  |  |  |  |  |  |  |
|                 | Date  | Payee name  |  |  |  |  |  |  |  |  |
|                 | 12/28/2024  | HEB   |  |  |  |  |  |  |  |  |
|                 | Amount (\$)   | Payee address; City; State; Zip Code  |  |  |  |  |  |  |  |  |
|                 | \$100.00  | 1115 E Main St.   |  |  |  |  |  |  |  |  |
|                 |   | Alice, TX 78332   |  |  |  |  |  |  |  |  |
|                 | PURPOSE<br>OF<br>EXPENDITURE  |   | on<br>travel outside of Texas. Complete Schedule T.<br>Austin, TX, officeholder living expense<br>upplies for GOP office                       |  |  |  |  |  |  |  |
|                 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought   | Office held  |  |  |  |  |  |  |  |
|                 |   |   |  |  |  |  |  |  |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |  |   |  |  |  |  |  |  |  |
|---|---|--|---|--|--|--|--|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gitt/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor | 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) |  |  |  |  |  |  |  |
| 1   | Total pages Schedule F1:  | FILER NAME   | <b>3</b> Filer ID (Ethics Commission Filers)  |  |  |  |  |  |  |  |
|   | Sch: 11/26 Rpt: 19/34   | Jim Wells County Republican Party  | 00086956  |  |  |  |  |  |  |  |
| 4   | Date<br>08/31/2024  | Payee name<br>Jim Wells County Fair  |   |  |  |  |  |  |  |  |
| 6 Amount (\$)       7 Payee address; City; State; Zip Code         \$325.00       3001 S. Johnson St.         Alice, TX 78332   |   |  |   |  |  |  |  |  |  |  |
| 8       PURPOSE<br>OF<br>EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Check if Austin, TX, officeholder living expense       Booth Expense at Fair Grounds |   |  |   |  |  |  |  |  |  |  |
| 9   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought  | Office held   |  |  |  |  |  |  |  |
|   | Date  | Payee name   |   |  |  |  |  |  |  |  |
|   | 10/21/2024  | Jim Wells County Fair  |   |  |  |  |  |  |  |  |
|   | Amount (\$)<br>\$40.00  | Payee address; City; State; Zip Code<br>3001 S. Johnson St.<br>Alice, TX 78332   |   |  |  |  |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  | a) Category (See Categories listed at the top of this schedule) (b) Description  | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br><b>FeeS</b>   |  |  |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought  | Office held   |  |  |  |  |  |  |  |
|   | Date  | Payee name   |   |  |  |  |  |  |  |  |
|   | 09/20/2024  | Little Caesars   |   |  |  |  |  |  |  |  |
|   | Amount (\$)<br>\$8.43   | Payee address;City;State;Zip Code1142 E Main St.   |   |  |  |  |  |  |  |  |
|   |   | Alice, TX 78332  |   |  |  |  |  |  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense         Meal for staff  |   |  |   |  |  |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought  | Office held   |  |  |  |  |  |  |  |
|   |   |  |   |  |  |  |  |  |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |   |  |                    |   |                               |        |   |    |
|---|---|---|--|--------------------|---|-------------------------------|--------|---|----|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   | -  | rials Expense      | Office Over<br>Polling Exp<br>Printing Ex<br>Salaries/W | pense<br>/ages/Contract Labor |        | 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) |    |
| Ļ   |   | - |  | n Guide explains l | how to con  | mplete this form.             | 1_     |   |    |
| 1   | Total pages Schedule F1:<br>Sch: 12/26 Rpt: 20/34   |   | FILER NAME<br>Jim Wells County Reput                                 | olican Partv       |   |                               | 3      | Filer ID (Ethics Commission Filers<br>00086956  | s) |
| 4   | •   |   |  |                    |   |                               |        |   |    |
| 4   | Date<br>11/06/2024  |   | Payee name<br>Little Caesars   |                    |   |                               |        |   |    |
| 6   | Amount (\$)<br>\$8.43   |   | Payee address; City;<br>1142 E Main St.                              | State;             | ; Zip Coo   | de                            |        |   |    |
| Alice, TX 78332   |   |   |  |                    |   |                               |        |   |    |
| 8   | PURPOSE<br>OF<br>EXPENDITURE  |   | Category <sub>(See Categories lister<br/>Food/Beverage Expense</sub> |                    | iedule)   |                               | in, TX | side of Texas. Complete Schedule T.<br>K, officeholder living expense   |    |
| 9   | Complete <u>ONLY</u> if direct expenditure to benefit C/O   |   | andidate/Officeholder name   | e C                | Office sou  | ght                           |        | Office held   |    |
|   | Date  |   | Payee name   |                    |   |                               |        |   |    |
|   | 07/22/2024  |   | Nueces Electric Coop   |                    |   |                               |        |   |    |
|   | Amount (\$)   |   | Payee address; City;   | State;             | ; Zip Coo   | de                            |        |   |    |
|   | \$27.95   |   | 14353 Cooperative Ave<br>Robstown, TX 78380                          |                    |   |                               |        |   |    |
|   | PURPOSE<br>OF<br>EXPENDITURE  |   | Category (See Categories listed<br>Office Overhead/Rental            |                    | edule)  |                               |        | side of Texas. Complete Schedule T.<br>K, officeholder living expense   |    |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |   | andidate/Officeholder name   | e C                | Office sou  | ght                           |        | Office held   |    |
|   | Date  |   | Payee name   |                    |   |                               |        |   |    |
|   | 08/08/2024  |   | Nueces Electric Coop   |                    |   |                               |        |   |    |
|   | Amount (\$)<br>\$28.25  | I | Payee address; City;<br>14353 Cooperative Ave                        | State;             | ; Zip Coo   | de                            |        |   |    |
|   |   |   | Robstown, TX 78380   |                    |   |                               |        |   |    |
| PURPOSE<br>OF<br>EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Electricity |   |   |  |                    |   |                               |        |   |    |
|   | Complete ONLY if direct expenditure to benefit C/OF   |   | andidate/Officeholder name   | e C                | Office sou  | ght                           |        | Office held   |    |
|   |   |   |  |                    |   |                               |        |   |    |

|  | EXPENDITURE CATEGORIES FOR BOX 8(a)   |               |   |  |  |       |   |  |  |  |
|--|---|---------------|---|--|--|-------|---|--|--|--|
|  | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | / -<br>al Con | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explains h | Office Ove<br>Polling Exp<br>Printing Ex<br>Salaries/W | pense<br>ages/Contract Labor                           |       | 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) |  |  |  |
| 1  | Total pages Schedule F1:  | 2             |   |  | •  | 3     | Filer ID (Ethics Commission Filers)   |  |  |  |
| 1  | Sch: 13/26 Rpt: 21/34   |               | Jim Wells County Republican Party   |  |  |       | 00086956  |  |  |  |
| 4  | Date  | 5             | Payee name  |  |  |       |   |  |  |  |
|  | 08/31/2024  |               | Nueces Electric Coop  |  |  |       |   |  |  |  |
| 6  | Amount (\$)   | 7             | Payee address; City; State;   | Zip Co   | de   |       |   |  |  |  |
|  | \$27.63   |               | 14353 Cooperative Ave   |  |  |       |   |  |  |  |
|  |   |               |   |  |  |       |   |  |  |  |
|  | Robstown, TX 78380  |               |   |  |  |       |   |  |  |  |
| 8     PURPOSE     (a) Category (See Categories listed at the top of this schedule)     (b) Description |   |               |   |  |  |       |   |  |  |  |
| -  | OF  |               | Office Overhead/Rental Expense  | euule)   |  | outsi | ide of Texas. Complete Schedule T.  |  |  |  |
|  | EXPENDITURE   |               |   |  | Check if Austin  | , TX  | , officeholder living expense   |  |  |  |
|  |   |               |   |  | Electricity  |       |   |  |  |  |
|  |   |               |   |  |  |       |   |  |  |  |
| 9  | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |               | Candidate/Officeholder name O   | office sou   | Jht  |       | Office held   |  |  |  |
| _  | Date  |               | Payee name  |  |  |       |   |  |  |  |
|  | 09/24/2024  |               | Nueces Electric Coop  |  |  |       |   |  |  |  |
|  |   |               |   |  |  |       |   |  |  |  |
| Amount (\$) Payee address; City; State; Zip Code   |   |               |   |  |  |       |   |  |  |  |
|  | \$44.42   |               | 14353 Cooperative Ave   |  |  |       |   |  |  |  |
|  |   |               | Robstown, TX 78380  |  |  |       |   |  |  |  |
|  | PURPOSE   | (a)           | Category (See Categories listed at the top of this sche   | edule)   | (b) Description  |       |   |  |  |  |
|  | OF<br>EXPENDITURE   |               | Office Overhead/Rental Expense  | ŕ  | Check if travel outside of Texas. Complete Schedule T. |       |   |  |  |  |
|  | EXPENDITORE   |               |   |  |  | , TX  | , officeholder living expense   |  |  |  |
|  |   |               |   |  | Electricity  |       |   |  |  |  |
|  |   |               |   |  |  |       |   |  |  |  |
|  | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF   |               | Candidate/Officeholder name O   | Office sou   | jht  |       | Office held   |  |  |  |
|  |   |               |   |  |  |       |   |  |  |  |
|  | Date  |               | Payee name  |  |  |       |   |  |  |  |
|  | 12/02/2024  |               | Nueces Electric Coop  |  |  |       |   |  |  |  |
|  | Amount (\$)   |               | Payee address; City; State;   | Zip Co   | de   |       |   |  |  |  |
|  | \$37.84   |               | 14353 Cooperative Ave   |  |  |       |   |  |  |  |
|  |   |               |   |  |  |       |   |  |  |  |
|  |   |               | Robstown, TX 78380  |  |  |       |   |  |  |  |
|  | PURPOSE   | (a)           | Category (See Categories listed at the top of this sche   | edule)   | (b) Description  |       |   |  |  |  |
|  | OF<br>EXPENDITURE   |               | Office Overhead/Rental Expense  | ŕ  | Check if travel  | outsi | ide of Texas. Complete Schedule T.  |  |  |  |
|  | EXPENDITORE   |               |   |  |  | , TX  | , officeholder living expense   |  |  |  |
|  |   |               |   |  | Electricity  |       |   |  |  |  |
|  |   |               |   |  |  |       |   |  |  |  |
|  | Complete ONLY if direct   |               | Candidate/Officeholder name O   | Office sou   | jht  |       | Office held   |  |  |  |
|  | expenditure to benefit C/OI   | 1             |   |  |  |       |   |  |  |  |
|  |   |               |   |  |  |       |   |  |  |  |
|  |   |               |   |  |  |       |   |  |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |          |  |            |   |                       |                                     |             |   |  |
|---|---|----------|--|------------|---|-----------------------|-------------------------------------|-------------|---|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |          | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expens<br>Imittee Legal Services<br>The Instruction Guide ex |            | Office Ove<br>Polling Ex<br>Printing Ex<br>Salaries/W | pense<br>ages/Contrac | Expense<br>ct Labor                 | ר<br>ר<br>ר | Fransportation E<br>Fravel in District<br>Fravel Out of Dis | raising Expense<br>quipment & Related Expense<br>trict<br>category not listed above) |
| 4 | Tatal pages Caledula F1.  |          |  | pians      |   | inplete tills         |                                     | <u> </u>    | iler ID   | (Ethics Commission Filers)   |
| 1 | Total pages Schedule F1:<br>Sch: 14/26 Rpt: 22/34   |          | Jim Wells County Republican Pa   | ırty       |   |                       |                                     |             | -iler ID<br>00086956  | (Ethics Commission Filers)   |
| 4 | Date  | 5        | Payee name   |            |   |                       |                                     |             |   |  |
|   | 09/06/2024  |          | Popeye's   |            |   |                       |                                     |             |   |  |
| 6 | Amount (\$)   | 7        | Payee address; City;   | State;     | ; Zip Co  | de                    |                                     |             |   |  |
|   | \$47.62   |          | 1180 E. MainSt.  |            |   |                       |                                     |             |   |  |
|   |   |          |  |            |   |                       |                                     |             |   |  |
|   | Alice, TX 78332   |          |  |            |   |                       |                                     |             |   |  |
| 8 | PURPOSE   | <u> </u> |  |            |   | (b) Dece              | viation                             |             |   |  |
| ° | OF  |          | Category (See Categories listed at the top o   | f this sch | edule)  | (b) Desci             |                                     | nutside     | of Texas, Com   | plete Schedule T.  |
|   | EXPENDITURE   |          | Food/Beverage Expense  |            |   |                       |                                     |             | fficeholder living  |  |
|   |   |          |  |            |   | Meal                  | s for GO                            | P st        | aff meeting   |  |
|   |   |          |  |            |   |                       |                                     |             |   |  |
| 9 | Complete ONLY if direct expenditure to benefit C/O  |          | Candidate/Officeholder name  | C          | Office sou  | jht                   |                                     |             | Office he   | eld  |
|   | Date  |          | Payee name   |            |   |                       |                                     |             |   |  |
|   | 08/31/2024  |          | Riojas, Roxan  |            |   |                       |                                     |             |   |  |
|   |   |          |  |            |   |                       |                                     |             |   |  |
|   |   |          |  |            |   |                       |                                     |             |   |  |
|   | \$60.00   |          | Best Effort to Find Address  |            |   |                       |                                     |             |   |  |
|   |   |          | TX 78332   |            |   |                       |                                     |             |   |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |          | Category (See Categories listed at the top o<br>Solicitation/Fundraising Expense   |            | edule)  | Ch                    | leck if travel o<br>leck if Austin, | TX, o       | fficeholder living  | plete Schedule T.<br>expense<br>/ent Expense   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł  |          | andidate/Officeholder name   | C          | Office sou  | ght                   |                                     |             | Office he   | eld  |
|   | Date  |          | Payee name   |            |   |                       |                                     |             |   |  |
|   | 08/31/2024  |          | Rivera, Amisa  |            |   |                       |                                     |             |   |  |
|   | Amount (\$)   |          | Payee address; City;   | State      | Zip Co  | 10                    |                                     |             |   |  |
|   | \$460.00  |          | Best Effort to Find Address  | otuto,     | , 20 00   |                       |                                     |             |   |  |
|   | φ+00.00   |          |  |            |   |                       |                                     |             |   |  |
|   |   |          | TX 78332   |            |   |                       |                                     |             |   |  |
|   | PURPOSE<br>OF   |          | Category (See Categories listed at the top o   |            | edule)  | (b) Desci             | •                                   |             |   |  |
|   | EXPENDITURE   |          | Solicitation/Fundraising Expense   |            |   | Ch                    | eck if Austin,                      | TX, o       | fficeholder living  | plete Schedule T.<br>expense<br>/ent Expense   |
| - | Complete ONLY if direct   | <u>ر</u> | andidate/Officeholder name   | (          | Office sou  | aht                   |                                     |             | Office he   | eld  |
|   | expenditure to benefit C/Oł   |          |  |            | 2.1100 000  |                       |                                     |             | Child III   |  |
|   |   |          |  |            |   |                       |                                     |             |   |  |
|   |   |          |  |            |   |                       |                                     |             |   |  |

|  |   | EXPENDITURE CATEGORIES FOR BOX 8(a) |  |                  |   |                             |        |   |                            |  |
|--|---|-------------------------------------|--|------------------|---|-----------------------------|--------|---|----------------------------|--|
|  | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | ommittee                            | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials E:<br>Legal Services<br>The Instruction Guid | xpense           | Office Over<br>Polling Exp<br>Printing Exp<br>Salaries/Wa | ense<br>Iges/Contract Labor |        | Travel in District<br>Travel Out of Dis | quipment & Related Expense |  |
