#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00040697 Date Received COMMITTEE Republican Party of Bell County (CEC) **ELECTRONICALLY FILED** NAME 03/08/2025 TREASURER Timothy, Jason NAME Date Hand-delivered or Date Postmarked **ORIGINAL** X January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Day Year Month Day Date Imaged **COVERED THROUGH** 07/01/2024 12/31/2024 **EXPLANATION OF CORRECTION** Correct document. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Jason Timothy Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_\_ \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

#### FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 00040697 3 COMMITTEE NAME **OFFICE USE ONLY** Republican Party of Bell County (CEC) Date Received **ELECTRONICALLY FILED** 03/08/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 204 N. East Street Date Hand-delivered or Date Postmarked Unit A-1 Change of Address Belton, TX 76513 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Jason NAME NICKNAME LAST **SUFFIX** Timothy STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 8307 Wellcrest Drive STREET **ADDRESS** (Residence or Business) Killeen, TX 76542 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 8307 Wellcrest Drive MAILING **ADDRESS** Killeen, TX 76542 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (724) 757-6622 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

# COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

# FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME	<del></del>		13 Filer ID (Ethics Commission Filers)					
Republican Party of Bel	l County (CEC)		0004069	97				
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican						
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported						
		B. Opposed						
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	13,028.91				
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	26,116.41				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00				
	4. TOTAL POLITION	CAL EXPENDITURES	\$	43,003.71				
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	4,086.89				
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	THE \$	0.00				
16 AFFIDAVIT	•		•					
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.						
		Jason	Timothy					
		Signature of Car	mpaign Trea	surer				
AFFIX NOTARY	STAMP / SEAL ABOV	E						
Sworn to and subscribed	before me, by the said	, th	nis the	day				
of	_, 20, to certi	fy which, witness my hand and seal of office.						
Cianahura at atta	univinta vina v = -41-	Drived war of officer a decision and	Tial f	ffi an administrative and				
Signature of officer ad	ministering oath	Printed name of officer administering oath	ittle of o	fficer administering oath				

### COUNTY EXECUTIVE COMMITTEE REPORT:

### FORM CEC ADDENDUM

				Page 4 of 29
			12 Filor ID	(Ethics Commission Filers)
ounty (CEC)				(Lunes Commission Filers)
	Λ Supported		00040037	
	B. Opposed			
Measures     (Describe by date and location of election and	A. Supported			
1	B. Opposed			
Officeholders     Assisted		Republican		
(Identify by name or, if applicable, classify by party.)				
	Measures (Describe by date and location of election and nature of issue.)      Officeholders     Assisted	1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders	1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  A. Supported  Republican  Republican	1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  A. Supported  Republican  Republican

### **SUBTOTALS - CEC**

### FORM CEC COVER SHEET PG 3 5 of 29

				5 of 29					
17 COMMITTE	E NAME	18 Filer ID	(Ethics Com	mission Filers)					
Republican	n Party of Bell County (CEC)	00040697							
19 SCHEDULE NAME OF S			SUBTO	OTAL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS								
2. X	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS								
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00					
4. X	4. X SCHEDULE E: LOANS								
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$	43,003.71					
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00					
9.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						
			1						

	MONET	ARY POLITICAL (	S		SCHEDULE A1			
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 6/29	
2	FILER NAME Republican F	Party of Bell County (CEC)				3	Filer ID (Ethics Commission 00040697	on Filers)
4	Date 07/30/2024	<ul><li>5 Full name of contributor Baird, Addie</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$1,500.00
0	Dringing Loon	Belton, TX 76513	a) T	_	Employer (Con Instructions	<u></u>		
8	Owner -	pation / Job title (See Instruction	S)	9	Employer (See Instructions Baird Rentals	5)		
	Date 08/02/2024						Amount of Contribution (\$)	\$2,500.00
	Dringing! aggs	Belton, TX 76513	a) T		Employer (See Instructions	<u></u>		
	Owner	pation / Job title (See Instruction	5)		Employer (See Instructions Boston Properties	»)		
	Date 12/23/2024	)		Amount of Contribution (\$)	\$256.25			
		Temple, TX 76503						
	Principal occu Owner	pation / Job title (See Instruction	s)		Employer (See Instructions Boston Properties	5)		
	Date Full name of contributor out-of-state PAC (I 07/22/2024 Buckly for Texas				)		Amount of Contribution (\$)	\$512.50
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		
	Date 08/12/2024	Full name of contributor Howard, Jeff Contributor address; City; S Belton, TX 76513			Amount of Contribution (\$)	\$256.25		
	Principal occu Retired	pation / Job title (See Instruction	Employer (See Instructions Retired	5)				

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS .		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 7/29	
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
	Republican F	Party of Bell County (CEC)				00040697	
4	Date 10/15/2024	5 Full name of contributor Isdale, Rebecca 6 Contributor address; City; St.	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$225.00
		Belton, TX 76513					
8	Principal occu None	pation / Job title (See Instructions	)	9 Employer (See Ins None	structions)		
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	09/12/2024	John Carter for Congress					\$2,000.00
	Contributor address; City; State; Zip Code						
		Round Rock, TX 78665					
Principal occupation / Job title (See Instructions) Employer (See Inst							
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	09/12/2024	Jones, Dennis					\$2,000.00
		Contributor address; City; St	ate; Zip Code				
		Belton, TX 76513					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Ins	structions)		
	Owner	pation / 300 title (See matractions	,	Tierra Homes	sii uciioris)		
		Full pages of agenticleuten		110114 11011100	<u> </u>	Associated Contribution (A)	
	Date 08/23/2024	Full name of contributor	out-of-state PAC (ID#:_		—)	Amount of Contribution (\$)	ቀንደፍ ንደ
	08/23/2024	Kaye, Richard					\$256.25
		Contributor address; City; St	ate; zip Code				
		Harker Heights, TX 76548	•				
	Principal occu	pation / Job title (See Instructions	)	Employer (See Ins	structions)		
	Retired			Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	12/20/2024	Keith, Reagan					\$256.25
Contributor address; City; State; Zip Code							
		Belton, TX 76513					
	Principal occu		)	Employer (See Ins	structions)		
Principal occupation / Job title (See Instructions) Employer (S Block walker Camal Bac							
				2			

	Republican Party of Bell County (CEC)  Date 5 Full name of contributor  out-of-state PAC (ID#:					SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 8/29	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Republican F	Party of Bell County (CEC)				00040697	
4	Date 08/13/2024		)	7	Amount of Contribution (\$)	\$2,050.00	
		Belton, TX 76513					
8	Principal occu Owner	pation / Job title (See Instructions	s) g	Employer (See Instructions Roam Roofing	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/19/2024	Reynolds, Gregory			\$256.25		
		Contributor address; City; Si					
		Temple, TX 76504					
		pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Engineer			Stratasys			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/22/2024	Sapp, Richard					\$256.25
		Contributor address; City; Si	ate; Zip Code				
		Salado, TX 76571					
	Principal occu	I pation / Job title (See Instructions	3)	Employer (See Instructions	<u>L</u> 5)		
	Professor			Central Texas College			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)	
	08/06/2024	Shay for Tax Assessor Co	_			`,	\$250.00
		Contributor address; City; Si	ate; Zip Code		l		
		Belton, TX 76513	į.				
	Principal occu	pation / Job title (See Instructions	;) 	Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/13/2024	Thrasher, Matt					\$512.50
		Contributor address; City; Si	ate; Zip Code		]		
		Belton, TX 76513					
	Principal occu	pation / Job title (See Instructions	(3)	Employer (See Instructions	<u> </u>		
Pastor Cross Roads Chur							

PLE	DGED CONTRIBUTIONS		SCHEDULE B
Т	he Instruction Guide explains how to com	plete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 9/29
2 FILER N.	AME can Party of Bell County (CEC)		3 Filer ID (Ethics Commission Filers) 00040697
4	OF UNITEMIZED PLEDGES		\$ 0.
<b>5</b> Date	6 Full name of pledgorout-of-state PAC (I  7 Pledgor Address; City; State; Zip Co		B Amount of pledge (\$)
		- Iaa	Check if travel outside of Texas. Complete Schedu
10 Principal	occupation / Job title (See Instructions)	11 Employer (See In	structions)

	LOANS						SCHEDULE E
	The Instruction	n Guide explains h	ow to com	plete this fo	orm.		ges Schedule E: 1 Rpt: 10/29
2	FILER NAME Republican Part	y of Bell County (CEC)				3 Filer ID 000406	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS				<b> </b>	\$ 0.00
5	Date of loan	7 Name of lender		out-of-state PA	C (ID#:	)	9 Loan Amount (\$)
6	Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code		10 Interest Rate
							11 Maturity Date
12	Principal occupation	on / Job title (See Instruction	ons)		13 Employer (See Instr	uctions)	
14	Description of Coll  None	ateral			15 Check if personal fu	nds were deposited	l into political account (See Instructions)
16	GUARANTOR INFORMATION	UARANTOR 17 Name of guarantor					19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address;	City;	State;	Zip Code		
20	Principal occupation	on			21 Employer (See Instr	uctions)	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Gift/Awards/Memo	·		/ages	s/Contract Labor		Travel Out of OTHER (ente	District r a category not liste	ed above)
L		_			n Guide explains	s now to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2							3		`	mission Filers)
_	Sch: 1/19 Rpt: 11/29	_		Party of Bel	County (CEC	C)				00040697	7	
4	Date	5	Payee name									
	08/14/2024		Amazon Inc	;								
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de					
	\$178.89		410 Terry A	ve N								
			-									
			Seattle, WA	98109								
8	PURPOSE	(a)	Category (s	ee Categories liste	d at the top of this so	chedule)	(b)	Description				
	OF	<b> </b> `´	Advertising		a at the top of this se	incudic)	. ,	`	outsi	de of Texas. Co	omplete Schedule T	
	EXPENDITURE		· · · · · · · · · · · · · · · ·	1				Check if Austin	, TX,	officeholder liv	ing expense	
								Advertising				
9	Complete ONLY if direct		Candidate/Offi	ceholder nam	e	Office sou	ght			Office	held	
L	expenditure to benefit C/OI	Η										
	Date		Payee name									
	08/21/2024		Amazon Ind	;								
	Amount (\$)	T	Payee addre	ss; City;	State	e; Zip Co	de					
	\$165.24		410 Terry A	•								
	,		, •									
			Coattle MA	00100								
		<u> </u>	Seattle, WA									
	PURPOSE OF	(a)			d at the top of this so	chedule)	(b)	Description				
	EXPENDITURE		Advertising	Expense				Check if travel			omplete Schedule T	
								Advertising	, ιλ,	, omcenoider IIV	ing exhelise	
								, wvertiality				
$\vdash$	Complete ONLY if direct	Ц,	Candidat- 10ff	ooholdor ====	^	Office	ah+			Office	hold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januiuale/Offi	ceholder nam	E	Office sou	ynt			Office	nelu	
L		_										
	Date		Payee name									
	08/22/2024		Amazon Inc	;								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de					
	\$232.08		410 Terry A	ve N								
			-									
			Seattle, WA	98109								
	PURPOSE	(a)	Category /c	ee Categories listo	d at the top of this so	:hedule)	(b)	Description				
	OF	l` <i>`</i>	Advertising		a at the top of this St	caalej	` ′		outsi	de of Texas. Co	omplete Schedule T	
	EXPENDITURE							Check if Austin	, TX,	officeholder liv	ing expense	
								Advertising				
	Complete ONLY if direct		Candidate/Offi	ceholder nam	e	Office sou	ght			Office	held	
	expenditure to benefit C/OI	Н										

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/19 Rpt: 12/29	Republican Party of Bell County (CEC) 00040697
4	Date	5 Payee name
	10/10/2024	Amazon Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$97.36	410 Terry Ave N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Postage
		1 Ostage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Dougo nama
		Payee name
	10/11/2024	Amazon Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$389.44	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Postage
		1 Ostage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	D
	Date 10/11/2024	Payee name Amazon Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$486.80	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Postage
		1 Ostage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/19 Rpt: 13/29	Republican Party of Bell County (CEC) 00040697
4	Date	5 Payee name
	10/11/2024	Amazon Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$788.60	410 Terry Ave N
		Seattle, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Postage
		j v
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	
	Date	Payee name
	10/11/2024	Amazon Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$815.69	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Postage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	-
	Date	Payee name
	10/15/2024	Amazon Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,540.90	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Postage
		1 Ustage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services							above)				
_		_			ue expiairis iiu	ow to con	ipic	te this form.	_	_		/=.i.:			,
1	Total pages Schedule F1:	2							3		ler ID	(Ethi	ics Commis	sion Filers	S)
	Sch: 4/19 Rpt: 14/29		Republican	Party of Bell Cou	inty (CEC)					00	0040697				
4	Date	5	Payee name												
	10/21/2024		Amazon Inc												
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Coo	le								
	\$341.07		410 Terry A		,										
	Φ0 12.01		120 1011971												
				00100											
			Seattle, WA	98109											
8	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sched	dule)	(b)	Description							
	OF EXPENDITURE		Office Overl	nead/Rental Exp	ense			Check if travel of							
								Check if Austin,	, TX,	, off	iceholder livin	ig expens	se		
								Printer ink							
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Off	fice soug	ht				Office h	eld			
	experiulture to benefit C/Oi														
	Date		Payee name												
	11/04/2024		Amazon Inc												
	Amount (\$)	┢	Payee addres	ss; City;	State:	Zip Coo	le								
	\$133.14		410 Terry A		,										
	Ψ100.14		410 TOTIS / C	VC 14											
			0	00100											
			Seattle, WA	98109											
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sched	dule)	(b)	Description							
	OF EXPENDITURE		Office Overl	nead/Rental Exp	ense			Check if travel of							
								Check if Austin, Printer ink	, IX,	, оп	icenoider iivin	ig expens	se		
								Filliter link							
		<u> </u>													
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Off	fice soug	Iht				Office h	ield			
	Date		Payee name												
	09/24/2024		Black Rifle (	Coffee Company											
	Amount (\$)		Payee addres	ss; City;	State;	Zip Coo	le								
	\$124.68		111 N Gene	ral Bruce Dr											
			Temple, TX	76504											
		ļ.,	•			1.									
	PURPOSE OF	(a)		e Categories listed at the		dule)	(b)	Description  Check if travel of	outoi	ido	of Toyon Con	nnloto Ca	obodulo T		
	EXPENDITURE		Solicitation/	-undraising Expe	ense			Check if Austin,							
								Fundraising	,,	,		9			
	Complete ONLY if direct	Щ	Candidate/Offi	ceholder name	Off	fice soug	ıht				Office h	eld			
	expenditure to benefit C/O		Januale/Offi	Scholder Hallie	Oli	nec soug	ji it				Onice II	iciu			

#### SCHEDULE F1

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

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/19 Rpt: 15/29	Republican Party of Bell County (CEC) 00040697
4	Date	5 Payee name
	10/03/2024	Brazos Stamp & Engraving
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.83	1407 S 31st St D
		Temple, TX 76504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	09/04/2024	Christy Wilbanks
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.42	4305 Milred Ave
		Killeen, TX 76513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date 11/21/2024	Payee name City of Belton
		·
	Amount (\$) \$510.00	Payee address; City; State; Zip Code 401 Alexander St
	φ510.00	401 Alexander St
		Dollar TV 70010
		Belton, TX 76513
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	PURPOSE OF EXPENDITURE	las
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Volunteer Event  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Volunteer Event  Candidate/Officeholder name  Office sought  Office held
	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Volunteer Event  Candidate/Officeholder name  Office sought  Office held
_	OF EXPENDITURE  Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Volunteer Event  Candidate/Officeholder name  Office sought  Office held

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/19 Rpt: 16/29	Republican Party of Bell County (CEC) 00040697
4	Date	5 Payee name
	10/10/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.95	1601 Trapelo Rd
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Email Distro
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/06/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.95	1601 Trapelo Rd
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Email Distro
		Email Biolic
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Device same
	12/09/2024	Payee name  Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.95	1601 Trapelo Rd
L		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Email Distro
		Litidii Distro
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

Commission Filers)
Commission Filers)
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#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
<u>_</u>	Tatalmana C.I. III =:	1						
1	Total pages Schedule F1: Sch: 8/19 Rpt: 18/29	2 FILER NAME Republican Party of Bell County (CEC) 3 Filer ID (Ethics Commission Filers) 00040697						
4	Date	5 Payee name						
Ĺ	10/01/2024	Grande Communications						
6	Amount (\$) \$207.32	7 Payee address; City; State; Zip Code 401 Carlson Circle San Marcos, TX 78666						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Internet and phone						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	10/30/2024	Grande Communications						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$207.40	401 Carlson Circle						
		San Marcos, TX 78666						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Internet and phone						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	12/02/2024	Grande Communications						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$207.40	401 Carlson Circle						
		San Marcos, TX 78666						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description						
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Internet and phone						
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held						

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 9/19 Rpt: 19/29	Republican Party of Bell County (CEC) 00040697					
4	Date	5 Payee name					
	12/31/2024	Grande Communications					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$207.40	401 Carlson Circle					
		San Marcos, TX 78666					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Internet and phone					
		internet and phone					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/O						
_	D :						
	Date	Payee name					
	10/15/2024	H&H Printing					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$277.00	5696 FM439					
		Belton, TX 76513					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Advertising					
		Advertising					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Data						
	Date 09/03/2024	Payee name HEB					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$300.00	2509 N Main St					
		Belton, TX 76513					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Solicitation/Fundraising Expense					
		Check if Austin, TX, officeholder living expense  Fundraising					
		i unuluisiing					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
_	Sch: 10/19 Rpt: 20/29	Republican Party of Bell County (CEC)  00040697	
4	Date	5 Payee name	_
•	09/20/2024	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$40.25	2509 N Main St	
	7		
		Belton, TX 76513	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Solicitation/Fundraising Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Fundraising	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
	Date	Payee name	=
	08/30/2024	I360 LLC	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,200.00	PO Box 662	
		Arlington, VA 22216	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Data	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	
	Date	Payee name	=
	09/23/2024	I360 LLC	
			_
	Amount (\$)	Payee address; City; State; Zip Code PO Box 662	
	\$10,283.75	PO BOX 002	
		Arlington, VA 22216	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Data	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	
			_

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/19 Rpt: 21/29	Republican Party of Bell County (CEC) 00040697
4	Date	5 Payee name
	11/04/2024	1360 LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.00	PO Box 662
		Arlington, VA 22216
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Data
		- Julia
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	11/08/2024	I360 LLC
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.21	PO Box 662
L		Arlington, VA 22216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Data
		Build
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Davida marra
	Date 07/23/2024	Payee name  Jeff Howard
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,138.78	5613 Hamlet Dr
		Belton, TX 76513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Advertising
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

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

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/19 Rpt: 22/29	Republican Party of Bell County (CEC) 00040697
4	Date	5 Payee name
	10/24/2024	Mail Chimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.25	405 N Angier Ave NE
		Atlanta, GA 30308
8	DUDDOCE	
o	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Chick if Austin, TX, officeholder living expense
		Email Distro
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	07/15/2024	Meno's Mexican Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$113.28	1100 E Stan Schlueter Loop
	,	
		Killeen, TX 76542
_	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/20/2024	Mexicano Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$172.53	261 Sparta Rd
		Belton, TX 76513
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fundraising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1 

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTLER (outer a category not listed above)

l	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_				
	Sch: 13/19 Rpt: 23/29	Republican Party of Bell County (CEC) 00040697					
4	Date	5 Payee name	_				
	07/05/2024	Paper Graphics					
6	Amount (\$)	7 Payee address; City; State; Zip Code	_				
	\$292.74	904 S 31st St					
		Temple, TX 76504					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_				
	OF EXPENDITURE	Advertising Expense					
		Check if Austin, TX, officeholder living expense  Advertising					
		Advertising					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
ľ	expenditure to benefit C/OI						
H	Date	Payee name	_				
	09/25/2024	Paper Graphics					
┝	Amount (\$)	Payee address; City; State; Zip Code					
	\$187.06	904 S 31st St					
	Ψ101.00	504 G 015t Gt					
		Temple, TX 76504					
L	DUDDOCE						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Advertising					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	experientare to benefit G/OI						
	Date	Payee name					
	09/25/2024	Paper Graphics					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$196.85	904 S 31st St					
		Temple, TX 76504					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Advertising					
		, to 10.115.115					
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
	expenditure to benefit C/OI						
$\vdash$			_				

#### SCHEDULE F1

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

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/19 Rpt: 24/29	Republican Party of Bell County (CEC) 00040697
4	Date	5 Payee name
	09/20/2024	Sammons Golf Course
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$135.30	2727 W Adams Ave
		Temple, TX 76504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense  Fundraising
		T unuturaling
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
-	Date	Payee name
	09/25/2024	Sammons Golf Course
	Amount (\$)	Payee address; City; State; Zip Code
	\$870.77	2727 W Adams Ave
	φοι σ ι	Zizi Windano i Wo
		Temple, TX 76504
	PURPOSE	·
	OF	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fundraising
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	11/01/2024	Schoepfs BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$433.00	702 E Central Ave
		Belton, TX 76513
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 15/19 Rpt: 25/29	Republican Party of Bell County (CEC) 00040697						
4	Date	5 Payee name						
	11/15/2024	Schoepfs BBQ						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$1,223.41	702 E Central Ave						
		Belton, TX 76513						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
		Fundraising						
_	0 1: 0.11.7.7.1.							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	07/02/2024	Spradley Properties						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,980.00	121 N 31st St suite c						
		Temple, TX 76504						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense						
		Rent						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
	Data							
	Date	Payee name						
	08/02/2024	Spradley Properties						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,980.00	121 N 31st St suite c						
		Temple, TX 76504						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense  Rent						
		TOTAL STATE OF THE PROPERTY OF						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Le	gal Services ne Instruction Guide exp		Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 16/19 Rpt: 26/29	Republican Pa	arty of Bell County (	CEC)				00040697	
4	Date	5 Payee name							
	09/04/2024	Spradley Prop	perties						
6	Amount (\$)	7 Payee address:	City;	State; Zip C	ode				
	\$1,980.00	121 N 31st St	suite c						
		Temple, TX 7	6504						
8	PURPOSE OF		Categories listed at the top of t	his schedule)	(b)	Description			
	EXPENDITURE	Office Overhe	ad/Rental Expense			=		de of Texas. Com officeholder living	plete Schedule T.
						Rent	, 170,	omeenolder hving	у схропос
9	Complete ONLY if direct	Candidate/Office	holder name	Office sou	<u>I</u> ught			Office he	eld
	expenditure to benefit C/OI	4							
	Date	Payee name							
	10/02/2024	Spradley Prop	oerties						
	Amount (\$)	Payee address;	City;	State; Zip C	ode				
	\$2,074.00	121 N 31st St	suite c						
		Temple, TX 7	6504						
	PURPOSE OF		Categories listed at the top of t	his schedule)	(b)	Description			
	EXPENDITURE	Office Overhe	ad/Rental Expense			_		de of Texas. Com officeholder living	plete Schedule T. g expense
						Rent	,,	omocnoidor non (	, σ.φσσσ
	Complete ONLY if direct	Candidate/Office	holder name	Office sou	ught			Office he	eld
	expenditure to benefit C/O	-							
	Date	Payee name							
	11/04/2024	Spradley Prop	perties						
	Amount (\$)	Payee address;	City;	State; Zip C	ode				
	\$2,074.00	121 N 31st St	suite c						
		Temple, TX 7	6504						
	PURPOSE	(a) Category (See	Categories listed at the top of t	his schedule)	(b)	Description			
	OF EXPENDITURE	Office Overhe	ad/Rental Expense						plete Schedule T.
						Rent	, IX,	officeholder living	j experise
						<del></del>			
	Complete ONLY if direct	Candidate/Office	holder name	Office sou	ught			Office he	eld
	expenditure to benefit C/O	1			-				

#### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 17/19 Rpt: 27/29	Republican Party of Bell County (CEC) 00040697
4	Date	5 Payee name
	12/03/2024	Spradley Properties
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,074.00	121 N 31st St suite c
		Temple, TX 76504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	07/10/2024	Steve Moody
		·
	Amount (\$) \$118.82	Payee address; City; State; Zip Code 204 Elbert
	\$118.82	204 Elbert
		Harker Heights, TX 76548
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Advertising
		i i i i i i i i i i i i i i i i i i i
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/22/2024	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$554.80	111 Wall St
		Belton, TX 76513
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Postage
		a songs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 18/19 Rpt: 28/29	2 FILER NAME Republican Party of Bell County (CEC) 3 Filer ID (Ethics Commission Filers) 00040697	
4	Date 08/30/2024	5 Payee name Walmart	
6	Amount (\$) \$20.24	7 Payee address; City; State; Zip Code 2604 N Main St	
		Belton, TX 76513	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 07/26/2024	Payee name Williamson County GOP	
	Amount (\$) \$807.26	Payee address; City; State; Zip Code 716 S Rock St	
		Georgetown, TX 78626	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 08/01/2024	Payee name Williamson County GOP	
	Amount (\$) \$873.75	Payee address; City; State; Zip Code 716 S Rock St	
		Georgetown, TX 78626	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Advertising	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Polii Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District  By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District  cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
L Total pages Schedule F1	<u> </u>
Sch: 19/19 Rpt: 29/29	
1 Date	5 Payee name
10/30/2024	ineedmybanner.com
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,031.20	
	Belton, TX 76513
B PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Banner
Ocomplete ONLY if direct expenditure to benefit C/	Candidate/Officeholder name Office sought Office held OH