

# COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC  
COVER SHEET PG 1

The CEC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00082568	2 Total pages filed: 8
3 COMMITTEE NAME Nacogdoches County Republican Party Executive Committee			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 03/12/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 630866  Nacogdoches, TX 75963		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Autumn NICKNAME LAST SUFFIX Finchum		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 130 CR 200  Nacogdoches, TX 75965		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 635452  Nacogdoches, TX 75963		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 556-2086		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final Report <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 07/01/2024 THROUGH Month Day Year 12/31/2024		
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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# COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Nacodgoches County Republican Party Executive Committee		<b>13 Filer ID</b> (Ethics Commission Filers) 00082568
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 73,324.92
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

## 16 AFFIDAVIT

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

Mrs. Autumn Finchum

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - CEC****FORM CEC**  
**COVER SHEET PG 3**  
3 of 8

<b>17 COMMITTEE NAME</b> Nacodgoches County Republican Party Executive Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00082568	
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	4,031.76
10.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/5 Rpt: 4/8	<b>2</b> FILER NAME Nacogdoches County Republican Party Executive	<b>3</b> Filer ID (Ethics Commission Filers) 00082568
<b>4</b> Date 07/02/2024	<b>5</b> Payee name Blacklock Storage	
<b>6</b> Amount (\$) 217.98	<b>7</b> Payee Address; City; State; Zip 6825 North Street  Nacogdoches, TX 75965	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Storage
Date 08/02/2024	Payee name Blacklock Storage	
Amount (\$) 217.98	Payee Address; City; State; Zip 6825 North Street  Nacogdoches, TX 75965	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Storage
Date 09/04/2024	Payee name Blacklock Storage	
Amount (\$) 217.98	Payee Address; City; State; Zip 6825 North Street  Nacogdoches, TX 75965	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Storage
Date 10/02/2024	Payee name Blacklock Storage	
Amount (\$) 217.98	Payee Address; City; State; Zip 6825 North Street  Nacogdoches, TX 75965	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Storage

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule I: Sch: 2/5 Rpt: 5/8	<b>2</b> FILER NAME Nacogdoches County Republican Party Executive	<b>3</b> Filer ID (Ethics Commission Filers) 00082568
<b>4</b> Date 11/04/2024	<b>5</b> Payee name Blacklock Storage	
<b>6</b> Amount (\$) 217.98	<b>7</b> Payee Address; City; State; Zip 6825 North Street  Nacogdoches, TX 75965	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Storage
Date 12/03/2024	Payee name Blacklock Storage	
Amount (\$) 217.98	Payee Address; City; State; Zip 6825 North Street  Nacogdoches, TX 75965	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Storage
Date 07/24/2024	Payee name Innovative Office Systems	
Amount (\$) 218.00	Payee Address; City; State; Zip 2833 Ted Trout Dr Suite F Lufkin, TX 75904	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) IT Service Fee
Date 08/23/2024	Payee name Innovative Office Systems	
Amount (\$) 218.00	Payee Address; City; State; Zip 2833 Ted Trout Dr Suite F Lufkin, TX 75904	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) IT Service Fee

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 3/5 Rpt: 6/8	<b>2</b> FILER NAME Nacodgoches County Republican Party Executive	<b>3</b> Filer ID (Ethics Commission Filers) 00082568
<b>4</b> Date 09/25/2024	<b>5</b> Payee name Innovative Office Systems	
<b>6</b> Amount (\$)  218.00	<b>7</b> Payee Address; City; State; Zip 2833 Ted Trout Dr Suite F Lufkin, TX 75904	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) IT Service Fee
Date 10/24/2024	Payee name Innovative Office Systems	
Amount (\$)  218.00	Payee Address; City; State; Zip 2833 Ted Trout Dr Suite F Lufkin, TX 75904	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) IT Service Fee
Date 11/22/2024	Payee name Innovative Office Systems	
Amount (\$)  224.00	Payee Address; City; State; Zip 2833 Ted Trout Dr Suite F Lufkin, TX 75904	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) IT Service Fee
Date 12/06/2024	Payee name Innovative Office Systems	
Amount (\$)  155.00	Payee Address; City; State; Zip 2833 Ted Trout Dr Suite F Lufkin, TX 75904	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) IT Service Fee

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

<b>1</b> Total pages Schedule I: Sch: 4/5 Rpt: 7/8	<b>2</b> FILER NAME Nacogdoches County Republican Party Executive	<b>3</b> Filer ID (Ethics Commission Filers) 00082568
<b>4</b> Date 12/20/2024	<b>5</b> Payee name Innovative Office Systems	
<b>6</b> Amount (\$)  224.00	<b>7</b> Payee Address; City; State; Zip 2833 Ted Trout Dr Suite F Lufkin, TX 75904	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) IT Service Fee
Date 09/12/2024	Payee name Merci's World Cuisine	
Amount (\$)  321.17	Payee Address; City; State; Zip 555 County Road 511  Nacogdoches, TX 75961	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Event Food
Date 08/16/2024	Payee name Nacogdoches County Chamber of Commerce	
Amount (\$)  500.00	Payee Address; City; State; Zip 2516 North St.  Nacogdoches, TX 75965	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Chamber Fees
Date 11/14/2024	Payee name Nacogdoches County Chamber of Commerce	
Amount (\$)  150.00	Payee Address; City; State; Zip 2516 North St.  Nacogdoches, TX 75965	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Chamber Fees

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/5 Rpt: 8/8	2 FILER NAME Nacogdoches County Republican Party Executive	3 Filer ID (Ethics Commission Filers) 00082568
4 Date 08/13/2024	5 Payee name Reynolds, Bradley	
6 Amount (\$) 150.91	7 Payee Address; City; State; Zip 60 Waterford Cir  Nacogdoches, TX 75965	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Reimbursement for event expenses
Date 08/20/2024	Payee name University Rental	
Amount (\$) 126.80	Payee Address; City; State; Zip 510 E Main  Nacogdoches, TX 75961	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Event Tables/Chairs