| 1  | Total pages Sabadula E1:  |                                     |  | ue explains .    | 1000 10 00.   |                             | 1      |   | (Ethics Commission Filers) |  |
| 1  | Total pages Schedule F1:<br>Sch: 15/26 Rpt: 23/34   |                                     | E<br>County Republicar   | n Party          |   |                             | 3      | Filer ID<br>00086956                    | (Ethics Commission Filers) |  |
| 4  | Date  | Payee name                          | 9  |                  |   |                             |        |   |                            |  |
|  | 08/31/2024  | Sauceda J                           | r., Jose C.  |                  |   |                             |        |   |                            |  |
| 6  | Amount (\$)   | Payee addre                         | ess; City;   | State;           | Zip Coc   | е                           |        |   |                            |  |
|  | \$700.00  | 1430 Miam                           | ni Dr.   |                  |   |                             |        |   |                            |  |
|  |   |                                     |  |                  |   |                             |        |   |                            |  |
|  | Corpus Christi, TX 75415  |                                     |  |                  |   |                             |        |   |                            |  |
| 8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description |   |                                     |  |                  |   |                             |        |   |                            |  |
| 0  | OF  |                                     | See Categories listed at the<br>/Fundraising Expe  |                  | edule)  |                             | outsi  | ide of Texas. Com                       | plete Schedule T.          |  |
|  | EXPENDITURE   | Solicitation                        |  | 1130             |   |                             |        | , officeholder living                   |                            |  |
|  |   |                                     |  |                  |   | Annual Gala                 | Eve    | ent expense                             |                            |  |
|  |   |                                     |  |                  |   |                             |        |   |                            |  |
| 9  | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Of                        | ficeholder name  | C                | Office soug   | ht                          |        | Office he                               | eld                        |  |
|  | Date  | Payee name                          | 9  |                  |   |                             |        |   |                            |  |
|  | 07/01/2024  | Silver Star                         |  |                  |   |                             |        |   |                            |  |
| _  | Amount (\$)   | Payee addre                         | ess; City;   | State:           | Zip Coo   | ۵                           |        |   |                            |  |
|  | \$55.20   | 910 S Car                           |  | 0                |   | e                           |        |   |                            |  |
|  | Ψυυ.Ζυ  | 910 0 Can                           |  |                  |   |                             |        |   |                            |  |
|  |   | Alice, TX 7                         | 8332   |                  |   |                             |        |   |                            |  |
|  | PURPOSE   | Category (S                         | See Categories listed at the   | top of this sche | edule)  | b) Description              |        |   |                            |  |
|  | OF<br>EXPENDITURE   | Travel In D                         |  |                  |   |                             |        | ide of Texas. Com                       | •                          |  |
|  |   |                                     |  |                  |   |                             | ι, TΧ, | , officeholder living                   | expense                    |  |
|  |   |                                     |  |                  |   | Auto Fuel                   |        |   |                            |  |
|  |   |                                     | e  |                  |   |                             |        |   |                            |  |
|  | Complete ONLY if direct expenditure to benefit C/OF   | Candidate/Of                        | ficeholder name  | C                | Office soug   | ht                          |        | Office he                               | eld                        |  |
|  | Date  | Payee name                          | 2  |                  |   |                             |        |   |                            |  |
|  | 07/08/2024  | Silver Star                         |  |                  |   |                             |        |   |                            |  |
|  |   |                                     | Cit ::   | Ctata            | 7:0 000   | -                           |        |   |                            |  |
|  | Amount (\$)   | Payee addre                         |  | State;           | Zip Coc   | e                           |        |   |                            |  |
|  | \$59.50   | 910 S Carr                          | ieron St   |                  |   |                             |        |   |                            |  |
|  |   |                                     |  |                  |   |                             |        |   |                            |  |
|  |   | Alice, TX 7                         | 8332   |                  |   |                             |        |   |                            |  |
|  | PURPOSE   | ) Category (S                       | See Categories listed at the   | top of this sche | edule)  | b) Description              |        |   |                            |  |
|  | OF<br>EXPENDITURE   | Travel In D                         | istrict  |                  |   |                             |        | ide of Texas. Com                       |                            |  |
|  |   |                                     |  |                  |   |                             | ι, TΧ, | , officeholder living                   | expense                    |  |
|  |   |                                     |  |                  |   | Auto Fuel                   |        |   |                            |  |
|  |   |                                     |  |                  |   |                             |        |   |                            |  |
|  | Complete ONLY if direct expenditure to benefit C/OF   | Candidate/Of                        | ficeholder name  | C                | Office soug   | ht                          |        | Office he                               | eld                        |  |
|  |   |                                     |  |                  |   |                             |        |   |                            |  |
|  |   |                                     |  |                  |   |                             |        |   |                            |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |     |   |   |             |                    |       |   |
|---|---|-----|---|---|-------------|--------------------|-------|---|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | -   |   | 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) |             |                    |       |   |
| _ | Tatal same Oak adula E1   |     |   |   |             | ipiete tills form. |       | Files ID (Ethics Commission Files)                                    |
| 1 | Total pages Schedule F1:  |     |   |   |             |                    | 3     |   |
|   | Sch: 16/26 Rpt: 24/34   |     | Jim Wells County Reput                                | 00086956  |             |                    |       |   |
| 4 | Date  | 5   | Payee name  |   |             |                    |       |   |
|   | 07/15/2024  |     | Silver Star   |   |             |                    |       |   |
| 6 | Amount (\$)   | 7   | Payee address; City;                                  | State;  | ; Zip Coo   | de                 |       |   |
|   | \$60.00   |     | 910 S Cameron St                                      |   |             |                    |       |   |
|   |   |     |   |   |             |                    |       |   |
|   |   |     | Alice, TX 78332                                       |   |             |                    |       |   |
| 8 | PURPOSE   |     |   |   |             | (b) Description    |       |   |
| ° | OF  | (a) | Category (See Categories lister<br>Travel In District | d at the top of this sch  | edule)      | (b) Description    | outs  | side of Texas. Complete Schedule T.                                   |
|   | EXPENDITURE   |     | Havel III District                                    |   |             |                    |       | c, officeholder living expense  |
|   |   |     |   |   |             | Auto Fuel          |       |   |
|   |   |     |   |   |             |                    |       |   |
| 9 | Complete ONLY if direct expenditure to benefit C/OF   |     | Candidate/Officeholder name                           | e C   | Dffice soug | ght                |       | Office held   |
|   | Date  |     | Payee name  |   |             |                    |       |   |
|   | 07/22/2024  |     | Silver Star   |   |             |                    |       |   |
|   | Amount (\$)   |     | Payee address; City;                                  | State <sup>.</sup>  | ; Zip Coo   | de                 |       |   |
|   | \$40.00   |     | 910 S Cameron St                                      | Otato,  | , בוף סטנ   |                    |       |   |
|   | φ-0.00  |     |   |   |             |                    |       |   |
|   |   |     | Alice, TX 78332                                       |   |             |                    |       |   |
|   | PURPOSE<br>OF<br>EXPENDITURE  | (a) | Category (See Categories listed<br>Travel In District | d at the top of this sch  | edule)      |                    |       | side of Texas. Complete Schedule T.<br>K, officeholder living expense |
|   | Complete ONLY if direct expenditure to benefit C/OF   |     | Candidate/Officeholder name                           | e C   | Dffice soug | ght                |       | Office held   |
|   | Date  |     | Payee name  |   |             |                    |       |   |
|   | 08/05/2024  |     | Silver Star   |   |             |                    |       |   |
|   | Amount (\$)   |     | Payee address; City;                                  | State <sup>.</sup>  | ; Zip Coo   | de                 |       |   |
|   | \$69.75   |     | 910 S Cameron St                                      | State,  | , 20 000    |                    |       |   |
|   | ψ03.15  |     | STO S Cameron St                                      |   |             |                    |       |   |
|   |   |     | Alice, TX 78332                                       |   |             |                    |       |   |
|   | PURPOSE<br>OF   | (a) | Category (See Categories lister                       | d at the top of this sch  | edule)      | (b) Description    |       |   |
|   | EXPENDITURE   |     | Travel In District                                    |   |             |                    |       | side of Texas. Complete Schedule T.                                   |
|   |   |     |   |   |             | Auto Fuel          | i, TX | K, officeholder living expense  |
|   |   |     |   |   |             |                    |       |   |
|   |   | Ļ   |   |   | D#:         |                    |       |   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |     | Candidate/Officeholder name                           | e C   | Office soug | gnt                |       | Office held   |
|   |   |     |   |   |             |                    |       |   |
|   |   |     |   |   |             |                    |       |   |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |  |  |                      |              |                    |        |   |
|---|---|--|--|----------------------|--------------|--------------------|--------|---|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Relat       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel out of District       Mmittee     Legal Services     Salaries/Wages/Contract Labor     OTHER (enter a category not liste |  |                      |              |                    |        |   |
| _ | Tatal wares Oak adula E4  |  |  |                      |              | inplete this form. |        |   |
| 1 | Total pages Schedule F1:  |  |  | an Danta             |              |                    | 3      | Filer ID (Ethics Commission Filers)                                 |
|   | Sch: 17/26 Rpt: 25/34   |  | Jim Wells County Republic                                | an Party             |              |                    |        | 00086956  |
| 4 | Date  |  | Payee name   |                      |              |                    |        |   |
|   | 08/12/2024  |  | Silver Star  |                      |              |                    |        |   |
| 6 | Amount (\$)   | 7  | Payee address; City;                                     | State;               | ; Zip Coo    | de                 |        |   |
|   | \$75.00   |  | 910 S Cameron St   |                      |              |                    |        |   |
|   |   |  |  |                      |              |                    |        |   |
|   |   |  | Alice, TX 78332  |                      |              |                    |        |   |
| 8 | PURPOSE   | (a)  | Category (See Categories listed at                       |                      |              | (b) Description    |        |   |
| - | OF  |  | Travel In District                                       | the top of this sche | edule)       |                    | outs   | ide of Texas. Complete Schedule T.                                  |
|   | EXPENDITURE   |  |  |                      |              | Check if Austir    | ı, TX  | , officeholder living expense                                       |
|   |   |  |  |                      |              | Auto Fuel          |        |   |
|   |   |  |  |                      |              |                    |        |   |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O   |  | andidate/Officeholder name                               | C                    | Office sou   | Jht                |        | Office held   |
|   | Date  |  | Payee name   |                      |              |                    |        |   |
|   | 08/23/2024  |  | Silver Star  |                      |              |                    |        |   |
|   | Amount (\$)   |  | Payee address; City;                                     | State:               | Zip Co       | le                 |        |   |
|   | \$75.00   |  | 910 S Cameron St   | ,                    |              |                    |        |   |
|   | ¢10.00  |  |  |                      |              |                    |        |   |
|   |   |  | Alice, TX 78332  |                      |              |                    |        |   |
|   | PURPOSE<br>OF<br>EXPENDITURE  |  | Category (See Categories listed at<br>Travel In District | the top of this sch  | edule)       |                    |        | ide of Texas. Complete Schedule T.<br>, officeholder living expense |
|   | Complete ONLY if direct expenditure to benefit C/O  |  | andidate/Officeholder name                               | С                    | Dffice soug  | ght                |        | Office held   |
|   | Date  |  | Payee name   |                      |              |                    |        |   |
|   | 08/30/2024  |  | Silver Star  |                      |              |                    |        |   |
| - | Amount (\$)   |  | Payee address; City;                                     | State:               | Zip Co       | le                 |        |   |
|   | \$75.00   |  | 910 S Cameron St   | otato,               | , 20         |                    |        |   |
|   | \$10,000  |  |  |                      |              |                    |        |   |
|   |   |  | Alice, TX 78332  |                      |              |                    |        |   |
|   | PURPOSE<br>OF   |  | Category (See Categories listed at                       | the top of this sch  | edule)       | (b) Description    |        |   |
|   | EXPENDITURE   |  | Travel In District                                       |                      |              |                    |        | ide of Texas. Complete Schedule T.                                  |
|   |   |  |  |                      |              |                    | 1, 1 A | , officeholder living expense                                       |
|   |   |  |  |                      |              |                    |        |   |
| _ | Complete ONLV if direct   | Ļ  | andidate/Officeholder name                               |                      | Office cours |                    |        | Office held   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |  | anuiuate/Onicenoider name                                | C                    | Office soug  | jiit               |        | Office field  |
|   |   |  |  |                      |              |                    |        |   |
|   |   |  |  |                      |              |                    |        |   |

