

POLITICAL PARTY REPORT REGARDING FUNDS FROM CORPORATIONS AND LABOR ORGANIZATIONS

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

| | | | | | | | |
|---|---|--|--|----------|------------|--------|------|
| The Form PTY-CORP Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00023875 | 2 Total pages filed 9 | | | | |
| 3 POLITICAL PARTY NAME | Denton County Republican Party (P) | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025 Date Hand-delivered or Date Postmarked | | | | |
| 4 STATE OR COUNTY PARTY | <input type="checkbox"/> State <input checked="" type="checkbox"/> County: <u>Denton</u> | | | | | | |
| 5 POLITICAL PARTY TYPE | <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Other: _____ (Party name) | | | | | | |
| 6 POLITICAL PARTY MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2921 Country Club Rd #102 Denton, TX 76210 | | Receipt # | | Amount | | |
| | | | Date Processed | | | | |
| | | | Date Imaged | | | | |
| 7 POLITICAL PARTY CHAIR | TITLE | FIRST | MI | NICKNAME | LAST | SUFFIX | |
| | | Melinda | | | Preston | | |
| 8 CHAIR MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2921 Country Club Rd #102 Denton, TX 76210 | | | | | | |
| 9 CHAIR STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2921 Country Club Rd #102 Denton, TX 76210 | | | | | | |
| 10 CHAIR PHONE | AREA CODE | PHONE NUMBER | | | EXTENSION | | |
| | (940) | 383-4446 | | | | | |
| 11 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before primary election <input type="checkbox"/> 50th day before general election | | | | | | |
| 12 PERIOD COVERED | Month | Day | Year | THROUGH | Month | Day | Year |
| | 01/01/2025 | | | | 06/30/2025 | | |

GO TO PAGE 2

**POLITICAL PARTY REPORT:
TOTALS AND AFFIDAVIT**

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

| | | |
|--|--|---|
| 13 POLITICAL PARTY NAME Denton County Republican Party (P) | | 14 Filer ID (Ethics Commission Filers) 00023875 |
| 15 TOTALS | 1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS (OTHER THAN LOANS OR GUARANTEES OF LOANS) | \$ 47,879.83 |
| | 2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS | \$ 14,955.96 |
| | 3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 19,286.05 |

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

16 AFFIDAVIT

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

The Honorable Melinda Preston

Signature of Political Party Chair

AFFIX NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - PTYCORP**FORM PTY-CORP**
COVER SHEET PG 3
3 of 9

| | | |
|--|--|---|
| 17 POLITICAL PARTY NAME Denton County Republican Party (P) | | 18 Filer ID (Ethics Commission Filers) 00023875 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ 7,993.38 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ 39,886.45 |
| 3. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS | \$ 14,955.96 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C1: Sch: 1/2 Rpt: 4/9 |
| 2 FILER NAME Denton County Republican Party (P) | | 3 Filer ID (Ethics Commission Filers) 00023875 |
| 4 Date 06/24/2025 | 5 Corporation / Labor Organization name Citizens Defending Freedom <hr/> 6 Corporation / Labor Organization address; City; State; Zip Code Frisco, TX 75033 | 7 Amount of contribution (\$) \$225.00 |
| Date 01/01/2025 | Corporation / Labor Organization name DATCU <hr/> Corporation / Labor Organization address; City; State; Zip Code Denton, TX 76201 | Amount of contribution (\$) \$19.10 |
| Date 04/01/2025 | Corporation / Labor Organization name DATCU <hr/> Corporation / Labor Organization address; City; State; Zip Code Denton, TX 76201 | Amount of contribution (\$) \$27.90 |
| Date 06/24/2025 | Corporation / Labor Organization name Flower Mound Area Republican Club <hr/> Corporation / Labor Organization address; City; State; Zip Code Flower Mound, TX 75027 | Amount of contribution (\$) \$1,321.38 |
| Date 02/19/2025 | Corporation / Labor Organization name G2G.org <hr/> Corporation / Labor Organization address; City; State; Zip Code Plano, TX 75076 | Amount of contribution (\$) \$150.00 |
| Date 06/24/2025 | Corporation / Labor Organization name SGT of Arms LLC <hr/> Corporation / Labor Organization address; City; State; Zip Code Crowley, TX 76036 | Amount of contribution (\$) \$3,000.00 |
| Date 06/24/2025 | Corporation / Labor Organization name Salone Di Bellezza <hr/> Corporation / Labor Organization address; City; State; Zip Code Prosper, TX 75078 | Amount of contribution (\$) \$250.00 |

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C1:
Sch: 2/2 Rpt: 5/9

2 FILER NAME

Denton County Republican Party (P)

