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. 21 00056214 3 COMMITTEE NAME **OFFICE USE ONLY** Caldwell County Republican Party (CEC) Date Received **ELECTRONICALLY FILED** 07/08/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 7 Date Hand-delivered or Date Postmarked Lockhart, TX 78644-0007 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. David NAME NICKNAME LAST **SUFFIX Tschirhart** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 368 Cricket Hollow Road STREET **ADDRESS** (Residence or Business) Dale, TX 78616 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 7 MAILING **ADDRESS** Lockhart, TX 78644-0007 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 809-1278 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election termination 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)
Caldwell County Repub	lican Party (CEC)		0005621	4
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(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.)	Republican		
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	CED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	459.48
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	38,714.48
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	321.22
	4. TOTAL POLITION	CAL EXPENDITURES	\$	9,658.91
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	131,492.12
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<u>'</u>		<u>'</u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforn under Title 15, Election Code.		
		Mr David	Tschirhart	
		Signature of Can		surer
AFFIX NOTARY	STAMP / SEAL ABOV			
Sworn to and subscribed	before me, by the said	, th	is the	day
of	_, 20, to certi	fy which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of off	ficer administering oath

SUBTOTALS - CEC

FORM CEC **COVER SHEET PG 3**

				3 of 21						
17 COMMITTE	E NAME	18 Filer ID	(Ethics Comm	ission Filers)						
Caldwell C	Caldwell County Republican Party (CEC) 00056214									
19 SCHEDULE		SUBTOT	AL AMOUNT							
NAME OF S		005101	7.12 7.11/10/01/11							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	38,319.46						
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	395.02						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$							
4.	4. SCHEDULE E: LOANS									
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	9,658.91						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	90,000.00						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$							
9.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$							
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	1,062.53						
			1							

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 1/6 Rpt: 4/21	
2	FILER NAME Caldwell Cor	unty Republican Party (CEC)		3	Filer ID (Ethics Commission 00056214	on Filers)
4	05/01/2025 Adams, Edward 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$900.00	
		Dale, TX 78616				
8	Principal occupation / Job title (See Instructions) Rancher 9 Employer (See Instructions Self Employed)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/04/2025 Allen, Juanita Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
	Dringinal occu	Luling, TX 78648 spation / Job title (See Instructions)	Employer (See Instructions			
	District Clerk Caldwell County			,		
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Blair, Susan (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00	
		Luling, TX 78648				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions N/A)		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/28/2025	Full name of contributor out-of-state PAC (ID#:_ Bruce Germer Insurance Agency Contributor address; City; State; Zip Code Lock, TX 78644			Amount of Contribution (\$)	\$1,800.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/6 Rpt: 5/21		
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)	
	Caldwell Cou	unty Republican Party (CEC)				00056214		
4	Date 06/04/2025	 Full name of contributor out-of-s Conley, Shanna Contributor address; City; State; Zip Co 	tate PAC (ID#: de)	7	Amount of Contribution (\$)	\$250.00	
8	Principal occu	Luling, TX 78648 pation / Job title (See Instructions)	9	Employer (See Instructions)			
Ü	JP2 Clerk	sation, our the (eee mandenons)		Caldwell County	,			
	Date Full name of contributor out-of-state PAC (ID#:) 06/18/2025 Craddick, Christi (Commissioner) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,041.98			
		Austin, TX 78711						
	Principal occupation / Job title (See Instructions) Railroad Commisioner Employer (See Instructions) State of Texas)			
	Date Full name of contributor out-of-state PAC (ID#:) Debbie Sanders Campaign Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00			
		Lockhart, TX 78644						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Date 05/16/2025	Full name of contributor out-of-s Duda, Bob (Mr.) Contributor address; City; State; Zip Co	tate PAC (ID#:)		Amount of Contribution (\$)	\$3,500.00	
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Construction Metal Prod		s Inc.		
	Date 06/12/2025	Full name of contributor out-of-s Duda, Bob (Mr.) Contributor address; City; State; Zip Co	etate PAC (ID#:)		Amount of Contribution (\$)	\$40.00	
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Construction Metal Prod		s Inc.		
			•					

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instru	ction Guide explains how to	complete this form	1.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/21	
2	FILER NAME Caldwell Cou	unty Republican Party (CEC)			3	Filer ID (Ethics Commission 00056214	on Filers)
4	06/04/2025 Easterling, Paul 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00		
8	Principal occu	Luling, TX 78648 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	County Cons			Caldwell County	,		
	Date Full name of contributor out-of-state PAC (ID#:) 06/04/2025 Hicks, Trey Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00		
		Lockhart, TX 78644					
	Principal occupation / Job title (See Instructions) Employer (See Instructions Judge, County Court of Law Caldwell County)		
	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)			
	05/14/2025 Hinkle Surveyors Contributor address; City; State; Zip Code			`,	\$1,800.00		
		Lockhart, TX 78644					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Hinkle, Linda Contributor address; City; State; Zip Code Lockhart, TX 78644			Amount of Contribution (\$)	\$110.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions n/a)		
Date Full name of contributor out-of-state PAC (ID#:) Hinkle, Linda Contributor address; City; State; Zip Code Lockhart, TX 78644			Amount of Contribution (\$)	\$3,859.00			
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions n/a)		
			,				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/21	
2	FILER NAME					3	Filer ID (Ethics Commission	on Filers)
	Caldwell Cou	Caldwell County Republican Party (CEC)					00056214	
4	Date 05/14/2025	5 Full name of contributor Horne, Rusty6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$3,500.00
8	Principal occu	Luling, TX 78648 pation / Job title (See Instructions	s)	9	Employer (See Instructions			
Ü	Business Owner Self		')					
	Date Full name of contributor out-of-state PAC (ID#:) 05/01/2025 Johnson, Rick (Mr.) Contributor address; City; State; Zip Code Lockhart, TX 78644			Amount of Contribution (\$)	\$1,000.00			
	Principal occupation / Job title (See Instructions) Employer (See Instructions)					.) 		
	Cattle Rancher Self-Employed				')			
				Amount of Contribution (\$)				
	Date Full name of contributor out-of-state PAC (ID#:) 05/14/2025 Johnson, Rick (Mr.)			γιποαπε οι Continbation (φ)	\$800.00			
		Contributor address; City; Si Lockhart, TX 78644	ate; Zip Code					
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u>		
	Cattle Ranch	•	,		Self-Employed	,		
	Date	Full name of contributor	Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
Date Full name of contributor out-of-state PAC (ID#:) Johnson, Rick (Mr.) Contributor address; City; State; Zip Code				\$20.00				
	Dringing con	Lockhart, TX 78644			Employer (Coo Instructions	<u></u>		
	Cattle Ranch	pation / Job title (See Instructions ner	5)		Employer (See Instructions Self-Employed	·)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	***
	06/24/2025 Johnson, Rick (Mr.)				\$10.00			
		Contributor address; City; Si Lockhart, TX 78644	ate; Zip Code					
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	()		
	Cattle Ranch	ner			Self-Employed			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/21	
2	FILER NAME Caldwell Co	unty Republican Party (CEC)		3	Filer ID (Ethics Commission 00056214	on Filers)
4	05/01/2025 Law Office of Elizabeth Raxter, PLLC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,800.00	
_		Lockhart, TX 78644				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Riley, Luz (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$409.00	
		Dale, TX 78616				
	Principal occupation / Job title (See Instructions) BeeKeeper Employer (See Instructions self-employed)			
	Date Full name of contributor out-of-state PAC (ID#:) 05/14/2025 Schmidt Ranch LLC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00	
		Niederwald, TX 78640				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/28/2025	Full name of contributor out-of-state PAC (ID#:_ Stone Services and Consulting Contributor address; City; State; Zip Code Lockhart, TX 78644			Amount of Contribution (\$)	\$3,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/27/2025	Full name of contributor out-of-state PAC (ID#:_ Swift, Troy Contributor address; City; State; Zip Code Martindale, TX 78655			Amount of Contribution (\$)	\$3,500.00
		pation / Job title (See Instructions) vner/Manager	Employer (See Instructions Self-Employed)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 6/6 Rpt: 9/21		
2	FILER NAME	unty Popublican Party (CEC)			3	Filer ID (Ethics Commission 00056214	n Filers)	
_		unty Republican Party (CEC)			Ļ			
4	Date 06/12/2025	5 Full name of contributorSwift, Troy6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00	
_		Martindale, TX 78655	,					
8		pation / Job title (See Instructions	5)	9 Employer (See Instructions	S)			
	Business Owner/Manager Self-Employed							
	Date Full name of contributor out-of-state PAC (ID#:) 05/13/2025 Theriot, Edward (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$900.00			
		Lockhart, TX 78644						
	Principal occupation / Job title (See Instructions) Employer (See Instructions				s)			
	Commissioner Caldwell County							
	Date Full name of contributor out-of-state PAC (ID#:) 05/13/2025 Tschirhart, David (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$900.00			
		Dale, TX 78616						
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>I </u>			
			,	Lumen	•			
Telecom Engineer Date O6/20/2025 Full name of contributor Tschirhart, David (Mr.) Contributor address; City; State; Zip Code Dale, TX 78616				Amount of Contribution (\$)	\$20.00			
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>. </u>			
	Telecom Enç	gineer		Lumen				
Date Full name of contributor out-of-state PAC (ID#:) 05/01/2025 Woolley, Cynthia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$900.00				
		Rosanky, TX 78963						
	Principal occu Retired	pation / Job title (See Instructions	(3)	Employer (See Instructions N/A	s)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The Instruction Guide explains how to complete this fo	1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/21	
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Caldwell County Republican Party (CEC)		00056214
4	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBU	JTIONS	\$
5	Date 04/25/2025 6 Full name of contributor out-of-state PAC (ID#: Duda, Bob (Mr.) 7 Contributor address; City; State; Zip Code Kyle, TX 78640		8 Amount of contribution (\$) 9 In-kind contribution description \$276.02 I US Flags
10		11 Employer (FOR NON-	<u> </u>
	Engineer	Construction Metal	Products Inc.
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 contributor	r's spouse (if any) (FOR JUDICIAL)
16	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) In-kind contribution (\$) description \$119.00 Pecan oil, cutting board, and treats
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)
	Business Owner/Manager	Self-Employed	,
	Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title ((FOR JUDICIAL) (See instructions)
	Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
-Or	ms provided by Texas Ethics Commission www.ethics	state ty us	Version V4.1.0 cdce8hb

SCHEDULE F1

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

Contributions/ Donations Made By -

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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: 1/9 Rpt: 11/21	Caldwell County Republican Party (CEC) 00056214
4	Date	5 Payee name
	04/09/2025	Blair, Susan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$349.25	5210 Tenney Creek Road
		Luling, TX 78648
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimburse Eggstravaganza Booth expenses
		Neimbarse Eggstravagariza Booth expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/30/2025	Blair, Susan
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.30	5210 Tenney Creek Road
		Luling, TX 78648
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimburse: Parade Float decorations
		Neimbarse. Farade Front decorations
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/30/2025	Blair, Susan
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.68	5210 Tenney Creek Road
		·
		Luling, TX 78648
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Reimburse: Thump Booth Food/Drink Expenses
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
l		

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Se		Salaries	/Wage	s/Contract Labor		OTHER (ente	er a category not listed above	e)
				struction Guid	le explains how to o	ompl	lete this form.				
1	Total pages Schedule F1:	2 FILEF	RNAME					3	Filer ID	(Ethics Commission	Filers)
	Sch: 2/9 Rpt: 12/21	Cald	well County F	Republican I	Party (CEC)				0005621	4	
4	Date	5 Paye	name								
	04/01/2025	1		County Hisp	oanic Chamber o	of Co	mmerce				
6	Amount (\$)	7 Paye	e address;	City;	State; Zip C	Code					
	\$250.00	117 E	E. Walnut								
		Lock	nart, TX 786	44							
8	PURPOSE	(a) Cateo	Ory (See Catego	ories listed at the	top of this schedule)	(b)	Description				
	OF		t Expense		top of time contention		`	outs	ide of Texas. C	omplete Schedule T.	
	EXPENDITURE						Check if Austin	ı, TX	, officeholder liv	ving expense	
							Booth Fee				
9	Complete ONLY if direct		ate/Officehold	er name	Office so	ught			Office	held	
	expenditure to benefit C/OI	Η									
	Date	Paye	name								
	03/31/2025	Hinkl	e, Linda								
	Amount (\$)	Paye	e address;	City;	State; Zip C	Code					
	\$350.00	4329	Old McMaha	an Rd							
		Lock	nart, TX 786	44							
	PURPOSE					(h)	Description				
	OF	1		ories listed at the	top of this schedule)	(5)	_ `	outs	ide of Texas. C	omplete Schedule T.	
	EXPENDITURE	LVCII	t Expense				Check if Austin				
							Reimbursem	ent	- Thump	Booth Expense	
	Complete ONLY if direct		ate/Officehold	er name	Office so	ught			Office	held	
	expenditure to benefit C/OI	4									
	Date	Pave	name								
	03/31/2025	1 1	e, Linda								
	Amount (\$)		address;	City;	State; Zip C	ode					
	\$269.00	1	Old McMaha	-	Otato, 2.p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Ψ203.00	4023	Old Wichian	anra							
		Look	a a st. TV 700	4.4							
			nart, TX 786			1					
	PURPOSE OF			ories listed at the	top of this schedule)	(b)	Description	outo	ide of Tayon C	omplete Schedule T.	
	EXPENDITURE	Even	t Expense				Check if Austin				
							_			Booth Insurance Ex	xpense
								•			
\vdash	Complete ONLY if direct	LCandid	ate/Officehold	er name	Office so	uaht			Office	held	
	expenditure to benefit C/O			·-	223 00				230	-	

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 Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 3/9 Rpt: 13/21	Caldwell County Republican Party (CEC) 00056214									
4	Date	5 Payee name	Payee name								
	06/30/2025	Hinkle, Linda									
6	Amount (\$)	7 Payee address; City; State; Zip Code	Payee address; City; State; Zip Code								
	\$119.47	4329 Old McMahan Rd Lockhart, TX 78644									
8	PURPOSE OF EXPENDITURE	(b) Description Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimburse: Thump Booth Food/Drink Expenses									
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	06/30/2025	Hinkle, Linda									
	Amount (\$) Payee address; City; State; Zip Code										
	\$67.75	4329 Old McMahan Rd Lockhart, TX 78644									
H	PURPOSE										
	OF EXPENDITURE	Event Expense Check if travel Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense Thump Booth Supplies Expense								
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/18/2025	Lockhart Chamber of Commerce									
	Amount (\$) \$119.00	Payee address; City; State; Zip Code 702 S Commerce St									
		Lockhart, TX 78644									
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense n item donation								
	Complete ONLY if direct expenditure to benefit C/OF	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 -

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: 4/9 Rpt: 14/21	Caldwell County Republican Party (CEC) 00056214						
4	Date	5 Payee name						
	04/10/2025	Luling Foundation						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$500.00	523 S. Mulberry						
		Luling, TX 78648						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Venue Rental						
		venue Nentai						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
ľ	expenditure to benefit C/OI							
H	Date	Payee name						
	02/13/2025	National Center for Constitutional Studies						
H	Amount (\$)	Payee address; City; State; Zip Code						
	\$858.00	37777 W Juniper Rd						
	φ030.00	37777 W Juniper Ru						
		Malta ID 02242						
L	DUDD 005	Malta, ID 83342						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Marketing Material (b) Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Marketing Material Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Pocket US Constitutions						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
	Date	Payee name						
	06/20/2025	Ricos Products Company, Inc						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$226.50	830 S. Presa St						
		San Antonio, TX 78210						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense						
	2/11/2/10/12	Check if Austin, TX, officeholder living expense						
		Thump Booth Food/Drink Expense						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·						
\vdash								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┢	Total name - Oak - L. L. Et	
1	Total pages Schedule F1: Sch: 5/9 Rpt: 15/21	2 FILER NAME Caldwell County Republican Party (CEC) 3 Filer ID (Ethics Commission Filers) 00056214
4	Date	5 Payee name
	04/08/2025	Riley, Luz
6	Amount (\$) \$230.96	7 Payee address; City; State; Zip Code 471 Grouse Lane Dale, TX 78616
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 Reimburse - Office Supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/10/2025	Riley, Luz
	Amount (\$) \$10.79	Payee address; City; State; Zip Code 471 Grouse Lane
		Dale, TX 78616
	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 Reimburse Office Supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/21/2025	Sam's Club, Austin
	Amount (\$) \$64.38	Payee address; City; State; Zip Code 4970 W Hwy 290
		Austin, TX 78735
	PURPOSE OF EXPENDITURE	(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 Thump Booth Food/Drink Expense
	Complete ONLY if direct expenditure to benefit C/O	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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:					
	Sch: 6/9 Rpt: 16/21	Caldwell County Republican Party (CEC) 00056214				
4	Date	5 Payee name				
	06/21/2025	Sam's Club, Austin				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$246.19	4970 W Hwy 290				
		Austin, TX 78735				
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 Thump Booth Food/Drink Expense					
		Thank Boart Goa/Shink Expense				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
 	Date	Payee name				
	06/22/2025	Sam's Club, Austin				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$128.76	4970 W Hwy 290				
		Austin, TX 78735				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
		Check if Austin, TX, officeholder living expense Thump Booth Food/Drink Expense				
		Thump Booth God/Blink Expense				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	· ·				
	Date	Payee name				
	06/22/2025	Sam's Club, Austin				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$439.39	4970 W Hwy 290				
		Austin, TX 78735				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
		Check if Austin, TX, officeholder living expense Thump Booth Food/Drink Expense				
		Thump Booth Pood/Dilik Expense				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
H						
l						

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	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: 7/9 Rpt: 17/21	Caldwell County Republican Party (CEC) 00056214
4 Date	5 Payee name
06/24/2025	Sam's Club, Austin
6 Amount (\$) \$114.28	7 Payee address; City; State; Zip Code 4970 W Hwy 290 Austin, TX 78735
8 PURPOSE OF EXPENDITURE	(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 Thump Booth Food/Drink Expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/09/2025	Teed Shirts, Inc.
Amount (\$) \$871.95	Payee address; City; State; Zip Code 505 E. Market St
	Lockhart, TX 78644
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing Material (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CCRP Shirts
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 06/20/2025	Payee name Teed Shirts, Inc.
Amount (\$) \$379.74	Payee address; City; State; Zip Code 505 E. Market St
	Lockhart, TX 78644
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing Material (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CCRP Shirts
Complete ONLY if direct expenditure to benefit C/O	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

04/10/2025 Thomas Graphics	Filers)							
4 Date 5 Payee name Thomas Graphics 6 Amount (\$) 7 Payee address; City; State; Zip Code								
04/10/2025 Thomas Graphics 6 Amount (\$) 7 Payee address; City; State; Zip Code								
04/10/2025 Thomas Graphics 6 Amount (\$) 7 Payee address; City; State; Zip Code								
\$217.58 PO Box 14226								
Austin, TX 78714								
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE Advertising Expense								
Check if Austin, TX, officenoider living expense								
CCRP Push Cards								
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
<u> </u>								
Date Payee name								
05/29/2025 Thomas Graphics								
Amount (\$) Payee address; City; State; Zip Code								
\$401.04 PO Box 14226								
Austin, TX 78714								
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE Marketing Material Marketing Material Check if travel outside of Texas. Complete Schedule T.								
Check if Austin, TX, officeholder living expense CCRP Push Cards								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	expenditure to benefit C/OH							
the state of the s								
expenditure to benefit C/OH								
Date Payee name								
Date Payee name 02/05/2025 Totally Promotional								
Date Payee name 02/05/2025 Totally Promotional Amount (\$) Payee address; City; State; Zip Code								
Date Payee name 02/05/2025 Totally Promotional								
Date Payee name 02/05/2025 Totally Promotional Amount (\$) Payee address; City; State; Zip Code \$1,401.84 450 S. Second St								
Date 02/05/2025 Payee name Totally Promotional Amount (\$) Payee address; City; State; Zip Code \$1,401.84 Coldwater, OH 45828								
Date 02/05/2025 Payee name 02/05/2025 Totally Promotional Amount (\$) Payee address; City; State; Zip Code \$1,401.84 450 S. Second St Coldwater, OH 45828 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description								
expenditure to benefit C/OH Date 02/05/2025 Payee name Totally Promotional Amount (\$) Payee address; City; State; Zip Code \$1,401.84 450 S. Second St Coldwater, OH 45828 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description								
Date 02/05/2025 Payee name Totally Promotional Amount (\$) Payee address; City; State; Zip Code \$1,401.84 Payee address; City; State; Zip Code Coldwater, OH 45828 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Marketing Material (b) Description Check if travel outside of Texas. Complete Schedule T.								
Date 02/05/2025 Payee name Totally Promotional Amount (\$) Payee address; City; State; Zip Code \$1,401.84 Payee address; City; State; Zip Code Coldwater, OH 45828 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Marketing Material (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
Date 02/05/2025 Totally Promotional Amount (\$) Payee address; City; State; Zip Code \$1,401.84 450 S. Second St Coldwater, OH 45828 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Marketing Material (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CCRP Koozies Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
Date								
Date 02/05/2025 Totally Promotional Amount (\$) Payee address; City; State; Zip Code \$1,401.84 450 S. Second St Coldwater, OH 45828 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Marketing Material (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CCRP Koozies Complete ONLY if direct Candidate/Officeholder name Office sought Office held								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co			Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District					strict			
	Credit Card Payment The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1: Sch: 9/9 Rpt: 19/21	2		E County Republican	Party (CE	EC)		3	Filer ID 00056214	(Ethics Commission Filers)	
4	Date	5	Payee name								\exists
	06/03/2025		Totally Pro								
6	Amount (\$)	unt (\$) 7 Payee address; City; State; Zip Code									
	\$1,401.84		450 S. Second St								
8	DUDDOSE	(0)		, OH 45828		-	(b) December 1				4
ľ	PURPOSE OF	(a,		See Categories listed at the	top of this sch	iedule)	(b) Description	al oute	ide of Teyes Con	plete Schedule T.	
	EXPENDITURE		Marketing	Material					, officeholder living		
							CCRP Kooz				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	C	Office souç	jht		Office h	eld	

PURCHASE OF INVESTMENTS FROM POLITICAL SCHEDULE F3 **CONTRIBUTIONS** 1 Total pages Schedule F3: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 20/21 FILER NAME 3 Filer ID (Ethics Commission Filers) Caldwell County Republican Party (CEC) 00056214 5 Name of person from whom investment is purchased 02/19/2025 Ameriprise Financial Services, LLC 6 Address of person from whom investment is purchased; City; State; Zip Code 70100 Ameriprise Financial Center Minneapolis, MN 55474 Description of investment Mutual Fund purchase 8 Amount of investment (\$) 90,000.00

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ages Schedule K: ./1 Rpt: 21/21				
2	FILER NAME	(Ethics Commission	r Filers)			
	Caldwell Co	unty Republican Party (CEC)	5214			
4	Date 02/28/2025	 Name of person from whom amount is received Ameriserve Financial Services, LLC Address of person from whom amount is received; City; State; Zip Code 	8 Amount (\$)	\$0.37		
		Minneapolis, MN 55474				
		7 Purpose for which amount is received	politio	cal cont	ribution returned to file	-
	Date	Name of person from whom amount is received	Amount (\$)			
	03/31/2025	Ameriserve Financial Services, LLC		\$94.97		
		Address of person from whom amount is received; City; State; Zip Code Minneapolis, MN 55474				
		Purpose for which amount is received	politio	cal cont	ribution returned to file	
		Interest Income				
	Date	Name of person from whom amount is received			Amount (\$)	
	04/30/2025	Ameriserve Financial Services, LLC				\$325.54
		Address of person from whom amount is received; City; State; Zip Code Minneapolis, MN 55474	•••••			
		·	nolitic	eal cont	lribution returned to file	
		Interest Income	pontic	zai com	indution returned to life	
	Date	Name of person from whom amount is received			Amount (\$)	
	05/31/2025	Ameriserve Financial Services, LLC			7 unodite (\$\psi\$)	\$316.26
		Address of person from whom amount is received; City; State; Zip Code				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Minneapolis, MN 55474				
		Purpose for which amount is received	cal cont	ribution returned to file	•	
	Date	Name of person from whom amount is received			Amount (\$)	
	06/30/2025	Ameriserve Financial Services, LLC				\$325.39
		Address of person from whom amount is received; City; State; Zip Code				
		Minneapolis, MN 55474				
		Purpose for which amount is received	politio	cal cont	ribution returned to file	•