|                          | EXPENDITURE CATEGORIES FOR BOX 8(a)  |     |  |                              |            |                 |        |   |  |
|--------------------------|--|-----|--|------------------------------|------------|-----------------|--------|---|--|
|                          | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment |     | Gift/Awards/Me<br>mittee Legal Services                      |                              |            |                 |        | 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) |  |
| 4                        | Tatal pages Cabadula F1.   | -   |  |                              |            |                 | 1      | Filer ID (Ethics Commission Filers)   |  |
| 1                        | Total pages Schedule F1:   |     |  |                              |            |                 |        |   |  |
|                          | Sch: 18/26 Rpt: 26/34  |     | Jim Wells County Rep   | ublican Party                |            |                 |        | 00086956  |  |
| 4                        | Date<br>09/04/2024   |     | Payee name<br>Silver Star                                    |                              |            |                 |        |   |  |
| 6                        | Amount (\$)  | 7   | Payee address; City  | State;                       | Zip Co     | de              |        |   |  |
|                          | \$75.00  |     | 910 S Cameron St   |                              |            |                 |        |   |  |
|                          |  |     |  |                              |            |                 |        |   |  |
|                          |  |     | Alice, TX 78332  |                              |            |                 |        |   |  |
| _                        | DUDDOOF  |     |  |                              |            | (I-) - · · ·    |        |   |  |
| 8                        | PURPOSE<br>OF  |     | Category (See Categories li                                  | sted at the top of this sche | edule)     | (b) Description | outei  | ide of Texas. Complete Schedule T.  |  |
|                          | EXPENDITURE  |     | Travel In District   |                              |            |                 |        | , officeholder living expense   |  |
|                          |  |     |  |                              |            | Auto Fuel       |        |   |  |
|                          |  |     |  |                              |            |                 |        |   |  |
| 9                        | Complete ONLY if direct expenditure to benefit C/O   |     | andidate/Officeholder na                                     | me C                         | Dffice sou | ght             |        | Office held   |  |
| ⊨                        | Date   |     | Payee name   |                              |            |                 |        |   |  |
|                          | 09/30/2024   |     | Silver Star  |                              |            |                 |        |   |  |
|                          | Amount (\$)  |     | Payee address; City  | State:                       | Zip Co     | de              |        |   |  |
|                          | \$74.00  |     | 910 S Cameron St   | State,                       |            | ue              |        |   |  |
| \$74.00 910 S Cameron St |  |     |  |                              |            |                 |        |   |  |
|                          |  |     | Alice, TX 78332  |                              |            |                 |        |   |  |
|                          | PURPOSE<br>OF<br>EXPENDITURE   |     | Category <sub>(See Categories li</sub><br>Travel In District | sted at the top of this sche | edule)     |                 |        | ide of Texas. Complete Schedule T.<br>, officeholder living expense   |  |
|                          | Complete ONLY if direct expenditure to benefit C/O   |     | andidate/Officeholder na                                     | me C                         | Dffice sou | ght             |        | Office held   |  |
| -                        | Date   |     | Payee name   |                              |            |                 |        |   |  |
|                          | 10/05/2024   |     | Silver Star  |                              |            |                 |        |   |  |
|                          | Amount (\$)  |     | Payee address; City  | State:                       | Zip Co     | de              |        |   |  |
|                          | \$62.10  |     | 910 S Cameron St   | State,                       | 210 000    | uc              |        |   |  |
|                          | ψ02.10   |     | STO S Cameron St   |                              |            |                 |        |   |  |
|                          |  |     | Alice, TX 78332  |                              |            |                 |        |   |  |
|                          | PURPOSE  | (a) | Category (See Categories li                                  | sted at the top of this sche | edule)     | (b) Description |        |   |  |
|                          | OF<br>EXPENDITURE  |     | Travel In District   |                              |            |                 |        | ide of Texas. Complete Schedule T.  |  |
|                          |  |     |  |                              |            |                 | ι, TΧ, | , officeholder living expense   |  |
|                          |  |     |  |                              |            | Auto Fuel       |        |   |  |
|                          | _  |     |  |                              |            |                 |        |   |  |
|                          | Complete <u>ONLY</u> if direct expenditure to benefit C/OF   |     | andidate/Officeholder na                                     | me C                         | Office sou | ght             |        | Office held   |  |
|                          |  |     |  |                              |            |                 |        |   |  |
|                          |  |     |  |                              |            |                 |        |   |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)  |   |   |   |  |  |  |  |  |
|---|--|---|---|---|--|--|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment  | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services<br>The Instruction Guide explains | 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) |   |  |  |  |  |  |
| 1 | Total pages Schedule F1:   | ILER NAME   |   | : | <b>3</b> Filer ID (Ethics Commission Filers)                             |  |  |  |  |
|   | Sch: 19/26 Rpt: 27/34  | im Wells County Republican Party  |   |   | 00086956   |  |  |  |  |
| 4 | Date<br>10/13/2024   | ayee name<br>silver Star  |   |   |  |  |  |  |  |
| 6 | Amount (\$)<br>\$75.00   | 7 Payee address;       City;       State; Zip Code         910 S Cameron St       Alice, TX 78332                                   |   |   |  |  |  |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)<br>Travel In District       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense<br>Auto Fuel |   |   |   |  |  |  |  |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OF  | ndidate/Officeholder name   | Office sought   |   | Office held  |  |  |  |  |
|   | Date   | ayee name   |   |   |  |  |  |  |  |
|   | 10/19/2024   | ilver Star  |   |   |  |  |  |  |  |
|   | Amount (\$)<br>\$61.00   | ayee address; City; State<br>10 S Cameron St  | e; Zip Code   |   |  |  |  |  |  |
|   |  | lice, TX 78332  |   |   |  |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE   | ategory (See Categories listed at the top of this so<br>ravel In District   | hedule) (b)   |   | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense |  |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OF  | ndidate/Officeholder name   | Office sought   |   | Office held  |  |  |  |  |
|   | Date   | ayee name   |   |   |  |  |  |  |  |
|   | 10/25/2024   | ilver Star  |   |   |  |  |  |  |  |
|   | Amount (\$)<br>\$75.00   | ayee address; City; State<br>10 S Cameron St  | e; Zip Code   |   |  |  |  |  |  |
|   |  | lice, TX 78332  |   |   |  |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE   | ategory (See Categories listed at the top of this sc<br>ravel In District   | hedule) (b)   |   | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense |  |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OF  | ndidate/Officeholder name   | Office sought   |   | Office held  |  |  |  |  |
|   |  |   |   |   |  |  |  |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |   |  |                   |   |                             |  |   |    |
|---|---|---|--|-------------------|---|-----------------------------|--|---|----|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials E<br>Legal Services<br>The Instruction Gui | xpense            | Office Over<br>Polling Exp<br>Printing Exp<br>Salaries/Wa | ense<br>Iges/Contract Labor |  | 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) |    |
| 1 | Total pages Sabadula E1   | The Instruction Guide explains how to complete this form.   |  |                   |   |                             |  |   | ~) |
| 1 | Total pages Schedule F1:<br>Sch: 20/26 Rpt: 28/34   | 2       FILER NAME       3       Filer ID       (Ethics Commission F         Jim Wells County Republican Party       00086956 |  |                   |   |                             |  | 5)  |    |
| 4 | Date  | 5 Payee   | name   |                   |   |                             |  |   |    |
|   | 11/01/2024  | Silver  | Star   |                   |   |                             |  |   |    |
| 6 | Amount (\$)<br>\$75.00  | 7 Payee address; City; State; Zip Code<br>910 S Cameron St<br>Alice, TX 78332   |  |                   |   |                             |  |   |    |
| 8 | PURPOSE   | ( <b>a)</b> Categ   | Ory (See Categories listed at the  | e top of this sch | edule)  | b) Description              |  |   |    |
|   | OF<br>EXPENDITURE   |   | I In District  |                   |   | Check if travel             |  | side of Texas. Complete Schedule T.<br>K, officeholder living expense   |    |
| 9 | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF   | Candida   | ate/Officeholder name  | C                 | Office soug   | ht                          |  | Office held   |    |
|   | Date  | Payee   | name   |                   |   |                             |  |   |    |
|   | 11/10/2024  | Silver  | Star   |                   |   |                             |  |   |    |
|   | Amount (\$)   | Payee   | address; City;   | State;            | ; Zip Coc   | е                           |  |   |    |
|   | \$50.60   |   | 5 Cameron St<br>TX 78332   |                   |   |                             |  |   |    |
|   | PURPOSE<br>OF<br>EXPENDITURE  |   | Ory (See Categories listed at the<br>I In District   | e top of this sch | edule)  |                             |  | side of Texas. Complete Schedule T.<br>K, officeholder living expense   |    |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |   | ate/Officeholder name  | C                 | Office soug   | ht                          |  | Office held   |    |
|   | Date  | Payee   | name   |                   |   |                             |  |   | _  |
|   | 11/15/2024  | Silver  |  |                   |   |                             |  |   |    |
|   | Amount (\$)   | Payee   | address; City;   | State;            | ; Zip Coc   | e                           |  |   | _  |
|   | \$75.00   |   | Cameron St   |                   |   |                             |  |   |    |
|   |   |   | TX 78332   |                   |   |                             |  |   |    |
|   | PURPOSE<br>OF<br>EXPENDITURE  |   | Ory (See Categories listed at the<br>I In District   | e top of this sch | iedule)   |                             |  | side of Texas. Complete Schedule T.<br>K, officeholder living expense   |    |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candida   | ate/Officeholder name  | С                 | Office soug   | ht                          |  | Office held   |    |
|   |   |   |  |                   |   |                             |  |   |    |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |     |   |                    |             |  |        |   |  |  |  |
|---|---|-----|---|--------------------|-------------|--|--------|---|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |     |   |                    |             |  |        | 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) |  |  |  |
| 1 | Total pages Schedule F1:  | 2   | · · · · ·                                     |                    |             |  |        |   |  |  |  |
| T | Sch: 21/26 Rpt: 29/34   |     | Jim Wells County Republican Pa                | ırty               |             |  | 3      | Filer ID     (Ethics Commission Filers)       00086956  |  |  |  |
| 4 | Date  | 5   | Payee name                                    |                    |             |  |        |   |  |  |  |
|   | 11/20/2024  |     | Silver Star                                   |                    |             |  |        |   |  |  |  |
| 6 | Amount (\$)   | 7   | 7 Payee address; City; State; Zip Code        |                    |             |  |        |   |  |  |  |
|   | \$53.01   |     | 910 S Cameron St                              |                    |             |  |        |   |  |  |  |
|   |   |     |   |                    |             |  |        |   |  |  |  |
|   |   |     | Alice, TX 78332                               |                    |             |  |        |   |  |  |  |
| 8 | PURPOSE   | (a) | Category (See Categories listed at the top of | f this sch         | (aluba)     | (b) Description  |        |   |  |  |  |
| - | OF  |     | Travel In District                            | 1 1113 3011        | leuule)     |  | outsi  | ide of Texas. Complete Schedule T.  |  |  |  |
|   | EXPENDITURE   |     |   |                    |             | Check if Austir  | , TX,  | , officeholder living expense   |  |  |  |
|   |   |     |   |                    |             | Auto Fuel  |        |   |  |  |  |
|   |   |     |   |                    |             |  |        |   |  |  |  |
| 9 | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF   |     | andidate/Officeholder name                    | C                  | Office soug | ht   |        | Office held   |  |  |  |
|   | Date  |     | Payee name                                    |                    |             |  | _      |   |  |  |  |
|   | 11/04/2024  |     | Silver Star                                   |                    |             |  |        |   |  |  |  |
|   | Amount (\$)   | ⊢   | Payee address; City;                          | State;             | ; Zip Coo   | le   |        |   |  |  |  |
|   | \$8.52  |     | 910 S Cameron St                              |                    | ·           |  |        |   |  |  |  |
|   | +0·0-   |     |   |                    |             |  |        |   |  |  |  |
|   |   |     | Alice, TX 78332                               |                    |             |  |        |   |  |  |  |
|   | PURPOSE   | (a) | Category (See Categories listed at the top of | f this sche        | edule)      | (b) Description  |        |   |  |  |  |
|   | OF<br>EXPENDITURE   |     | Food/Beverage Expense                         |                    |             | Check if travel outside of Texas. Complete Schedule T. |        |   |  |  |  |
|   |   |     |   |                    |             | Meals for sta  |        | , officeholder living expense   |  |  |  |
|   |   |     |   |                    |             | wears for sta  | .11    |   |  |  |  |
|   |   | L   |   |                    |             | • -  |        |   |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  |     | Candidate/Officeholder name                   | C                  | Office soug | Int  |        | Office held   |  |  |  |
|   | Date  |     | Payee name                                    |                    |             |  |        |   |  |  |  |
|   | 11/22/2024  |     | Silver Star                                   |                    |             |  |        |   |  |  |  |
|   | Amount (\$)   |     |   | Stato <sup>.</sup> | ; Zip Coo   | 10   |        |   |  |  |  |
|   | \$53.01   |     | Payee address; City;<br>910 S Cameron St      | Siale,             | , zip cot   |  |        |   |  |  |  |
|   | \$03.UI   |     | 910 3 Cameron St                              |                    |             |  |        |   |  |  |  |
|   |   |     |   |                    |             |  |        |   |  |  |  |
|   |   |     | Alice, TX 78332                               |                    |             |  |        |   |  |  |  |
|   | PURPOSE<br>OF   |     | Category (See Categories listed at the top of | f this sche        | iedule)     | (b) Description  |        |   |  |  |  |
|   | EXPENDITURE   |     | Travel In District                            |                    |             |  |        | ide of Texas. Complete Schedule T.  |  |  |  |
|   |   |     |   |                    |             | Auto Fuel  | I, IX, | , officeholder living expense   |  |  |  |
|   |   |     |   |                    |             | Autorider  |        |   |  |  |  |
|   | Complete ONL V if direct  | Ļ   | Candidate/Officeholder name                   |                    | Office soug | lht  |        | Office held   |  |  |  |
|   | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH   |     |   | C                  | Surg        | pric   |        | Unice neid  |  |  |  |
|   |   |     |   |                    |             |  |        |   |  |  |  |
|   |   |     |   |                    |             |  |        |   |  |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |   |   |  |  |  |  |  |  |
|---|---|---|---|--|--|--|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment   |   | 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) |  |  |  |  |  |  |
| 1 | Total pages Schedule F1:  | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)   |  |  |  |  |  |  |
|   | Sch: 22/26 Rpt: 30/34   | Jim Wells County Republican Party   | 00086956  |  |  |  |  |  |  |
| 4 | Date<br>10/24/2024  | 5 Payee name<br>T.E. Prosperity Insurance Agency                            |   |  |  |  |  |  |  |
| 6 | Amount (\$)<br>\$358.86   | 7 Payee address; City; State; Zip Code<br>601 E Main St.<br>Alice, TX 78332 |   |  |  |  |  |  |  |
| 8 | <ul> <li>8 PURPOSE<br/>OF<br/>EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule)<br/>Office Overhead/Rental Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Liability Insurance Expense</li> </ul> </li> </ul> |   |   |  |  |  |  |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought                                   | Office held   |  |  |  |  |  |  |
|   | Date  | Payee name  |   |  |  |  |  |  |  |
|   | 08/31/2024  | USPS  |   |  |  |  |  |  |  |
|   | Amount (\$)<br>\$72.00  | Payee address; City; State; Zip Code<br>401 E 2nd St.                       |   |  |  |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |   | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br><b>NSE</b>  |  |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF   | Candidate/Officeholder name Office sought                                   | Office held   |  |  |  |  |  |  |
|   | Date  | Payee name  |   |  |  |  |  |  |  |
|   | 08/16/2024  | VFW Event Rental  |   |  |  |  |  |  |  |
|   | Amount (\$)<br>\$600.00   | Payee address; City; State; Zip Code<br>2200 N. Texas Blvd.                 |   |  |  |  |  |  |  |
|   |   | Alice, TX 78332   |   |  |  |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |   | utside of Texas. Complete Schedule T.<br>TX, officeholder living expense<br>nual Gala Event   |  |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought                                   | Office held   |  |  |  |  |  |  |
|   |   |   |   |  |  |  |  |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |   |   |  |  |  |  |  |  |
|---|---|---|---|--|--|--|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Event Expense     Loan Repayment/Reimbursem       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       bmmittee     Legal Services     Salaries/Wages/Contract Labor       The Instruction Guide explains how to complete this form | Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |  |  |  |  |  |  |
| 1 | Total pages Schedule F1:  | FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers)  |  |  |  |  |  |  |
|   | Sch: 23/26 Rpt: 31/34   | Jim Wells County Republican Party   | 00086956  |  |  |  |  |  |  |
| 4 | Date<br>07/01/2024  | 5 Payee name<br>Verizon Wireless  |   |  |  |  |  |  |  |
| 6 | Amount (\$)<br>\$129.34   | <ul> <li>7 Payee address; City; State; Zip Code</li> <li>One Verizon Way</li> <li>Basking Ridge, NJ 07920</li> </ul>  |   |  |  |  |  |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  | OF Office Overhead/Rental Expense   |   |  |  |  |  |  |  |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought   | Office held   |  |  |  |  |  |  |
|   | Date  | Payee name  |   |  |  |  |  |  |  |
|   | 07/22/2024  | Verizon Wireless  |   |  |  |  |  |  |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code  |   |  |  |  |  |  |  |
|   | \$132.78  | One Verizon Way<br>Basking Ridge, NJ 07920  |   |  |  |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |   | avel outside of Texas. Complete Schedule T.<br>ustin, TX, officeholder living expense<br>ervice for GOP office                          |  |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought   | Office held   |  |  |  |  |  |  |
|   | Date  | Payee name  |   |  |  |  |  |  |  |
|   | 08/19/2024  | Verizon Wireless  |   |  |  |  |  |  |  |
|   | Amount (\$)<br>\$131.77   | Payee address; City; State; Zip Code<br>One Verizon Way   |   |  |  |  |  |  |  |
|   |   | Basking Ridge, NJ 07920   |   |  |  |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |   | avel outside of Texas. Complete Schedule T.<br>ustin, TX, officeholder living expense   |  |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought   | Office held   |  |  |  |  |  |  |
|   |   |   |   |  |  |  |  |  |  |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |  |   |  |  |  |  |  |  |
|---|---|--|---|--|--|--|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | 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) |  |  |  |  |  |  |
| 1 | Total pages Schedule F1:  |  | Filer ID (Ethics Commission Filers)   |  |  |  |  |  |  |
| - | Sch: 24/26 Rpt: 32/34   | Jim Wells County Republican Party 00086956   |   |  |  |  |  |  |  |
| 4 | Date<br>09/23/2024  | 5 Payee name<br>Verizon Wireless   |   |  |  |  |  |  |  |
| 6 | Amount (\$)<br>\$131.77   | 7 Payee address; City; State; Zip Code<br>One Verizon Way<br>Basking Ridge, NJ 07920 |   |  |  |  |  |  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE  | OF Office Overhead/Rental Expense  |   |  |  |  |  |  |  |
| 9 | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF   | Candidate/Officeholder name Office sought  | Office held   |  |  |  |  |  |  |
|   | Date  | Payee name   |   |  |  |  |  |  |  |
|   | 10/16/2024  | Verizon Wireless   |   |  |  |  |  |  |  |
|   | Amount (\$)<br>\$121.81   | Payee address; City; State; Zip Code<br>One Verizon Way                              |   |  |  |  |  |  |  |
|   | DUDDOOF   | Basking Ridge, NJ 07920  |   |  |  |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |  | tside of Texas. Complete Schedule T.<br>'X, officeholder living expense<br><b>C</b>   |  |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought  | Office held   |  |  |  |  |  |  |
|   | Date  | Payee name   |   |  |  |  |  |  |  |
|   | 11/17/2024  | Verizon Wireless   |   |  |  |  |  |  |  |
|   | Amount (\$)<br>\$141.86   | Payee address; City; State; Zip Code<br>One Verizon Way                              |   |  |  |  |  |  |  |
|   |   | Basking Ridge, NJ 07920  |   |  |  |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  |  | tside of Texas. Complete Schedule T.<br>'X, officeholder living expense<br><b>C</b>   |  |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought  | Office held   |  |  |  |  |  |  |
|   |   |  |   |  |  |  |  |  |  |

|                      | EXPENDITURE CATEGORIES FOR BOX 8(a)   |                        |   |  |   |                            |   |   |                       |                   |             |
|----------------------|---|------------------------|---|--|---|----------------------------|---|---|-----------------------|-------------------|-------------|
|                      | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Gift/Awar<br>Legal Ser | erage Expense<br>ds/Memorials Expense     | Of<br>Po<br>Pr<br>Sa   | fice Overh<br>olling Expe<br>inting Expe<br>alaries/Wag | ense<br>jes/Contract Labor |   | Travel in District<br>Travel Out of Dis | quipment & Related E  |                   |             |
| 1                    | Total pages Schedule F1:  | 2                      |   |  |   | 10 00                      |   | 3                                       | Filer ID              | (Ethics Commiss   | ion Eilers) |
| 1                    | Sch: 25/26 Rpt: 33/34   |                        |   | ILER NAME3Filer ID(Ethics Commission Filers)im Wells County Republican Party00086956 |   |                            |   |   |                       |                   |             |
| 4                    | Date  | 5                      | Payee name                                |  |   |                            |   |   |                       |                   |             |
|                      | 07/05/2024  |                        | Walmart                                   |  |   |                            |   |   |                       |                   |             |
| 6                    | Amount (\$)   | 7                      | Payee address;                            | City;  | State; Z  | ip Code                    | 9   |   |                       |                   |             |
|                      | \$55.21   |                        | 2701 E Main St                            |  |   |                            |   |   |                       |                   |             |
|                      |   |                        |   |  |   |                            |   |   |                       |                   |             |
|                      |   |                        | Alice, TX 78332                           |  |   |                            |   |   |                       |                   |             |
| 8                    | PURPOSE   | <u> </u>               |   |  |   |                            | ) Description                                 |   |                       |                   |             |
| ľ                    | OF  | (a)                    | Category (See Catego<br>Office Overhead/F |  | his schedul   | e) (*                      |   | outsi                                   | ide of Texas. Com     | plete Schedule T. |             |
|                      | EXPENDITURE   |                        | Once Overneau/P                           |  |   |                            |   |   | , officeholder living |                   |             |
|                      |   |                        |   |  |   |                            | Office Suppli                                 | es f                                    | for GOP Off           | ice               |             |
|                      |   |                        |   |  |   |                            |   |   |                       |                   |             |
| 9                    | Complete ONLY if direct expenditure to benefit C/OF   |                        | andidate/Officeholde                      | r name   | Offic   | e sough                    | t   |   | Office he             | eld               |             |
|                      | Date  |                        | Payee name                                |  |   |                            |   |   |                       |                   |             |
|                      | 08/23/2024  |                        | Walmart                                   |  |   |                            |   |   |                       |                   |             |
|                      | Amount (\$)   | -                      | Payee address;                            | City;  | State; Z  | in Code                    | <u>,                                     </u> |   |                       |                   |             |
|                      | \$8.84  |                        | 2701 E Main St                            | City,  | State, Z  | ip Cout                    | -   |   |                       |                   |             |
| 58.84 2701 E Main St |   |                        |   |  |   |                            |   |   |                       |                   |             |
|                      |   |                        | Alice, TX 78332                           |  |   |                            |   |   |                       |                   |             |
|                      | PURPOSE   | (a)                    | Category (See Catego                      | ries listed at the top of t  | his schedul   | e) (k                      | ) Description                                 |   |                       |                   |             |
|                      | OF<br>EXPENDITURE   |                        | Office Overhead/F                         | ental Expense  |   |                            |   |   | ide of Texas. Com     |                   |             |
|                      |   |                        |   |  |   |                            | , officeholder living                         |   |                       |                   |             |
|                      |   |                        |   |  |   |                            | Office supplie                                | es f                                    | or GOP offic          | ce                |             |
|                      |   |                        |   |  |   |                            |   |   |                       |                   |             |
|                      | Complete ONLY if direct expenditure to benefit C/OF   |                        | andidate/Officeholde                      | r name   | Offic   | e sough                    | it  |   | Office he             | eld               |             |
|                      | Date  |                        | Payee name                                |  |   |                            |   |   |                       |                   |             |
|                      | 09/30/2024  |                        | Walmart                                   |  |   |                            |   |   |                       |                   |             |
| -                    | Amount (\$)   |                        | Payee address;                            | City;  | State; Z  | in Code                    | 2   |   |                       |                   |             |
|                      | \$38.91   |                        | 2701 E Main St                            |  |   |                            |   |   |                       |                   |             |
|                      | \$00.01   |                        |   |  |   |                            |   |   |                       |                   |             |
|                      |   |                        | Alice, TX 78332                           |  |   |                            |   |   |                       |                   |             |
|                      | PURPOSE   | (a)                    | Category (See Catego                      | ries listed at the top of t  | his schedul   | e) (k                      | ) Description                                 |   |                       |                   |             |
|                      | OF<br>EXPENDITURE   |                        | Office Overhead/R                         | ental Expense  |   |                            | Check if travel                               | outsi                                   | ide of Texas. Com     | plete Schedule T. |             |
|                      | EXPENDITORE   |                        |   |  |   |                            |   |   | , officeholder living |                   |             |
|                      |   |                        |   |  |   |                            | Office supplie                                | es f                                    | or GOP offic          | ce                |             |
|                      |   |                        |   |  |   |                            |   |   |                       |                   |             |
|                      | Complete ONLY if direct   |                        | andidate/Officeholde                      | r name   | Offic   | e sough                    | t   |   | Office he             | eld               |             |
|                      | expenditure to benefit C/OI   | Н                      |   |  |   |                            |   |   |                       |                   |             |
|                      |   |                        |   |  |   |                            |   |   |                       |                   |             |
|                      |   |                        |   |  |   |                            |   |   |                       |                   |             |

|   | EXPENDITURE CATEGORIES FOR BOX 8(a)   |  |   |   |  |  |  |  |  |
|---|---|--|---|---|--|--|--|--|--|
|   | Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment   | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>mittee Legal Services | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor<br>ains 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) |  |  |  |  |  |
| 1 | Total pages Schedule F1:  |  |   | <b>3</b> Filer ID (Ethics Commission Filers)  |  |  |  |  |  |
|   | Sch: 26/26 Rpt: 34/34   | Jim Wells County Republican Party  | 1   | 00086956  |  |  |  |  |  |
| 4 | Date<br>11/22/2024  | <sup>D</sup> ayee name<br>Walmart  |   |   |  |  |  |  |  |
| 6 | Amount (\$)<br>\$28.95  | Payee address; City; S<br>2701 E Main St<br>Alice, TX 78332  | tate; Zip Code  |   |  |  |  |  |  |
| 8 | 8       PURPOSE<br>OF<br>EXPENDITURE       (a) Category       (See Categories listed at the top of this schedule)       (b) Description         0       Office Overhead/Rental Expense       Check if travel outside of Texas. Complete Schedule T.         0       Check if Austin, TX, officeholder living expense         0       Office Supplies for GOP office |  |   |   |  |  |  |  |  |
| 9 | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF   | andidate/Officeholder name   | Office sought   | Office held   |  |  |  |  |  |
|   | Date  | Payee name   |   |   |  |  |  |  |  |
|   | 11/25/2024  | Walmart  |   |   |  |  |  |  |  |
|   | Amount (\$)<br>\$47.31  | Payee address; City; S<br>2701 E Main St<br>Alice, TX 78332  | tate; Zip Code  |   |  |  |  |  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of thi<br>Travel In District                                  | Check if travel   | outside of Texas. Complete Schedule T.<br>, TX, officeholder living expense   |  |  |  |  |  |
|   | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OF   | andidate/Officeholder name   | Office sought   | Office held   |  |  |  |  |  |
|   |   |  |   |   |  |  |  |  |  |