3 Filer ID (Ethics Commission Filers)
00023875

4 Date

01/15/2025

5 Corporation / Labor Organization name

Yavin Digital LLC

7 Amount of contribution (\$)

\$3,000.00

6 Corporation / Labor Organization address; City; State; Zip Code

Argyle, TX 76226-1309

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

| | | | |
|--|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C2: Sch: 1/2 Rpt: 6/9 | |
| 2 FILER NAME Denton County Republican Party (P) | | 3 Filer ID (Ethics Commission Filers) 00023875 | |
| 4 Date 01/25/2025 | 5 Corporation / Labor Organization name Christina's Restaurant 6 Corporation / Labor Organization address; City; State; Zip Code Flower Mound, TX 75022 | 7 Amount of contribution(\$) \$100.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | 8 In-kind contribution description 2 Christinas Gift Certificate (\$50) |
| Date 01/25/2025 | Corporation / Labor Organization name Cineapolis Luxury Movie Corporation / Labor Organization address; City; State; Zip Code Flower Mound, TX 75022 | Amount of contribution(\$) \$110.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | In-kind contribution description 4 Cinepolis Luxury Cinema Movie Passes, 4 Popcorn Vouchers, Movie Cup |
| Date 01/25/2025 | Corporation / Labor Organization name Dickey's Barbeque Corporation / Labor Organization address; City; State; Zip Code Flower Mound, TX 75022 | Amount of contribution(\$) \$100.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | In-kind contribution description Dicky's Barbeque Gift Card (\$100) |
| Date 01/25/2025 | Corporation / Labor Organization name Don Bliss Nail Salon Corporation / Labor Organization address; City; State; Zip Code Flower Mound, TX 75028 | Amount of contribution(\$) \$75.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | In-kind contribution description Nail Ultimate Spa Pedicure and Manicure (\$75) |
| Date 01/25/2025 | Corporation / Labor Organization name Fish City Grill Corporation / Labor Organization address; City; State; Zip Code Flower Mound, TX 75022 | Amount of contribution(\$) \$75.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | In-kind contribution description Fish City Grill Gift card (\$75) |
| Date 01/25/2025 | Corporation / Labor Organization name GK Window Cleaning Corporation / Labor Organization address; City; State; Zip Code Flower Mound, TX 75022 | Amount of contribution(\$) \$200.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | In-kind contribution description GK's Window Cleaning Service \$200 Gift Certificate |
| Date 01/25/2025 | Corporation / Labor Organization name Goody Goody Corporation / Labor Organization address; City; State; Zip Code Highland Village, TX 75044 | Amount of contribution(\$) \$75.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | In-kind contribution description 4 bottles of wine & 2 glasses |

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

| | | | |
|--|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C2: Sch: 2/2 Rpt: 7/9 | |
| 2 FILER NAME Denton County Republican Party (P) | | 3 Filer ID (Ethics Commission Filers) 00023875 | |
| 4 Date 01/25/2025 | 5 Corporation / Labor Organization name Mio Nono's Trattoria | 7 Amount of contribution(\$) \$50.00 | 8 In-kind contribution description MioNono's Gift Card (\$50) |
| | 6 Corporation / Labor Organization address; City; State; Zip Code Flower Mound, TX 75022 | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Date 01/25/2025 | Corporation / Labor Organization name Nothin Bundt Cake | Amount of contribution(\$) \$50.00 | In-kind contribution description Birthday Party In a Box Including Cake Certificate |
| | Corporation / Labor Organization address; City; State; Zip Code Flower Mound, TX 75022 | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Date 02/28/2025 | Corporation / Labor Organization name Patriot Mobile | Amount of contribution(\$) \$38,951.45 | In-kind contribution description Private Jet Travel for Key Note Speaker for Party Fundraising Event |
| | Corporation / Labor Organization address; City; State; Zip Code Grapevine, TX 76051 | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Date 01/25/2025 | Corporation / Labor Organization name Towers Tap House | Amount of contribution(\$) \$100.00 | In-kind contribution description 2 Towers Tap House Gift Cards (\$50) |
| | Corporation / Labor Organization address; City; State; Zip Code Little Elm, TX 75068 | | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 1/2 Rpt: 8/9 | 2 FILER NAME Denton County Republican Party (P) | 3 Filer ID (Ethics Commission Filers) 00023875 |
| 4 Date 02/04/2025 | 5 Payee name Five Nine Seven LP | |
| 6 Amount (\$) \$3,121.32 <input checked="" type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 870 Hebron Pkwy Ste 201 Lewisville, TX 75057 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Monthly Rent for Headquarters Office |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | |
| Date 03/06/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Five Nine Seven LP | | |
| Amount (\$) \$3,204.70 <input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 870 Hebron Pkwy Ste 201 Lewisville, TX 75057 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Monthly Rent for Headquarters Office |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Date 03/06/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Five Nine Seven LP | | |
| Amount (\$) \$1,003.92 <input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 870 Hebron Pkwy Ste 201 Lewisville, TX 75057 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Monthly Rent for Headquarters Office - Triple Net Operating Expense True-Up for for 2024 |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Candidate/Officeholder name Office sought Office held | | |

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 2/2 Rpt: 9/9 | 2 FILER NAME Denton County Republican Party (P) | 3 Filer ID (Ethics Commission Filers) 00023875 |
| 4 Date 05/02/2025 | 5 Payee name Five Nine Seven LP | |
| 6 Amount (\$) \$3,204.70 | 7 Payee address; City; State; Zip Code 870 Hebron Pkwy Ste 201 Lewisville, TX 75057 | |
| <input checked="" type="checkbox"/> Expenditure from corporate funds | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Monthly Rent for Headquarters Office |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/25/2025 | Payee name Five Nine Seven LP | |
| Amount (\$) \$3,121.32 | Payee address; City; State; Zip Code 870 Hebron Pkwy Ste 201 Lewisville, TX 75057 | |
| <input checked="" type="checkbox"/> Expenditure from corporate funds | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Monthly Rent for Headquarters Office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/07/2025 | Payee name Texas Ethics Commission | |
| Amount (\$) \$1,300.00 | Payee address; City; State; Zip Code P.O. Box 12070 Austin, TX 78711-2070 | |
| <input checked="" type="checkbox"/> Expenditure from corporate funds | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Penalty for Late Report |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |