

# POLITICAL PARTY REPORT REGARDING FUNDS FROM CORPORATIONS AND LABOR ORGANIZATIONS

**FORM PTY-CORP COVER SHEET PG 1**

|   |   |  |                          |   |        |        |      |
|---|---|--|--------------------------|---|--------|--------|------|
| The Form PTY-CORP Instruction Guide explains how to complete this form. |   | 1 Filer ID<br>(Ethics Commission Filers)<br>00023974 | 2 Total pages filed<br>8 |   |        |        |      |
| 3 POLITICAL PARTY NAME  | San Jacinto County Republican Party (P)   |  |                          | <b>OFFICE USE ONLY</b><br>Date Received<br>ELECTRONICALLY FILED<br>01/16/2025<br>Date Hand-delivered or Date Postmarked |        |        |      |
| 4 STATE OR COUNTY PARTY   | <input type="checkbox"/> State<br><input checked="" type="checkbox"/> County: <u>San Jacinto</u>  |  |                          |   |        |        |      |
| 5 POLITICAL PARTY TYPE  | <input type="checkbox"/> Democrat<br><input checked="" type="checkbox"/> Republican<br><input type="checkbox"/> Libertarian<br><input type="checkbox"/> Other: _____<br>(Party name)                        |  |                          |   |        |        |      |
| 6 POLITICAL PARTY MAILING ADDRESS                                       | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |  | Receipt #                | Amount  |        |        |      |
| <input type="checkbox"/> Change of Address                              | PO Box 370<br>Coldspring, TX 77331  |  | Date Processed           |   |        |        |      |
|   |   |  | Date Imaged              |   |        |        |      |
| 7 POLITICAL PARTY CHAIR   | TITLE   | FIRST  | MI                       | NICKNAME  | LAST   | SUFFIX |      |
|   |   | Dwayne   |                          |   | Wright |        |      |
| 8 CHAIR MAILING ADDRESS   | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |  |                          |   |        |        |      |
| <input type="checkbox"/> Change of Address                              | 100 S. Magnolia Dr.<br>Cleveland, TX 77328  |  |                          |   |        |        |      |
| 9 CHAIR STREET ADDRESS  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |  |                          |   |        |        |      |
| (Residence or Business)   | 100 S. Magnolia Dr.<br>Cleveland, TX 77328  |  |                          |   |        |        |      |
| 10 CHAIR PHONE  | AREA CODE   | PHONE NUMBER   |                          | EXTENSION   |        |        |      |
|   | (832)   | 966-1300   |                          |   |        |        |      |
| 11 REPORT TYPE  | <input checked="" type="checkbox"/> January 15<br><input type="checkbox"/> July 15<br><input type="checkbox"/> 8th day before primary election<br><input type="checkbox"/> 50th day before general election |  |                          |   |        |        |      |
| 12 PERIOD COVERED   | Month   | Day  | Year                     | THROUGH   | Month  | Day    | Year |
|   | 09  | 06   | 2024                     |   | 12     | 31     | 2024 |

**GO TO PAGE 2**

**POLITICAL PARTY REPORT:  
TOTALS AND AFFIDAVIT**

**FORM PTY-CORP  
COVER SHEET PG 2**

|   |  |   |
|---|--|---|
| <b>13 POLITICAL PARTY NAME</b><br>San Jacinto County Republican Party (P) |  | <b>14 Filer ID</b> (Ethics Commission Filers)<br>00023974 |
| <b>15 TOTALS</b>  | <b>1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS</b><br><br>(OTHER THAN LOANS OR GUARANTEES OF LOANS) | \$ 0.00   |
|   | <b>2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS</b>                                      | \$ 4,062.24   |
|   | <b>3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</b>                                      | \$ 6,092.51   |

**A political party must file a report on FORM PTY-CORP for any reporting period during which the party accepts corporate or labor organization contributions, maintains corporate or labor organization contributions, or makes expenditures from corporate or labor organization contributions.**

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Dwayne Wright

\_\_\_\_\_  
Signature of Political Party Chair

AFFIX NOTARY STAMP / SEAL

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - PTYCORP****FORM PTY-CORP  
COVER SHEET PG 3**  
3 of 8

|   |   |   |
|---|---|---|
| <b>17</b> POLITICAL PARTY NAME<br>San Jacinto County Republican Party (P) |   | <b>18</b> Filer ID (Ethics Commission Filers)<br>00023974 |
| <b>19</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                          |   | SUBTOTAL AMOUNT   |
| 1.  | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$  |
| 2.  | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$  |
| 3.  | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$  |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS  | \$ 4,062.24   |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$  |

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/5 Rpt: 4/8               | <b>2</b> FILER NAME<br>San Jacinto County Republican Party (P)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00023974  |
| <b>4</b> Date<br>12/24/2024  | <b>5</b> Payee name<br>Adobe System  |   |
| <b>6</b> Amount (\$)<br>\$21.64                                      | <b>7</b> Payee address; City; State; Zip Code<br>345 Park Avenue<br><br>San Jose, CA 95110                                   |   |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><br>office subscription software |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held |   |
| Date<br>11/25/2024   | Payee name<br>Adobe System   |   |
| Amount (\$)<br>\$21.64   | Payee address; City; State; Zip Code<br>345 Park Avenue<br><br>San Jose, CA 95110  |   |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><br>office subscription software |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held |   |
| Date<br>10/24/2024   | Payee name<br>Adobe System   |   |
| Amount (\$)<br>\$21.64   | Payee address; City; State; Zip Code<br>345 Park Avenue<br><br>San Jose, CA 95110  |   |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><br>office subscription software |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held |   |

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|  |   |   |  |                             |               |
|--|---|---|--|-----------------------------|---------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/5 Rpt: 5/8               | <b>2</b> FILER NAME<br>San Jacinto County Republican Party (P)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00023974  |  |                             |               |
| <b>4</b> Date<br>09/06/2024  | <b>5</b> Payee name<br>Adobe System   |   |  |                             |               |
| <b>6</b> Amount (\$)<br>\$257.27                                     | <b>7</b> Payee address; City; State; Zip Code<br>345 Park Avenue<br><br>San Jose, CA 95110  |   |  |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |   |  |                             |               |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><br>PDF manipulation software for advertising graphics |  |                             |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate/Officeholder name   | Office sought   | Office held  |                             |               |
| Date<br>11/12/2024   | Payee name<br>Constant Contact  |   |  |                             |               |
| Amount (\$)<br>\$164.00  | Payee address; City; State; Zip Code<br>1601 Trapelo Road<br><br>Waltham, MA 02451  |   |  |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |   |  |                             |               |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><br>Constant Contact CRM/mail for office HQ            |  |                             |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate/Officeholder name   | Office sought   | Office held  |                             |               |
| Date<br>09/06/2024   | Payee name<br>Office Depot  |   |  |                             |               |
| Amount (\$)<br>\$37.83   | Payee address; City; State; Zip Code<br>122 East FM 1960 Bypass<br>HWY 59<br>Humble, TX 77338   |   |  |                             |               |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |   |  |                             |               |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><br>office printing paper                              |  |                             |               |
|  | <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:50%; border:none;">Candidate/Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table> |   | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate/Officeholder name   | Office sought   | Office held  |                             |               |

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/5 Rpt: 6/8 | <b>2</b> FILER NAME<br>San Jacinto County Republican Party (P) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00023974 |
|--|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>12/02/2024 | <b>5</b> Payee name<br>Robertson County rEPUBLICAN wOMEN |
|-----------------------------|--|

|                                    |  |
|------------------------------------|--|
| <b>6</b> Amount (\$)<br>\$1,015.00 | <b>7</b> Payee address; City; State; Zip Code<br>PO BOX 184<br><br>NEW BADEN, TX 77870 |
|------------------------------------|--|

|  |                                 |  |  |
|--|---------------------------------|--|--|
| <input checked="" type="checkbox"/> Expenditure from corporate funds | <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><br>Tom Homan Event Table Expense |
|--|---------------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>11/29/2024 | Payee name<br>Robertson County rEPUBLICAN wOMEN |
|--------------------|---|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$1,015.00 | Payee address; City; State; Zip Code<br>PO BOX 184<br><br>NEW BADEN, TX 77870 |
|---------------------------|---|

|  |                                 |  |  |
|--|---------------------------------|--|--|
| <input checked="" type="checkbox"/> Expenditure from corporate funds | <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><br>Tom Homan Event Table Expense - 2nd table |
|--|---------------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                     |
|--------------------|---------------------|
| Date<br>12/03/2024 | Payee name<br>canva |
|--------------------|---------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$120.00 | Payee address; City; State; Zip Code<br>110 Kippax Street, Surry Hills, NSW, 2010, Australia.<br><br>New South Wales NSW 2010 Australia |
|-------------------------|---|

|  |                                 |  |  |
|--|---------------------------------|--|--|
| <input checked="" type="checkbox"/> Expenditure from corporate funds | <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><br>canva subscription for event advertising office |
|--|---------------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|  |  |
|--|--|
|  |  |
|--|--|

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/5 Rpt: 7/8               | <b>2</b> FILER NAME<br>San Jacinto County Republican Party (P)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00023974  |
| <b>4</b> Date<br>12/02/2024  | <b>5</b> Payee name<br>dropbox  |   |
| <b>6</b> Amount (\$)<br>\$127.79                                     | <b>7</b> Payee address; City; State; Zip Code<br>1800 Owens St<br><br>San Francisco, CA 94158             |   |
| <input checked="" type="checkbox"/> Expenditure from corporate funds |   |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><br>video and article storage - EVENTS committee |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |   |
| Date<br>11/18/2024   | Candidate/Officeholder name<br>newegg   |   |
| Amount (\$)<br>\$535.18  | Office sought<br>17560 Rowland Street   |   |
| <input checked="" type="checkbox"/> Expenditure from corporate funds | Office held<br>Industry, CA 91765   |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><br>Office PC                                    |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |   |
| Date<br>11/18/2024   | Candidate/Officeholder name<br>newegg   |   |
| Amount (\$)<br>\$238.14  | Office sought<br>17560 Rowland Street   |   |
| <input checked="" type="checkbox"/> Expenditure from corporate funds | Office held<br>Industry, CA 91765   |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><br>Office monitor                               |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |   |
| Date<br>11/18/2024   | Candidate/Officeholder name<br>newegg   |   |
| Amount (\$)<br>\$238.14  | Office sought<br>17560 Rowland Street   |   |
| <input checked="" type="checkbox"/> Expenditure from corporate funds | Office held<br>Industry, CA 91765   |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><br>Office monitor                               |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |   |

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

**SCHEDULE F1**

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

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/5 Rpt: 8/8               | <b>2</b> FILER NAME<br>San Jacinto County Republican Party (P)                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00023974  |
| <b>4</b> Date<br>12/05/2024  | <b>5</b> Payee name<br>wright, Dwayne (The Honorable)   |   |
| <b>6</b> Amount (\$)<br>\$487.11                                     | <b>7</b> Payee address; City; State; Zip Code<br>100 S Magnolia Dr<br><br>CLEVELAND, TX 77328 |   |
| <input checked="" type="checkbox"/> Expenditure from corporate funds | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><br>parade generator purchase from harbor freight reimbursement for party. |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |