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. 71 00086977 3 COMMITTEE NAME **OFFICE USE ONLY** Jefferson County Republican Party Date Received **ELECTRONICALLY FILED** 07/10/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 148 South Dowlen Rd. Date Hand-delivered or Date Postmarked #627 Beaumont, TX 77707 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Miss Tanya NAME NICKNAME LAST **SUFFIX** Oliver STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 8121 Heartfield Lane STREET **ADDRESS** (Residence or Business) Beaumont, TX 77706 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 148 S. Dowlen Rd. #627 MAILING **ADDRESS** Beaumont, TX 77707 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (409) 351-9339 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Jefferson County Repu	blican Party		00086977	
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	ZED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR S MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	100.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	14,530.31
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES	\$	31,373.76
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	150,030.16
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LE REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Miss Tar	nya Oliver	
		Signature of Car		urer
AFFIX NOTARY	' STAMP / SEAL ABOV	E		
Sworn to and subscribed	I before me, by the said	, th	nis the	day
of	_, 20, to certi	fy which, witness my hand and seal of office.		
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of offi	cer administering oath

SUBTOTALS - CEC

FORM CEC **COVER SHEET PG 3**

			3 of 71		
l		EE NAME	18 Filer ID	(Ethic	cs Commission Filers)
Je	ferson	County Republican Party	00086977		
	HEDUL ME OF		SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	14,446.37
2.	X	\$	83.94		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		\$			
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	31,373.76
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
10.		\$			
				•	

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/25 Rpt: 4/71	
2	FILER NAME	unty Republican Party			3	Filer ID (Ethics Commission 00086977	n Filers)
_					ļ_		
4	Date 05/22/2025	5 Full name of contributor Acosta-Hellbnneerg, Rox6 Contributor address; City; S)	'	Amount of Contribution (\$)	\$100.00
		Beaumont, TX 77713					
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions	<u>. </u>		
	County Clerk	(Jefferson County			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	04/17/2025	Adams, Robert (Mr.)	out or outlier the (ibin_			(+)	\$100.00
	0 1/21/2020		toto: Zin Codo		ł		Ψ100.00
		Contributor address; City; S	iale; Zip Code				
		Groves, TX 77619					
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions	<u>. </u>		
	Constable						
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	06/13/2025	Brown, Janet (Ms.)	<u> </u>				\$90.00
		Contributor address; City; S	tate; Zip Code		1		
		, ,,	, ,				
		Pt. Neches, TX 77651					
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	s)		
	Case Worke	r					
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/08/2025	Carr , DINA (Ms.)					\$25.00
		Contributor address; City; S	tate; Zip Code		1		
		Beaumont, TX 77705					
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	s)		
	Retired						
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/25/2025	Carr , DINA (Ms.)					\$25.00
		Contributor address; City; S	tate; Zip Code		1		
		Beaumont, TX 77705					
		pation / Job title (See Instruction	s) <u></u>	Employer (See Instructions	5)		
	Retired						

	MONET	ARY POLITICAL CONTRI	IBUTIONS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to compl	ete this form.	1	Total pages Schedule A1: Sch: 2/25 Rpt: 5/71	
2	FILER NAME Jefferson Co	unty Republican Party		3	Filer ID (Ethics Commission 00086977	ı Filers)
4	Date 02/15/2025	Carr , DINA (Ms.)	te PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8	Dringing coou	Beaumont, TX 77705	9 Employer (See Instruction	20)		
0	Retired	pation / Job title (See Instructions)	9 Employer (See Instruction	15)		
	Date 03/17/2025	Carr , DINA (Ms.)	te PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Beaumont, TX 77705				
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Date 04/11/2025	Full name of contributor out-of-state Carr , DINA (Ms.) Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Beaumont, TX 77705				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Date 05/16/2025	Carr , DINA (Ms.)	te PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Date 06/13/2025	Carr , DINA (Ms.)	te PAC (ID#:)		Amount of Contribution (\$)	\$90.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/25 Rpt: 6/71	
2	FILER NAME Jefferson Co	unty Republican Party		3	Filer ID (Ethics Commission 00086977	n Filers)
4	Date 06/17/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Beaumont, TX 77705 pation / Job title (See Instructions)	9 Employer (See Instructions	-, 		
0	Retired	oalion / Job title (See instructions)	employer (See instructions	o)		
	Date 06/17/2025	Full name of contributor	:)		Amount of Contribution (\$)	\$180.00
		Beaumont, TX 77705				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID# Carroll, Katherine (Ms.) Contributor address; City; State; Zip Code	÷)	•	Amount of Contribution (\$)	\$200.00
		Beaumont, TX 77713				
	Principal occur Self Employe	pation / Job title (See Instructions) ed	Employer (See Instructions	s)		
	Date 04/29/2025	Full name of contributor out-of-state PAC (ID# Chambers, Kent (Mr.) Contributor address; City; State; Zip Code Willis, TX 77378	:)		Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	oation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Date 05/16/2025	Full name of contributor out-of-state PAC (ID# City of Port Neches Contributor address; City; State; Zip Code Port Neches, TX 77651	:)	•	Amount of Contribution (\$)	\$173.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
			<u>I</u>			

	MONEI	ARY POLITICAL CON	TRIBUTIONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	omplete this form.		Total pages Schedule A1: Sch: 4/25 Rpt: 7/71	
2	FILER NAME				Filer ID (Ethics Commission	on Filers)
	Jefferson Co	unty Republican Party			00086977	
4	Date 02/05/2025	 Full name of contributor our crenshaw, Cory (Mr.) Contributor address; City; State; Zip 	of-state PAC (ID#:	7	Amount of Contribution (\$)	\$1,500.00
g	Principal occu	Beaumont, TX 77706 pation / Job title (See Instructions)	9 Employer (See Ins	ructions)		
0	Attorney	oation / Job title (See manuctions)	3 Employer (See Ins	i uctions)		
	Date 01/08/2025	Dishaman, Cindy Contributor address; City; State; Zip	of-state PAC (ID#:		Amount of Contribution (\$)	\$75.00
		Beaumont, TX 77706-5217	1			
	Principal occu Housewife	pation / Job title (See Instructions)	Employer (See Ins	ructions)		
	Date 01/27/2025	Full name of contributor our Dishaman, Cindy Contributor address; City; State; Zip	of-state PAC (ID#:		Amount of Contribution (\$)	\$75.00
		Beaumont, TX 77706-5217				
	Principal occu Housewife	pation / Job title (See Instructions)	Employer (See Ins	ructions)		
	Date 02/15/2025	Full name of contributor our Dishman, Cindy (Ms.) Contributor address; City; State; Zip Beaumont, TX 77706	-of-state PAC (ID#:		Amount of Contribution (\$)	\$75.00
	Principal occu Housewife	oation / Job title (See Instructions)	Employer (See Ins	ructions)		
	Date 03/17/2025	Full name of contributor our Dishman, Cindy (Ms.) Contributor address; City; State; Zig Beaumont, TX 77706	-of-state PAC (ID#:		Amount of Contribution (\$)	\$75.00
	Principal occu Housewife	pation / Job title (See Instructions)	Employer (See Ins	ructions)		

	MONET	ARY POLITICAL CONTRIBUTI	IONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 5/25 Rpt: 8/71	
2	FILER NAME Jefferson Co	unty Republican Party		3	Filer ID (Ethics Commission 00086977	n Filers)
4	Date 04/17/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$75.00
_	Delicalization	Beaumont, TX 77706	lo Fuella de Contrata de Contr			
8	Housewife	pation / Job title (See Instructions)	9 Employer (See Instructions	iS)		
	Date 05/16/2025	Full name of contributor out-of-state PAC (ID: Dishman, Cindy (Ms.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$75.00
		Beaumont, TX 77706	1	Ļ		
	Principal occur Housewife	pation / Job title (See Instructions)	Employer (See Instructions	IS)		
	Date 06/17/2025	Full name of contributor	#:)		Amount of Contribution (\$)	\$75.00
		Beaumont, TX 77706				
	Principal occu Housewife	oation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 06/13/2025	Full name of contributor out-of-state PAC (ID: Elliott, Betty Contributor address; City; State; Zip Code Nederland, TX 77627	#:)		Amount of Contribution (\$)	\$90.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID: Erickson, Cary (Ms.) Contributor address; City; State; Zip Code Nederland, TX 77627	#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	ıs)		
			•			

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete th	nis form.	1 Total pages Sch Sch: 6/25 Rpt	
2	FILER NAME Jefferson Co	unty Republican Party		3 Filer ID (Ethic 00086977	s Commission Filers)
4	Date 01/10/2025	 Full name of contributor out-of-state PAC (Evans, Joe (Mr.) Contributor address; City; State; Zip Code 		7 Amount of Conf	tribution (\$) \$25.00
_		Beaumont, TX 77707			
8	Principal occu CEO	pation / Job title (See Instructions)	9 Employer (See Instruction:	ns)	
	Date 02/10/2025	Full name of contributor out-of-state PAC (Evans, Joe (Mr.) Contributor address; City; State; Zip Code	(ID#:)	Amount of Conf	ribution (\$) \$25.00
	Deinsinal assu	Beaumont, TX 77707	Family or (Cool by the stripe		
	CEO	pation / Job title (See Instructions)	Employer (See Instruction	ns)	
	Date 03/10/2025	Full name of contributor out-of-state PAC (Evans, Joe (Mr.) Contributor address; City; State; Zip Code	(ID#:)	Amount of Conf	ribution (\$) \$25.00
		Beaumont, TX 77707			
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instruction:	ns)	
	Date 04/10/2025	Full name of contributor out-of-state PAC (Evans, Joe (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77707	(ID#:)	Amount of Conf	ribution (\$) \$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)	
	Date 05/09/2025	Full name of contributor out-of-state PAC (Evans, Joe (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77707	(ID#:)	Amount of Conf	ribution (\$) \$25.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instruction	ns)	
			- '		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/25 Rpt: 10/71	
2	FILER NAME Jefferson Co	unty Republican Party		3	Filer ID (Ethics Commission Filers) 00086977	
4	Date 06/09/2025	 Full name of contributor out-of-state PAC (ID#:_Evans Jr., Joe (Mr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$) \$25.00	,
_	Deire sin al access	Beaumont, TX 77707	• Fandana (Oa a la struction			_
8	CEO	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/05/2025	Full name of contributor out-of-state PAC (ID#:_ Feldschau, Randy (Rev.) Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$1,500.00	=
		BEaumont, TX 77703				_
	Minister	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/17/2025	Full name of contributor out-of-state PAC (ID#:_Feldschau, Randy (Rev.) Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$100.00	-
		BEaumont, TX 77703				
	Principal occu Minister	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/08/2025	Full name of contributor ut-of-state PAC (ID#:_Figari, Stephanie (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77706			Amount of Contribution (\$) \$100.00)
	Principal occu Housewife	oation / Job title (See Instructions)	Employer (See Instructions)		_
	Date 01/08/2025	Full name of contributor out-of-state PAC (ID#:_ Figari, Stephanie (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77706)		Amount of Contribution (\$) \$100.00	-
	Principal occu Housewife	oation / Job title (See Instructions)	Employer (See Instructions)		_
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	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/25 Rpt: 11/71	
2	FILER NAME Jefferson Co	unty Republican Party		3	Filer ID (Ethics Commission 00086977	n Filers)
4	Date 02/15/2025	 Full name of contributor out-of-state PAC (ID# Figari, Stephanie (Ms.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
_		Beaumont, TX 77706	1	_		
8	Principal occup Housewife	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 03/17/2025	Full name of contributor out-of-state PAC (ID# Figari, Stephanie (Ms.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$100.00
	Drive single account	Beaumont, TX 77706	Franksian (Cook bathustian ation	<u></u>		
	Housewife	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#Figari, Stephanie (Ms.) Contributor address; City; State; Zip Code	÷)		Amount of Contribution (\$)	\$100.00
		Beaumont, TX 77706				
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 05/16/2025	Full name of contributor out-of-state PAC (ID# Figari, Stephanie (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77706	:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Housewife	pation / Job title (See Instructions)	Employer (See Instructions	<u>1</u> S)		
	Date 06/17/2025	Full name of contributor out-of-state PAC (ID#Figari, Stephanie (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77706	:)		Amount of Contribution (\$)	\$100.00
	Principal occup Housewife	oation / Job title (See Instructions)	Employer (See Instructions	S)		
			•			

	MONET	ARY POLITICAL CONTR	RIBUTION	IS		SCHEDUL	E A1
	The Instruc	etion Guide explains how to com	plete this for	m.	1	Total pages Schedule A1: Sch: 9/25 Rpt: 12/71	
2	FILER NAME Jefferson Co	unty Republican Party			3	Filer ID (Ethics Commission 00086977	n Filers)
4	Date 01/23/2025	Friesz, Gordon (Judge)	state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
_		Nederland, TX 77627	- la	5 1 (0 1 1 1			
8	317 District of	pation / Job title (See Instructions) f Texas	9	Employer (See Instructions	5)		
	Date 02/22/2025	Full name of contributor out-of-s Friesz, Gordon (Judge) Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Delicalization	Nederland, TX 77627		Faralassa (Osas kastustiis as	Ĺ		
	317 District of	pation / Job title (See Instructions) f Texas		Employer (See Instructions	5)		
	Date 03/24/2025	Full name of contributor out-of-s Friesz, Gordon (Judge) Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Nederland, TX 77627					
	Principal occur 317 District o	pation / Job title (See Instructions) f Texas		Employer (See Instructions	i)		
	Date 04/23/2025	Full name of contributor out-of-s Friesz, Gordon (Judge) Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$25.00
	Principal occu	oation / Job title (See Instructions) f Texas		Employer (See Instructions	()		
	Date 04/29/2025	Full name of contributor out-of-s Friesz, Gordon (Judge) Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions) f Texas		Employer (See Instructions	()		
	2.38.00						

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 10/25 Rpt: 13/71	
2	FILER NAME Jefferson Co	unty Republican Party			3	Filer ID (Ethics Commission 00086977	on Filers)
4	Date 05/22/2025	Friesz, Gordon (Judge)	of-state PAC (ID#: Code)	7	Amount of Contribution (\$)	\$25.00
_	Deinsinal assu	Nederland, TX 77627	lo.	Franks von (Cook kantuustin na			
8	317 District of	pation / Job title (See Instructions) f Texas	9	Employer (See Instructions)		
	Date 06/22/2025	Friesz, Gordon (Judge) Contributor address; City; State; Zip				Amount of Contribution (\$)	\$25.00
	Principal occu	Nederland, TX 77627 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	317 District of			Employer (eee mondoner	,		
	Date 02/05/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
		Beaumont, TX 77706					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 04/11/2025	Getz, Mike (Mr.))		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 04/08/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Judge	pation / Job title (See Instructions)		Employer (See Instructions)		
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	MONET	ARY POLITICAL (CONTRIBUTIO	Ν	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	rn	1.	1	Total pages Schedule A1: Sch: 11/25 Rpt: 14/71	
2	FILER NAME Jefferson Co	unty Republican Party				3	Filer ID (Ethics Commission 00086977	Filers)
4	Date 01/08/2025	5 Full name of contributor Greene, Patricia (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Beaumont, TX 77705 pation / Job title (See Instructions) [9	9	Employer (See Instructions	<u> </u> 		
	Retired	(,		none	,		
	Date 01/27/2025	Full name of contributor Greene, Patricia (Ms.) Contributor address; City; St)		Amount of Contribution (\$)	\$25.00
		Beaumont, TX 77705						
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions none	5)		
	Date 02/26/2025	Full name of contributor Greene, Patricia (Ms.) Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$25.00
		Beaumont, TX 77705						
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions none	5)		
	Date 03/17/2025	Full name of contributor Greene, Patricia (Ms.) Contributor address; City; St Beaumont, TX 77705					Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions	·)		Employer (See Instructions none	5)		
	Date 04/17/2025	Full name of contributor Greene, Patricia (Ms.) Contributor address; City; St Beaumont, TX 77705	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions none	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 12/25 Rpt: 15/71	
2	FILER NAME Jefferson Co	unty Republican Party				3	Filer ID (Ethics Commission 00086977	n Filers)
4	Date 05/22/2025	5 Full name of contributor Greene, Patricia (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Beaumont, TX 77705 pation / Job title (See Instruction	(2	a	Employer (See Instructions	=)		
	Retired	pation / 300 title (See Instruction	3)		none	•)		
	Date 06/13/2025	Full name of contributor Greene, Patricia (Ms.) Contributor address; City; S					Amount of Contribution (\$)	\$192.00
		Beaumont, TX 77705				_		
	Principal occur Retired	pation / Job title (See Instruction	S)		Employer (See Instructions none	S)		
	Date 06/17/2025	Full name of contributor Greene, Patricia (Ms.) Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		Beaumont, TX 77705						
	Principal occu Retired	pation / Job title (See Instruction	s)		Employer (See Instructions none	s)		
	Date 01/21/2025	Full name of contributor Hall, Ann (Ms.) Contributor address; City; S Nederland, TX 77627)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		
	Date 02/18/2025	Full name of contributor Hall, Ann (Ms.) Contributor address; City; S Nederland, TX 77627					Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/25 Rpt: 16/71	
2	FILER NAME Jefferson Co	unty Republican Party		3	Filer ID (Ethics Commission 00086977	n Filers)
4	Date 03/18/2025	 Full name of contributor out-of-state PAC (ID#:_ Hall, Ann (Ms.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
_	Daine in a la casa	Nederland, TX 77627	O Frankrije (Ostaka da struction			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 04/17/2025	Full name of contributor out-of-state PAC (ID#:_ Hall, Ann (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Nederland, TX 77627 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired	,	. , ,			
	Date 05/19/2025	Full name of contributor out-of-state PAC (ID#:_ Hall, Ann (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Nederland, TX 77627				
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/17/2025	Full name of contributor out-of-state PAC (ID#:_Hall, Ann (Ms.) Contributor address; City; State; Zip Code Nederland, TX 77627)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/09/2025	Full name of contributor out-of-state PAC (ID#:_ Henderson, Elaine (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77706			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
		-				

	MONEI	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 14/25 Rpt: 17/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Jefferson Co	unty Republican Party			00086977	
4	Date 03/10/2025	 Full name of contributor	#:)	7	Amount of Contribution (\$)	\$100.00
_	Driverine	Beaumont, TX 77706	O Familia var (Coo Instruction at instruction			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 04/10/2025	Full name of contributor out-of-state PAC (IDa Henderson, Elaine (Ms.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$100.00
		Beaumont, TX 77706				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID: Henderson, Elaine (Ms.) Contributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$)	\$100.00
		Beaumont, TX 77706				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/09/2025	Full name of contributor out-of-state PAC (ID: Henderson, Elaine (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77706	#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID: Johnson, Leanne Contributor address; City; State; Zip Code Beaumont, TX 77713-9480	#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete th	nis form.	l	otal pages Schedule A1: sch: 15/25 Rpt: 18/71	
2	FILER NAME Jefferson Co	unty Republican Party		l	iler ID (Ethics Commission 0086977	ı Filers)
4	Date 01/24/2025	 Full name of contributor		7 A	mount of Contribution (\$)	\$50.00
8	Principal occu	Groves, TX 77619	9 Employer (See Instructions	.)		
0	Industrial Wo	pation / Job title (See Instructions) orker	9 Employer (See Instructions	·)		
	Date 02/23/2025	Full name of contributor out-of-state PAC (Madry, Bruce (Mr.) Contributor address; City; State; Zip Code	(ID#:)	A	mount of Contribution (\$)	\$50.00
	Deinsinal assu	Groves, TX 77619	Francisco (Coo Instructions			
	Industrial Wo	pation / Job title (See Instructions) Irker	Employer (See Instructions	5)		
	Date 03/24/2025	Full name of contributor out-of-state PAC (Madry, Bruce (Mr.) Contributor address; City; State; Zip Code	(ID#:)	A	mount of Contribution (\$)	\$50.00
		Groves, TX 77619				
	Principal occu Industrial Wo	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/24/2025	Full name of contributor out-of-state PAC (Madry, Bruce (Mr.) Contributor address; City; State; Zip Code Groves, TX 77619	(ID#:)	A	mount of Contribution (\$)	\$50.00
	Principal occu Industrial Wo	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (Madry, Bruce (Mr.) Contributor address; City; State; Zip Code Groves, TX 77619	(ID#:)	А	mount of Contribution (\$)	\$50.00
	Principal occu Industrial Wo	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	maaana we					

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 16/25 Rpt: 19/71	
2	FILER NAME Jefferson Co	unty Republican Party		3	Filer ID (Ethics Commission 00086977	n Filers)
4	Date 06/23/2025	 Full name of contributor out-of-state PAC (ID Madry, Bruce (Mr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00
_	Delicational	Groves, TX 77619	le Frankrik (Control Instruction			
8	Industrial Wo	pation / Job title (See Instructions) rker	9 Employer (See Instructions	S)		
	Date 01/02/2025	Full name of contributor out-of-state PAC (ID Miller, Danny (Mr.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$25.00
		Pt. Neches, TX 77651	1	Ļ		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/18/2025	Full name of contributor out-of-state PAC (ID Miller, Danny (Mr.) Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$25.00
		Pt. Neches, TX 77651				
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 03/17/2025	Full name of contributor out-of-state PAC (ID Miller, Danny (Mr.) Contributor address; City; State; Zip Code Pt. Neches, TX 77651)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 04/16/2025	Full name of contributor out-of-state PAC (ID Miller, Danny (Mr.) Contributor address; City; State; Zip Code Pt. Neches, TX 77651)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONEI	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 17/25 Rpt: 20/71	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Jefferson Co	unty Republican Party			00086977	
4	Date 05/16/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
Ω	Principal occu	Pt. Neches, TX 77651 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Retired	Janon 7 Job tile (See Instructions)	5 Employer (See mstructions	·)		
	Date 06/17/2025	Full name of contributor out-of-state PAC (ID#: Miller, Danny (Mr.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$25.00
		Pt. Neches, TX 77651	_			
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#: Munro, Mary (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Beaumont , TX 77707				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/18/2025	Full name of contributor out-of-state PAC (ID#: Munro, Mary (Ms.) Contributor address; City; State; Zip Code Beaumont , TX 77707			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Date 03/17/2025	Full name of contributor out-of-state PAC (ID#: Munro, Mary (Ms.) Contributor address; City; State; Zip Code Beaumont , TX 77707	:)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 18/25 Rpt: 21/71	
2	FILER NAME Jefferson Co	unty Republican Party		3	Filer ID (Ethics Commission 00086977	ı Filers)
4	Date 04/17/2025	 Full name of contributor out-of-state PAC (ID Munro, Mary (Ms.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00
_	Delicational	Beaumont , TX 77707		<u> </u>		
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	iS)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (IE Munro, Mary (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00
		Beaumont , TX 77707				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 06/17/2025	Full name of contributor out-of-state PAC (IE Munro, Mary (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00
		Beaumont , TX 77707				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 01/27/2025	Full name of contributor out-of-state PAC (IE Pacetti, Rodney (Mr.) Contributor address; City; State; Zip Code Groves, TX 77619	D#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 02/26/2025	Full name of contributor out-of-state PAC (IE Pacetti, Rodney (Mr.) Contributor address; City; State; Zip Code Groves, TX 77619	D#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	is)		
			<u>'</u>			

	MONET	ARY POLITICAL CON	ITRIBUTION	S 		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this forn	n.	1	Total pages Schedule A1: Sch: 19/25 Rpt: 22/71	
2	FILER NAME Jefferson Co	unty Republican Party			3	Filer ID (Ethics Commission 00086977	Filers)
4	Date 03/26/2025	 Full name of contributor our pacetti, Rodney (Mr.) Contributor address; City; State; Zip 	rt-of-state PAC (ID#: p Code)	7	Amount of Contribution (\$)	\$25.00
		Groves, TX 77619					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 04/17/2025	Full name of contributor ou pacetti, Rodney (Mr.) Contributor address; City; State; Zi	p Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Groves, TX 77619 pation / Job title (See Instructions)		Employer (See Instructions) 		
	Retired	pation 7 oob title (occ manactions)		Employer (See mondenons	')		
	Date 05/22/2025	Full name of contributor ou pacetti, Rodney (Mr.) Contributor address; City; State; Zi	it-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$25.00
		Groves, TX 77619					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/17/2025	Full name of contributor ou pacetti, Rodney (Mr.) Contributor address; City; State; Zij Groves, TX 77619	it-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/24/2025	Patton, James (Mr.)	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 20/25 Rpt: 23/71	
2	FILER NAME Jefferson Co	unty Republican Party		3	Filer ID (Ethics Commission 00086977	Filers)
4	Date 02/23/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_		Beaumont, TX 77703	T	L		
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 03/24/2025	Full name of contributor out-of-state PAC (ID# Patton, James (Mr.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$25.00
		Beaumont, TX 77703	T			
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 04/24/2025	Full name of contributor out-of-state PAC (ID# Patton, James (Mr.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$25.00
		Beaumont, TX 77703				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/23/2025	Full name of contributor out-of-state PAC (ID# Patton, James (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77703	:)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID# Patton, James (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77703	:)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete t	this form.	1 Total pages Schedule A1: Sch: 21/25 Rpt: 24/71
2	FILER NAME Jefferson Co	unty Republican Party		3 Filer ID (Ethics Commission Filers) 00086977
4	Date 01/09/2025	 Full name of contributor		7 Amount of Contribution (\$) \$50.00
		Nederland, TX 77627		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)
	Date 01/16/2025	Full name of contributor out-of-state PAC Simoneaux, Clifton (Mr.) Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$)
	Principal occu	Nederland, TX 77627 pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Imaging Dire			,
	Date 02/12/2025	Full name of contributor out-of-state PAC Simoneaux, Clifton (Mr.) Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$)
		Nederland, TX 77627		
	Principal occu Imaging Dire	pation / Job title (See Instructions) ctor	Employer (See Instructions	ns)
	Date 03/14/2025	Full name of contributor out-of-state PAC Simoneaux, Clifton (Mr.) Contributor address; City; State; Zip Code Nederland, TX 77627	C (ID#:)	Amount of Contribution (\$)
	Principal occu Imaging Dire	oation / Job title (See Instructions) ctor	Employer (See Instructions	ns)
	Date 04/10/2025	Full name of contributor out-of-state PAC Simoneaux, Clifton (Mr.) Contributor address; City; State; Zip Code Nederland, TX 77627	C (ID#:)	Amount of Contribution (\$)
	Principal occu Imaging Dire	oation / Job title (See Instructions) ctor	Employer (See Instructions	ns)

	MONET	ARY POLITICAL COI	NTRIBUTION	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to d	complete this for	m.	1	Total pages Schedule A1: Sch: 22/25 Rpt: 25/71	
2	FILER NAME Jefferson Co	unty Republican Party			3	Filer ID (Ethics Commission 00086977	on Filers)
4	Date 05/07/2025	Simoneaux, Clifton (Mr.) 6 Contributor address; City; State; Z	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Nederland, TX 77627 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Imaging Dire	ctor					
	Date 06/04/2025	Full name of contributor of contributor of contributor address; City; State; Z	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$25.00
	Dringing! aggs	Nederland, TX 77627	-	Employer (Coo Instructions	_		
	Imaging Dire	pation / Job title (See Instructions) ctor		Employer (See Instructions)		
	Date 02/05/2025	Full name of contributor of contributor of contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Nederland, TX 77627					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/14/2025	Smith, Saundra				Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/05/2025	Stiles, Mark (Mr.)				Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions)		
			1				

	MONEI	ARY POLITICAL CONTR	SCHEDULE A1				
	The Instruc	ction Guide explains how to comp	1	Total pages Schedule A1: Sch: 23/25 Rpt: 26/71			
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		unty Republican Party				00086977	
4	Date 02/05/2025	 Full name of contributor out-of-sta West, Roy (Mr.) Contributor address; City; State; Zip Cod 	7	Amount of Contribution (\$)	\$1,500.00		
8	Principal occu	Beaumont, TX 77706 pation / Job title (See Instructions)		Employer (See Instructions)		
•	Retired			2 - Improyor (Goo mondonono	,		
	Date 02/14/2025	Full name of contributor out-of-sta West, Roy (Mr.) Contributor address; City; State; Zip Cod			Amount of Contribution (\$)	\$500.00	
		Beaumont, TX 77706					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 05/22/2025					Amount of Contribution (\$)	\$100.00
		Beaumont, TX 77706					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/29/2025 Willis, Brandon (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77707-3675					Amount of Contribution (\$)	\$100.00
	Principal occupation / Job title (See Instructions) Employer (See Instruction Public Affairs						
	Date 01/13/2025					Amount of Contribution (\$)	\$25.00
	Principal occu Justice of Ap	pation / Job title (See Instructions) peals		Employer (See Instructions)		
			'				

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete t	1	Total pages Schedule A1: Sch: 24/25 Rpt: 27/71			
2	FILER NAME Jefferson Co	unty Republican Party	3	Filer ID (Ethics Commission 00086977	n Filers)		
4	Date 02/12/2025	 Full name of contributor out-of-state PAC Wright, Jay (Mr.) Contributor address; City; State; Zip Code 	7	Amount of Contribution (\$)	\$25.00		
8	Principal occur	Conroe, TX 77301 pation / Job title (See Instructions)	l q	Employer (See Instructions	-, 		
Ü	Justice of Ap			Employer (See mondelione	',		
	Date 03/13/2025	Full name of contributor out-of-state PAC Wright, Jay (Mr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00		
	Conroe, TX 77301 Principal occupation / Job title (See Instructions) Employer (See Instructions						
	Justice of Ap			p.oyo. (000ouo.uoo.	,		
	Date 01/11/2025					Amount of Contribution (\$)	\$100.00
		Conroe, TX 77301					
	Principal occu Justice of Ap	pation / Job title (See Instructions) peals		Employer (See Instructions	5)		
	Date O4/12/2025 Wright, Jay (Mr.) Contributor address; City; State; Zip Code Conroe, TX 77301					Amount of Contribution (\$)	\$25.00
	Principal occu Justice of Ap	oation / Job title (See Instructions) peals	Employer (See Instructions	5)			
	Date O5/13/2025 Full name of contributor out-of-state PAC (ID#:) Wright, Jay (Mr.) Contributor address; City; State; Zip Code Conroe, TX 77301					Amount of Contribution (\$)	\$25.00
	Principal occu Justice of Ap	oation / Job title (See Instructions) peals		Employer (See Instructions	s)		
			I				

MONETARY POL		SCHEDULE A1				
The Instruction Guide e	1	Total pages Schedule A1: Sch: 25/25 Rpt: 28/71				
FILER NAME Jefferson County Republican	3	Filer ID (Ethics Commission 00086977	on Filers)			
Date 5 Full name of contributor out-of-state PAC (ID#:) Wright, Jay (Mr.) 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00	
Conroe, TX			<u> </u>			
Principal occupation / Job title (: Justice of Appeals	See Instructions)	9 Employer (See Instructions	s)			
Date Full name of entergy Contributor a			Amount of Contribution (\$)	\$581.37		
Baton Roug						
Principal occupation / Job title (See Instructions)	Employer (See Instructions	s)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE A2

	The Instru	ction Guide explains how to complete this f	Sch: 1/1 Rpt: 29/71				
2	FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Jefferson Co	ounty Republican Party	00086977				
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5	Date 05/16/2025	 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution contribution (\$) description \$77.94 Printing			
10	Dringing con	I	11 Employer (FOR NON	L Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)			
10	Housewife	upation / Job title (FOR NON-JUDICIAL) (See instructions)	TI Employer (FOR NON	-JUDICIAL) (See instructions)			
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)			
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	Date 05/16/2025	Full name of contributor out-of-state PAC (ID#: Greene, Patricia (Ms.) Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$6.00 Postage			
		Beaumont, TX 77705		Check if travel outside of Texas. Complete Schedule T.			
	Principal occu Retired	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON none	-JUDICIAL) (See instructions)			
		principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
	Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

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: 1/42 Rpt: 30/71	Jefferson County Republican Party 00086977
4	Date	5 Payee name
	02/20/2025	100+Black Women Collation of Beaumont,.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$225.00	4865 Cornell Dr.
		Beaumont, TX 77705
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 Ad for yearly bulletin
		Au for yearly bulletin
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/06/2025	Beaumont chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1110 Park St.
		Beaumont, TX 77701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Subscription/Dues Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense 2025 Membership Dues
		2023 Membership Dues
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	03/16/2025	CARR, DINA (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.35	2225 Stillwater Dr.
		Beaumont, TX 77705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Coffee maker and coffee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•

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: 2/42 Rpt: 31/71	Jefferson County Republican Party 00086977						
4	Date	5 Payee name						
	04/24/2025	CARR, DINA (Ms.)						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$107.81	2225 Stillwater Dr.						
		Beaumont, TX 77705						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.						
	-	Check if Austin, TX, officeholder living expense Thank you cards						
		Thank you cards						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
⊨	Date	Payee name						
	01/08/2025	City of Pt. Neches						
_	Amount (\$)	Payee address; City; State; Zip Code						
	\$33.75	P.O. Box 758						
	φοσ.75	1.O. DOX 130						
		Dort Nochoo TV 77651						
		Port Neches, TX 77651						
	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						
		Water Bill for Pt. Neches Office						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O	1						
	Date	Payee name						
	02/15/2025	City of Pt. Neches						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$33.75	P.O. Box 758						
		Port Neches, TX 77651						
		Port Neches, TX 77651						
	PURPOSE	Port Neches, TX 77651 (a) Category (See Categories listed at the top of this schedule) (b) Description						
	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.						
		(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. Check if Austin, TX, officeholder living expense						
	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.						
	OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Water Bill						
	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. Check if Austin, TX, officeholder living expense Water Bill Candidate/Officeholder name Office sought Office held						
	OF EXPENDITURE Complete ONLY if direct	(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. Check if Austin, TX, officeholder living expense Water Bill Candidate/Officeholder name Office sought Office held						
	OF EXPENDITURE Complete ONLY if direct	(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. Check if Austin, TX, officeholder living expense Water Bill 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 C

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	al 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: 3/42 Rpt: 32/71	Jefferson County Republican Party 00086977
4 Date	5 Payee name
03/15/2025	City of Pt. Neches
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$33.90	P.O. Box 758
	Port Neches, TX 77651
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 Water Bill for Pt. Neches office
	Water Bill for Ft. Neches office
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/15/2025	City of Pt. Neches
Amount (\$)	Payee address; City; State; Zip Code
\$33.75	P.O. Box 758
	Port Neches, TX 77651
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 Water bill for Pt. Neches office
	water bill for Ft. Necties office
Operation ONLY if alice of	Out like to 10ff as halden as well as 10 ff as hald
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
01/07/2025	Comptroller of Public Accounts
Amount (\$)	Payee address; City; State; Zip Code
\$198.00	111 E. 17th St.
	Austin , TX 78774-0100
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	4th Qtr 2024 Sales Tax Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	4th Qtr. 2024 Sales Tax
6 1. 6	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	

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 The Instruction Guide	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commission F	-ilers)
	Sch: 4/42 Rpt: 33/71		County Republican P	arty				00086977		
4	Date	5 Payee name								
	01/07/2025	Entergy								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$32.69	P. O. Box 8	3104							
		New Orlea	ns, LA 70891							
8	PURPOSE	(a) Category (S	ee Categories listed at the top	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expen	se		_		de of Texas. Com		
						Electricity Bill		officeholder living	expense	
						Licetificity Dill	ı			
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	Ald	
	expenditure to benefit C/O		icenolaei name	Office 30t	agrit			Office fic	iiu	
	Date	Payee name								
	01/24/2025	Entergy								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$32.27	P. O. Box 8	•	, ,						
		New Orlea	ns, LA 70891							
	PURPOSE OF		ee Categories listed at the top		(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expen	se		=		de of Texas. Com officeholder living		
						Electricity Bill		officeriolder living	схрепас	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	4								
	Date	Payee name								
	03/05/2025	Entergy								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$35.65	P. O. Box 8	3104							
		New Orlea	ns, LA 70891							
	PURPOSE	(a) Category (S	ee Categories listed at the top	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expen	se				de of Texas. Com		
						Electricity for		officeholder living		
						_100011010119 101	٠ .	. 1001100 0111		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI			J	J					
l										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co 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: 5/42 Rpt: 34/71	Jefferson County Republican Party 00086977
4	Date	5 Payee name
	03/26/2025	Entergy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.40	P. O. Box 8104
		New Orleans, LA 70891
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 Electricity Pt. Neches Office
		Electricity 1 t. Necries Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	01/07/2025	Evans, Joe (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$255.67	9235 Riggs St.
		Beaumont, TX 77707
	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 Google, Square D, Mailchimp monthly invoices
		Google, Square D, Malichimp monthly invoices
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	01/07/2025	Evans, Joe (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.13	9235 Riggs St.
		Beaumont, TX 77707
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense 1st Qtr 2025 Reimbursable Expenses
		15t Qti 2025 Reillibulsable Expelises
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica 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: 6/42 Rpt: 35/71	Jefferson County Republican Party 00086977
4	Date	5 Payee name
	01/10/2025	Evans, Joe (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.03	9235 Riggs St.
		Beaumont, TX 77707
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment
		Cradit earl for
		Credit card fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	1
	Date	Payee name
	02/26/2025	Evans, Joe (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	9235 Riggs St.
	400.00	
		Beaumont, TX 77707
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Nicole Bonsall meal for Feb. SETXRW meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/10/2025	Evans, Joe (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	9235 Riggs St.
		Beaumont, TX 77707
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit Card Fee
L		
	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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Se	ds/Memorials Expens rvices struction Guide ex	Salaries/\	Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed abov	e)
1	Total pages Cabadula F1:	12					-	<u>ء</u>	Filor ID	(Ethics Commission	Eilore)
1	Total pages Schedule F1: Sch: 7/42 Rpt: 36/71	_	Jefferson County	Republican Pa	ırty			3	Filer ID 00086977	(Ethics Commission	i (11615)
4	Date	5	Payee name								
	03/10/2025		Evans, Joe (Mr.)								
6	Amount (\$)	7	Payee address;	City;	State; Zip Co	ode					
	\$1.03		9235 Riggs St.								
			Beaumont, TX 77	707							
8	PURPOSE	(a)	Category (See Category	ries listed at the top o	of this schedule)	(b)	Description				
	OF EXPENDITURE		Credit Card Paym	ent					de of Texas. Comp		
							Credit Card F		officeholder living	expense	
							Crount Cara r	00			
9	Complete ONLY if direct		Candidate/Officehold	er name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/O					-9					
F	Date		Payee name								
	04/10/2025		Evans, Joe (Mr.)								
	Amount (\$)		Payee address;	City;	State; Zip Co	ode					
	\$1.03		9235 Riggs St.								
			Beaumont, TX 77								
	PURPOSE OF	(a)	Category (See Category	ries listed at the top o	of this schedule)	(b)	Description				
	EXPENDITURE		Fees						de of Texas. Comp officeholder living		
							Credit Card F				
	Complete ONLY if direct		Candidate/Officehold	er name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	1									
	Date	_	Payee name								
	04/24/2025		Evans, Joe (Mr.)								
	Amount (\$)		Payee address;	City;	State; Zip Co	ode					
	\$263.73		9235 Riggs St.								
			Beaumont, TX 77	707							
	PURPOSE OF	(a)	Category (See Category			(b)	Description				
	EXPENDITURE		Office Overhead/F	Rental Expense	e		ш		de of Texas. Comp officeholder living		
							Google, Mail				
							g.o,a.		.p., 29000		
	Complete ONLY if direct		Candidate/Officehold	er name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	Н									

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 By Candidate/Officeholder/Politica Credit Card Payment	- Gif Committee Leg	od/Beverage Expense //Awards/Memorials Expense //Bal Services // Instruction Guide explains h		ense ges/Contract Labor	Travel in Distric Travel Out of D OTHER (enter	
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
L	Sch: 8/42 Rpt: 37/71	Jefferson Cou	nty Republican Party			00086977	
4	Date	5 Payee name					
	04/24/2025	Evans, Joe (M	r.)				
6	Amount (\$)	7 Payee address;	City; State;	Zip Cod	e		
	\$140.71	9235 Riggs St					
		Beaumont, TX	77707				
8	PURPOSE	(a) Category (See C	Categories listed at the top of this sche	edule) (b) Description		
	OF EXPENDITURE		ad/Rental Expense	,		outside of Texas. Cor	
	EXI ENDITORE					n, TX, officeholder livir	ng expense
					Microsoft 365	5	
9	Complete ONLY if direct	Candidate/Officel	aoldor namo	office cour	ht	Office h	nold
9	Complete ONLY if direct expenditure to benefit C/O		loluel Hallie C	Office soug		Office r	iciu
	Date	Payee name					
	05/09/2025	Evans, Joe (M	r.)				
	Amount (\$)	Payee address;	City; State;	Zip Cod	е		
	\$1.03	9235 Riggs St					
		Beaumont, TX	77707				
	PURPOSE	(a) Category (See C	Categories listed at the top of this sche	edule) (b) Description		
	OF EXPENDITURE	Fees			—	outside of Texas. Cor	
					Credit Card F	n, TX, officeholder livir	ng expense
					Credit Card r	- 66	
\vdash	Complete ONLY if direct	Candidate/Officel	nolder name	Office soug	ht	Office h	neld
	expenditure to benefit C/O			5549	-	2501	
-	Date	Payee name					
	06/09/2025	Evans Jr., Joe	(Mr.)				
	Amount (\$)	Payee address;		Zip Cod	e		
	\$1.03	9235 Riggs St	•	p	_		
	Ψ1.00	0200 Mgg5 Ot	•				
		Beaumont, TX	77707				
	PURPOSE	(a) Category (See C	Categories listed at the top of this sche	edule) (b) Description		
	OF EXPENDITURE	Fees				outside of Texas. Cor	
					Credit Card F	n, TX, officeholder livir =ee	ig Expense
					J. Juli Jaia I		
	Complete ONLY if direct	Candidate/Officel	nolder name O	Office soug	ht	Office h	neld
	expenditure to benefit C/OI			9		2201	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/42 Rpt: 38/71	Jefferson County Republican Party 00086977
4	Date	5 Payee name
	05/16/2025	Figari, Stephanie (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.94	3585 Coffin Dr.
		Beaumont, TX 77706
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Printing
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	01/23/2025	Friesz, Gordon (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	2372 Calder Ave. Ste.2
	Φ1.03	2372 Caluel Ave. Ste.2
		Beaumont, TX 77702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Credit Card Fee
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to benefit eyer	
	Date	Payee name
	02/22/2025	Friesz, Gordon (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	2372 Calder Ave. Ste.2
		Beaumont, TX 77702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit Card Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

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

Fees Office Overhea
Food/Beverage Expense Polling Expens
Gift/Awards/Memorials Expense Printing Expens
Legal Services Salaries/Wages

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

	Candidate/Officeholder/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: 10/42 Rpt: 39/71	Jefferson County Republican Party 00086977
4	Date	5 Payee name
	03/24/2025	Friesz, Gordon (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.03	2372 Calder Ave. Ste.2
		Beaumont, TX 77702
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 Credit Card Fee
		Credit Gard Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	
_	Date	Pavee name
	04/23/2025	Friesz, Gordon (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	2372 Calder Ave. Ste.2
	Ψ1.03	2012 Galdel Ave. Ste.2
		Beaumont, TX 77702
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit Card Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/Oi	
	Date	Payee name
	05/22/2025	Friesz, Gordon (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	2372 Calder Ave. Ste.2
		Beaumont, TX 77702
	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
		Credit Card Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.			
3 Filer ID (Ethics Commission Filers)			
00086977			
outside of Texas. Complete Schedule T. TX, officeholder living expense			
ee			
Office held			
outside of Texas. Complete Schedule T. TX, officeholder living expense			
te Dues			
Office held			
outside of Texas. Complete Schedule T.			
TX, officeholder living expense CC			
Office held			

SCHEDULE F1

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

Reimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
ontract Labor 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: 12/42 Rpt: 41/71	Jefferson County Republican Party 00086977
4	Date	5 Payee name
	01/09/2025	Greene, Pat
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$117.37	4400 Morningstar Pl.
		Beaumont, TX 77705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meeting Expense
_	Occupated ONLY if alice at	Our did to 10 ff as had done as many
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	05/16/2025	Greene, Pat
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.00	4400 Morningstar Pl.
		Beaumont, TX 77705
	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
		Postage
		1 Sollings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	01/21/2025	Hall, Ann
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	8265 Lake Placid
		Nederland, TX 77627
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Credit Card Fee
		Great Cara i ce
_	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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/42 Rpt: 42/71	Jefferson County Republican Party	00086977
4	Date	5 Payee name	
	02/18/2025	Hall, Ann	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.03	8265 Lake Placid	
		Nederland, TX 77627	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Credit card fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	03/18/2025	Hall, Ann	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.03	8265 Lake Placid	
		Nederland, TX 77627	
	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
			Credit Card Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/17/2025	Hall, Ann	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.03	8265 Lake Placid	
		Nederland, TX 77627	
	PURPOSE OF	,	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Credit Card Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm 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: 14/42 Rpt: 43/71	Jefferson County Republican Party 00086977
4	Date	5 Payee name
	05/19/2025	Hall, Ann
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.03	8265 Lake Placid
		Nederland, TX 77627
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 Credit Card Fee
		Great Galarie
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/O	
⊨		
	Date	Payee name
	06/17/2025	Hall, Ann
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	8265 Lake Placid
		Nederland, TX 77627
	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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Credit Card Fee
L	0 1: 0.11.7.7.1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	'	
	Date	Payee name
	02/10/2025	Henderson, Elaine
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.65	6260 Regina Lane
		Beaumont, TX 77706
	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
		Credit Card Fee
L	Commission ONU V If allows	Condidate/Officeholder name Office appets
I	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
<u> </u>		
L		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 15/42 Rpt: 44/71	Jefferson County Republican Party	00086977
4	Date	5 Payee name	•
	03/10/2025	Henderson, Elaine	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.65	6260 Regina Lane	
		Beaumont, TX 77706	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense redit Card Fee
		CI	redit Card Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
_	Data		
	Date 04/10/2025	Payee name Henderson, Elaine	
	Amount (\$) \$3.65	Payee address; City; State; Zip Code	
	φ3.05	6260 Regina Lane	
		Decument TV 77700	
		Beaumont, TX 77706	
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	escription Theck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees L	Check if Austin, TX, officeholder living expense
		Ci	redit Card Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	05/09/2025	Henderson, Elaine	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.65	6260 Regina Lane	
		Beaumont, TX 77706	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Cı	redit Card Fee
			25.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	, a		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

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

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: 16/42 Rpt: 45/71	Jefferson County Republican Party 00086977
4	Date	5 Payee name
	06/09/2025	Henderson, Elaine
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.65	6260 Regina Lane
		Beaumont, TX 77706
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 Credit Card Fee
		Great State 1 cc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
\vdash	Date	Payee name
	03/05/2025	Hispanic Business Assocation
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	3202 39th St.
		Pt. Arthur, TX 77642
	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 2025 Membership Fee
		2023 Weinbership Fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Data	Davida marra
	Date 04/15/2025	Payee name Hispanic Business Assocation
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	3202 39th St.
		Pt. Arthur, TX 77642
	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
		2025 Membership Fee
		2023 Weinbership i ee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 17/42 Rpt: 46/71	2 FILER NAME Jefferson County Republican Party 3 Filer ID (Ethics Commission Filers) 00086977
4	Date 04/07/2025	5 Payee name Hollier, Ricky
6	Amount (\$) \$1,650.00	7 Payee address; City; State; Zip Code 3650 Laurel
8	PURPOSE OF EXPENDITURE	Beaumont, TX 77706 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Appreciation Lunch for Poll Workers
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/03/2025	Payee name Interstate Office Park
	Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 1844 IH10 South
	PURPOSE OF EXPENDITURE	Beaumont, TX 77707 (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. Check if Austin, TX, officeholder living expense February Rent
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/15/2025	Payee name Interstate Office Park
	Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 1844 IH10 South
		Beaumont, TX 77707
	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense March Rent
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

	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: 18/42 Rpt: 47/71	Jefferson County Republican Party 00086977
4	Date	5 Payee name
	03/16/2025	Interstate Office Park
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	1844 IH10 South
		Beaumont, TX 77707
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 CAM-1st Qtr. 2025
		CAW-13t Qtt. 2020
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
H	Date	Payee name
	03/16/2025	Interstate Office Park
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	1844 IH10 South
	Φ1,200.00	1044 IFI10 30util
L		Beaumont, TX 77707
	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
		APRIL, 2025 Rent
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	04/15/2025	Interstate Office Park
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	1844 IH10 South
	\$1,200.00	1044 IFI10 30util
		December TV 77707
		Beaumont, TX 77707
	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
		May, 2025 Rent
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1		2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/42 Rpt: 48/71	Jefferson County Republican Party 00086977
4		5 Payee name
L	05/16/2025	Interstate Office Park
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,200.00	1844 IH10 South
L		Beaumont, TX 77707
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Camplete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		June 2025 Rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	06/06/2025	Interstate Office Park
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1844 IH10 South
		Beaumont, TX 77707
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense 2nd Qtr. Common Area Maintenance
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	06/17/2025	Interstate Office Park
Н	Amount (\$)	Payee address; City; State; Zip Code
l	\$1,200.00	1844 IH10 South
		Beaumont, TX 77707
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE	Check if Austin, TX, officeholder living expense
		July, 2025 Rent
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		

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

	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: 20/42 Rpt: 49/71	Jefferson County Republican Party 00086977	
4	Date	5 Payee name	_
	05/23/2025	J.S.Edwards & Sherlock	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$2,920.13	4155 Phelan Blvd.	
		Beaumont, TX 77707	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Insurance for Office	
Ļ	Complete ONLY if direct	Condidate/Office holder name Office pought Office hold	_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┝			_
l	Date	Payee name	
L	01/24/2025	Mabry, Bruce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.90	4848 Simpson Ave	
L		Groves, TX 77619	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Credit Card Fee	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	_
	02/23/2025	Madry, Bruce (Mr.)	
┢	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$1.90	4848 Simpson Ave.	
l			
		Groves, TX 77619	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF	Credit Card Payment Credit Card Payment Credit Card Payment	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Credit Card Fee	
L	Operation ON IV III	Openhidate (Office health a result)	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
\vdash	•		

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 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: 21/42 Rpt: 50/71	Jefferson County Republican Party 00086977
4	Date	5 Payee name
	03/24/2025	Madry, Bruce (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.90	4848 Simpson Ave.
	!	
		Groves, TX 77619
8	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
	!	Credit Card Fee
	!	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	04/24/2025	Madry, Bruce (Mr.)
_	Amount (\$)	Payee address; City; State; Zip Code
	\$1.90	4848 Simpson Ave.
	Ψ1.00	4040 Simpson / We.
	!	Groves, TX 77619
	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.
		Credit Card Fee
		Great data i de
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Davida nama
	05/23/2025	Payee name Madry, Bruce (Mr.)
	Amount (\$) \$1.90	Payee address; City; State; Zip Code 4848 Simpson Ave.
	Ψ1.50	4848 SIMPSON AVE.
		Groves, TX 77619
	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
	!	Credit Card Fee
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
		<u> </u>

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Mages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 22/42 Rpt: 51/71	Jefferson County Republican Party		00086977
4	Date	5 Payee name		
	06/23/2025	Madry, Bruce (Mr.)		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$1.90	4848 Simpson Ave.		
		Groves, TX 77619		
8	PURPOSE		(h)	Description
٦	OF	(a) Category (See Categories listed at the top of this schedule) Fees	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000		Check if Austin, TX, officeholder living expense
				Credit Card Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/08/2025	Miller, Danny (Mr.)		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$1.03	902 Wagner		
		Pt. Neches, TX 77651		
	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
				Square D Credit Card Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	02/18/2025	Miller, Danny (Mr.)		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$1.03	902 Wagner		
		Pt. Neches, TX 77651		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Credit Card Payment		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Credit card fee
	Complete ONII V if alias -t	Condidate/Officeholder person	ab+	Office hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt	Office held
	•			

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/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: 23/42 Rpt: 52/71	Jefferson County Republican Party 00086977	
4	Date	5 Payee name	_
•	03/17/2025	Miller, Danny (Mr.)	
_			_
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.03	902 Wagner	
		Pt. Neches, TX 77651	
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	
		Credit Card Fee	
_	- 1 ·		_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	04/16/2025	Miller, Danny (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.03	902 Wagner	
		Pt. Neches, TX 77651	
	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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Credit Card Fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experioration benefit C/O	1	
	Date	Payee name	
	05/16/2025	Miller, Danny (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.03	902 Wagner	
		Pt. Neches, TX 77651	
	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	
		Credit Card Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	

SCHEDULE F1

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

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

1 Total pages Schedule F1: Sch: 24/42 Rpt: 53/71	ers)		
4 Date 06/17/2025 5 Payee name Miller, Danny (Mr.) 6 Amount (\$) 7 Payee address; City; State; Zip Code 902 Wagner			
06/17/2025 Miller, Danny (Mr.) 6 Amount (\$) \$1.03 7 Payee address; City; State; Zip Code 902 Wagner			
6 Amount (\$) 7 Payee address; City; State; Zip Code \$1.03 902 Wagner			
\$1.03 902 Wagner			
B. N. J TV-T074			
Pt. Neches, TX 77651			
8 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.			
Check if Austin, TX, officeholder living expense Credit Card Fee			
Great Gara rec			
Complete ONLY if direct			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
· · · · · · · · · · · · · · · · · · ·			
Date Payee name			
02/26/2025 Moxie Innovative			
Amount (\$) Payee address; City; State; Zip Code			
\$100.00 22 McFaddin Rd.			
Huntsville, TX 77340			
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas Complete Schedule Texas Complete Schedule Texas Complete Schedule Texas Complete Schedule Texas			
EXPENDITIBE Adventising Expense Greek in adventising expense			
Check if Austin, TX, officeholder living expense Ad-100+ Blk Women Scholarship Fund			
Au-1001 Bik Women Scholarship i unu			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH			
Date Payee name			
01/17/2025 Munro, Mary			
Amount (\$) Payee address; City; State; Zip Code			
\$1.90 3437 Pond Circle			
Beaumont, TX 77707			
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment			
Check if Austin, 1x, officeholder living expense			
Credit Card Fee			
Operation ONLY if direct Control date (Office helder games Control date (O			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage |
Contributions/ Donations Made By - Gift/Awards/Men

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/42 Rpt: 54/71	Jefferson County Republican Party 00086977
4	Date	5 Payee name
	02/18/2025	Munro, Mary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.90	3437 Pond Circle
		Beaumont, TX 77707
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/17/2025	Munro, Mary
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.90	3437 Pond Circle
		
		Beaumont, TX 77707
	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
		Credit Card Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/17/2025	Munro, Mary
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.95	3437 Pond Circle
		Beaumont, TX 77707
	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.
	_	Credit Card Fee
		Great Gara i de
_	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

	Credit Card Payment	The Instruction Guide explains how to comp	plet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 26/42 Rpt: 55/71	Jefferson County Republican Party		00086977
4	Date	5 Payee name		-
	06/06/2025	Munro, Mary		
6	Amount (\$)	7 Payee address; City; State; Zip Code	e	
	\$1.95	3437 Pond Circle		
		Beaumont, TX 77707		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Fees	١	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		I	Check if Austin, TX, officeholder living expense
				Credit Card Fee
_	0 1: 0.11.7.7.1.			000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	Date	Payee name		
	06/17/2025	Munro, Mary		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$1.90	3437 Pond Circle		
		Beaumont, TX 77707		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b)	Description
	OF EXPENDITURE	Fees	ļ	Check if travel outside of Texas. Complete Schedule T.
			ı	Credit Card Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	01/25/2025	Nederland Chamber of Commerce		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$75.00	1515 Boston Ave.		
	Ψ10.00	1010 0000017 000		
		Nederland, TX 77627		
	BUBBOOF		- 1	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	o) I	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	i	Check if Austin, TX, officeholder living expense
				Food for meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	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 Comn

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	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: 27/42 Rpt: 56/71	Jefferson County Republican Party 00086977	
4	Date	5 Payee name	
	04/04/2025	Nederland Chamber of Commerce	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$725.00	1515 Boston Ave.	
		Nederland, TX 77627	
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 Ad for Nederland Chamber of Commerce	
		7 to 101 Nederland Chamber of Commerce	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		
L			
	Date	Payee name	
	01/27/2025	Oliver, Tanya	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$90.89	8121 Heartfield Ln	
		Beaumont, TX 77706-3111	
	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	
		Office Supplies	
		Cindo Gappinos	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	<u> </u>		
	Date	Payee name	
	05/23/2025	Oliver, Tanya	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$72.99	8121 Heartfield Lane	
		Beaumont, TX 77706	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense	
		Ink for printer	
_	Operation ONE V. C. P.	Ora didata (Office hadden grown	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 Co 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: 28/42 Rpt: 57/71	Jefferson County Republican Party 00086977
4	Date	5 Payee name
L	01/24/2025	Patton, James (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.03	4975 Sutherland
		Beaumont, TX 77703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit Card Fee
		Credit Calu Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	David and a second a second and
	02/23/2025	Payee name
L		Patton, James (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	4975 Sutherland
		Beaumont, TX 77703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit Card Fee
		Credit Calu Fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Dete	
	Date	Payee name
	03/24/2025	Patton, James (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	4975 Sutherland
		Beaumont, TX 77703
	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 Credit Card Fee
		Credit Cara 1-66
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 29/42 Rpt: 58/71	2 FILER NAME Jefferson County Republican Party 3 Filer ID (Ethics Commission Filers) 00086977	_
4	<u> </u>	5 Payee name Patton, James (Mr.)	_
6	Amount (\$) \$1.03	7 Payee address; City; State; Zip Code 4975 Sutherland Beaumont, TX 77703	
8	PURPOSE 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 Credit Card Fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 05/23/2025	Payee name Patton, James (Mr.)	
	Amount (\$) \$1.03	Payee address; City; State; Zip Code 4975 Sutherland Beaumont, TX 77703	
	PURPOSE 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 Credit Card Fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 06/23/2025	Payee name Patton, James (Mr.)	
	Amount (\$) \$1.03	Payee address; City; State; Zip Code 4975 Sutherland	
		Beaumont, TX 77703	
	PURPOSE 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 Credit Card Fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 30/42 Rpt: 59/71	Jefferson County Republican Party 00086977
4	Date	5 Payee name
L	06/06/2025	Port Arthur Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$375.00	Procter
		Port Arthur, TX 77640
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Subscription/Dues Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense 2025 Membership Dues
		2023 Weinbergrip Bues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/03/2025	Reconteur Media Co.
H	Amount (\$)	Payee address; City; State; Zip Code
	\$7,146.72	PO Box 26511
		Austin, TX 78755
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Mail out ballots Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Mail out ballots
		Wall out ballots
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/16/2025	Reconteur Media Co.
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$1,078.00	PO Box 26511
	·	
		Austin, TX 78755
T	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Mail out ballot lists Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Mailing lists for Jefferson County candidates
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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.
_		<u>_</u>
1	Total pages Schedule F1: Sch: 31/42 Rpt: 60/71	2 FILER NAME Jefferson County Republican Party 3 Filer ID (Ethics Commission Filers) 00086977
4	Date	
4	06/10/2025	5 Payee name Reconteur Media Co.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,231.00	PO Box 26511 Austin, TX 78755
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	List of text message phone numbers for election Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense List for Mayoral Runoff Election
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/08/2025	SETXRW
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	P.O. Box 1071
	, , , , ,	
		Nederland, TX 77627
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Meal for Joe Evans, Jr. at monthly meeting Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal for Joe Evans, Jr. at monthly meeting
		Meditor 30e Evans, 31. at monthly meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/09/2025	SETXRW
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	P.O. Box 1071
		Nederland, TX 77627
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Asssoc. Membership Dues for Joe Evans, Check if travel outside of Texas. Complete Schedule T.
		Jr. 2025 Check if Austin, TX, officeholder living expense Assoc. Membership Dues for Joe Evans, Jr. 2025
		Assoc. Membership Dues for 30e Evans, 31. 2023
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	·, ·· = -	
$ \sim$	rme provided by Tayas E	thics Commission www.athics.state.tv.us Varsion V/ 1.0 f10d0fd

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1: Sch: 32/42 Rpt: 61/71	FILER NAME Jefferson County Republican Party	3 Filer ID (Ethics Commission Filers) 00086977
4	Date 01/27/2025	5 Payee name SETXRW	
6	Amount (\$) \$48.60	7 Payee address; City; State; Zip Code P.O. Box 1071 Nederland, TX 77627	
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gary Erickson Credit Card
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 01/09/2025	Payee name SETXRW	
	Amount (\$) \$1.40	Payee address; City; State; Zip Code P.O. Box 1071 Nederland, TX 77627	
	PURPOSE 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 Square D Credit Card Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 02/26/2025	Payee name SETXRW	
	Amount (\$) \$35.00	Payee address; City; State; Zip Code P.O. Box 1071	
		Nederland, TX 77627	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Feb. SETXRW Meeting for Joe Evans, Jr.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

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	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: 33/42 Rpt: 62/71	Jefferson County Republican Party 00086977
4	Date	5 Payee name
	03/16/2025	SETXRW
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.00	P.O. Box 1071
		Nederland, TX 77627
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		SETXRW March, 2025 meeting for Joe Evans, Jr.
		and guest
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/04/2025	SETXRW
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	P.O. Box 1071
	430.00	
		Nederland, TX 77627
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense April, 2025 meeting Joe Evans Guest
		April, 2023 fricting 30c Evans Guest
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/23/2025	SETXRW
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	P.O. Box 1071
		Nederland, TX 77627
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Joe Evans, Jr. April 8, 2025 meal
		Julian Superior Super
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

SCHEDULE F1

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

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

	Credit Card Payment		The Instruction Guide explains how to c	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 34/42 Rpt: 63/71		Jefferson County Republican Party		00086977
4	Date	5	Payee name		·
	06/06/2025		SETXRW		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$70.00		P.O. Box 1071		
			Nederland, TX 77627		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Joe Evans, Jr. Meeting Exp.
					oce Evans, or weeting Exp.
9	Complete ONLY if direct		Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
	expenditure to benefit C/O			9	
_	Date		Payee name		
	03/11/2025		Secretary of State		
	Amount (\$)	┢	Payee address; City; State; Zip C	ode	
	\$4,432.33		PO Box 12060		
	, ,				
			Ausstin, TX 78711		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Repayment of Election Funds for 2024
					repayment of Election 1 and 101 202 1
	Complete ONLY if direct		Candidate/Officeholder name Office so	<u> </u>	Office held
	expenditure to benefit C/O	Н			
	Date		Payee name		
	01/16/2025		Simoneaux, Clifton (Mr.)		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$1.03		223 Ave D		
			Nederland, TX 77627		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Credit Card Payment		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Credit Card Fee
					Cleuit Calu Fee
	Complete ONLY if direct	Щ	Candidate/Officeholder name Office so	luaht	Office held
	expenditure to benefit C/O		Zanada, Jinoc Su	agin	. Since Hold

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

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: 35/42 Rpt: 64/71	Jefferson County Republican Party 00086977
4	Date	5 Payee name
	02/13/2025	Simoneaux, Clifton (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.03	223 Ave D
		Nederland, TX 77627
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Credit card fee
		Great cara lee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Payeo namo
	03/14/2025	Payee name Simoneaux, Clifton (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	223 Ave D
		Nederland, TX 77627
	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.
		Credit Card Fee
		Great Struttee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/10/2025	Simoneaux, Clifton (Mr.)
_	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	223 Ave D
	φ1.03	ZZS AVE D
		Nederland TV 77007
		Nederland, TX 77627
	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
		Credit Card Fee
	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 Gitt/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 36/42 Rpt: 65/71	2 FILER NAME Jefferson County Republican Party 3 Filer ID (Ethics Commission Filers) 00086977
4		5 Payee name Simoneaux, Clifton (Mr.)
6	Amount (\$) \$1.03	7 Payee address; City; State; Zip Code 223 Ave D
8	PURPOSE OF EXPENDITURE	Nederland, TX 77627 (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 Credit Card Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 06/04/2025	Payee name Simoneaux, Clifton (Mr.)
	Amount (\$) \$1.03	Payee address; City; State; Zip Code 223 Ave D Nederland, TX 77627
	PURPOSE 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 Credit Card Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 01/09/2025	Payee name Spectrum
	Amount (\$) \$75.39	Payee address; City; State; Zip Code P.O. Box 60074
		City of Industry, CA 91716-0074
	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Internet
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica 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: 37/42 Rpt: 66/71	Jefferson County Republican Party 00086977
4	Date	5 Payee name
	02/15/2025	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.40	P.O. Box 60074
		City of Industry, CA 91716-0074
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
		Internet
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/O	'
	Date	Payee name
	02/10/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.39	P.O. Box 60074
		City of Industry, CA 91716-0074
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/15/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.40	P.O. Box 60074
		City of Industry, CA 91716-0074
	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
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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:	<u> </u>		
	Sch: 38/42 Rpt: 67/71	Jefferson County Republican Party 00086977		
4	Date	5 Payee name		
	03/10/2025	Spectrum		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$100.52	P.O. Box 60074		
		City of Industry, CA 91716-0074		
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		
		internet		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9	expenditure to benefit C/OI			
	Date	Payee name		
	03/17/2025	Spectrum		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$105.40	P.O. Box 60074		
		City of Industry, CA 91716-0074		
	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.		
	EXI ENDITORE	Check if Austin, TX, officeholder living expense		
Internet Beaumont office				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI			
	Date	Payee name		
	04/04/2025	Spectrum		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$20.12	P.O. Box 60074		
		City of Industry, CA 91716-0074		
	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.		
	EXI ENDITORE	Check if Austin, TX, officeholder living expense		
		Internet Pt. Neches Office		
	Complete ONLY if direct	Condidate/Officeholder name Office county		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1: Sch: 39/42 Rpt: 68/71	FILER NAME Jefferson County Republican Party	3 Filer ID (Ethics Commission Filers) 00086977
4	Date 04/16/2025	5 Payee name Spectrum	
6	Amount (\$) \$105.40	Payee address; City; State; Zip CodeP.O. Box 60074City of Industry, CA 91716-0074	
8	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Internet Beaumont Office
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 05/16/2025	Payee name Spectrum	
	Amount (\$) \$105.40	Payee address; City; State; Zip Code P.O. Box 60074 City of Industry, CA 91716-0074	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nternet
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/16/2025	Payee name Spectrum	
	Amount (\$) \$120.45	Payee address; City; State; Zip Code P.O. Box 60074	
		City of Industry, CA 91716-0074	
	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nternet
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

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

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

	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: 40/42 Rpt: 69/71	Jefferson County Republican Party 00086977
4	Date	5 Payee name
	04/23/2025	Stellar Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.80	2008 Hwy. 365
		Nederland, TX 77627
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Print Checks
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/13/2025	Wright, Jay (The Honorable)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	322 N Main St
		Conroe, TX 77301
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit Card Fee
		ordan dara rod
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/13/2025	Wright, Jay (The Honorable)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.03	322 N Main St
	42.00	SEE IT Main St
		Conroe, TX 77301
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Payment Check if Austin, TX, officeholder living expense
		Credit Card Fee
	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 Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 41/42 Rpt: 70/71 Jefferson County Republican Party 00086977 4 Date Payee name 03/13/2025 Wright, Jay (The Honorable) 6 Amount (\$) Payee address; City; State; Zip Code \$1.03 322 N Main St Conroe, TX 77301 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit Card Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/12/2025 Wright, Jay (The Honorable) Amount (\$) Payee address; City; State; Zip Code \$1.03 322 N Main St Conroe, TX 77301 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit Card Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/13/2025 Wright, Jay (The Honorable) Amount (\$) Payee address: City: State; Zip Code \$1.03 322 N Main St Conroe, TX 77301 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Theck if Austin, TX, officeholder living expense Credit Card Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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 By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	mmittee	Food/Beverage Exp Gift/Awards/Memori Legal Services The Instruction	ials Expense		se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	<u></u> ИЕ				3	Filer ID	(Ethics Commission Filers)
	Sch: 42/42 Rpt: 71/71			County Republi	ican Party				00086977	
4	Date	5	Payee nam	<u> </u>						
	06/13/2025			ıy (The Honoral	ole)					
6	Amount (\$)	7	Payee addr			; Zip Code				
ľ	\$1.03		322 N Mai		O tato	, <u>-</u> .p				
	¥									
			Conroe, T							
8	PURPOSE OF	(a)		(See Categories listed	at the top of this sch	nedule) (b)	Description			
	EXPENDITURE		Fees				_		ide of Texas. Comp , officeholder living	
							Credit Card			expense
9	Complete ONLY if direct		Candidate/O	fficeholder name	(Office he	eld
	expenditure to benefit C/OI	Н								