FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015662 3 COMMITTEE NAME **OFFICE USE ONLY** Republican Party of Texas Date Received **ELECTRONICALLY FILED** 07/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 2206 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78768 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Ralph H. NAME NICKNAME LAST **SUFFIX** Fite STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 807 Brazos Street, Suite 701 STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 2206 MAILING **ADDRESS** Austin, TX 78768 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 446-3864 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 05/29/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)	
Republican Party of Te	exas		00015662	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Thacker Burt Frisco City Cour	ncil, Place 2	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,222.35
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	89,589.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	44,143.51
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Ral _l	ph H. Fite	
		Signature of Ca	ımpaign Treasur	er
AFFIX NOTARY	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of office	er administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

	3 of 19					
17 COI	MMITTE	EE NAME	18 Filer ID	(Ethics Commission	n Filers)	
Rei	publica	n Party of Texas	00015662		,	
	'	E SUBTOTALS				
		SCHEDULE		SUBTOTAL A	AMOUNT	
- 147 11	VIL 01 .					
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,222.35	
				<u> </u>	•	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
۷.	Ш	SCHEDGE AZ. NON MONETARY (IN KIND) FOR TICAL CONTRIBOTIONS		Þ		
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	ND			
4.		ORGANIZATION)K	\$		
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$		
		LABOR ORGANIZATION				
6.	П	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$		
	Ц		, <u></u>	Ψ		
_		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR				
7.	Ш	ORGANIZATION		\$		
8.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$		
9.		SCHEDULE E: LOANS		\$		
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	89,589.74	
				Ť	,	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		6		
11.	Ш	SCHEDOLE 12. UNFAID INCOMMED OBLIGATIONS		\$		
12.	Ш	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
14.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$	900.00	
	<u> </u>	TO FILER		ΙΨ	000.00	
i						
ı						

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	■ A1		
	The Instru	ction Guide explains how to complete this fo	m.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/19		
2	FILER NAME Republican F	Party of Texas			3	Filer ID (Ethics Commission 00015662	Filers)
4	Date 06/28/2025	te 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$52.12	
_		Arlington, TX 76016	_	5 1 (0 1 1 1			
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/11/2025 Bassinger, Jimmy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$26.22		
	Highland Village, TX 75077 Principal occupation / Job title (See Instructions) Retired Employer (See Instruction Retired				<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$103.94	
	Principal occu	Lumberton, TX 77657 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Agent			Allstate			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$207.56	
Principal occupation / Job title (See Instructions) Retired Employer (See In Retired				Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) Cook, Elaine Contributor address; City; State; Zip Code Cedar Hill, TX 75104		•	Amount of Contribution (\$)	\$10.67		
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONEI	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how t	m.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/19		
2	FILER NAME Republican F	Party of Texas			3	Filer ID (Ethics Commission 00015662	n Filers)
4	Date 06/13/2025	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$26.22	
		Boerne, TX 78006					
8	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 06/17/2025	Full name of contributor Dtairs, Cynthia Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$25.00
	D: : 1	Dallas, TX 75236			_		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/28/2025	Full name of contributor Littlepage, Pamela Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$10.00
		Shady Shores, TX 76208					
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Greco Services	5)		
	Date 06/17/2025	Full name of contributor Lott, Dalton Contributor address; City; Stat Duncanville, TX 75137	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Lott Companies	<u>(</u>		
	Date 06/14/2025	Full name of contributor Morris, Milinda Contributor address; City; Stat Houston, TX 77071	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$103.94
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/19		
2	FILER NAME Republican	Party of Texas		3	Filer ID (Ethics Commission 00015662	Filers)
4	Date 06/05/2025 5 Full name of contributor out-of-state PAC (ID#:) Palatas, Vicki 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.67	
		Wichita Falls, TX 76310				
8	Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions Retired	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/05/2025 Scott, Rodger Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$26.22	
	Houston, TX 77043 Principal occupation / Job title (See Instructions) Retired Employer (See Instruction Retired					
Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$103.94	
		Rio Grande City, TX 78582				
	Principal occu Hospitality	upation / Job title (See Instructions)	Employer (See Instructions Self	s)		
	Date 06/09/2025	Full name of contributor out-of-state PAC (ID#:_ Wright, Susan Contributor address; City; State; Zip Code Arlington, TX 76017)		Amount of Contribution (\$)	\$15.85
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	<u>I</u> S)		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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: 1/12 Rpt: 7/19	Republican Party of Texas 00015662
4 Date	5 Payee name
06/30/2025	1303 Properties Ltd
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$17,343.44	807 Brazos Streets
	Suite 1010
Expenditure from corporate funds	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialitate to beliefit 6/0	'
Date	Payee name
06/30/2025	1303 Properties Ltd
Amount (\$)	Payee address; City; State; Zip Code
\$15.40	807 Brazos Streets
,	Suite 1010
Expenditure from	
corporate funds	Austin, TX 78701
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Parking
	, and
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/18/2025	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$19.40	1340 Poydras Street
	Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payment Processing Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District By - Gift/Awards/Memorials Expense Printing Expense Travel Out of Dist	quipment & Related Expense trict category not listed above)
Great Gara Fayinett	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
Sch: 2/12 Rpt: 8/19	Republican Party of Texas 00015662	
4 Date	5 Payee name	
06/24/2025	Anedot	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$18.98		
Ψ10.00	Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Comp	
	Check if Austin, TX, officeholder living Payment Processing Fees	expense
	1 dyment rocessing rees	
O O o o o o o o o o o o o o o o o o o o	Out of the to 100 the short leaves the same to 100 the sa	1.4
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office he DH	Id
Date	Payee name	
06/30/2025	Anedot	
Amount (\$)	Payee address; City; State; Zip Code	
\$6.71	1340 Poydras Street	
	Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
·		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Ranking Check if travel outside of Texas. Comp	alete Schedule T
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Comp	
	Payment Processing Fees	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office he OH	ld
Date	Payee name	
06/10/2025	Anedot	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.89	1340 Poydras Street	
	Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Accounting/Banking Accounting/Banking Check if travel outside of Texas. Comp	olete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living	expense
	Payment Processing Fees	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office he	ld
expenditure to benefit C/OI	DH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment		The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 3/12 Rpt: 9/19	2	FILER NAME Republican Party of Texas		3 Filer ID (Ethics Commission Filers) 00015662
4	Date 06/30/2025	5	Payee name Becktold, Ashley		
6	Amount (\$) \$773.81	7	Payee address; City; State; Zip Co 3572 FM 1940	ode	
	Expenditure from corporate funds		Franklin, TX 77856		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payroll
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office sou	ıght	Office held
	Date 06/10/2025		Payee name CFS Compliance		
	Amount (\$) \$0.18 Expenditure from corporate funds		Payee address; City; State; Zip Co PO Box 30844 Bethesda, MD 20824	ode	
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment Processing Fees
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ıght	Office held
	Date 06/18/2025		Payee name CFS Compliance		
	Amount (\$) \$0.08		Payee address; City; State; Zip Co	ode	
	Expenditure from corporate funds		Bethesda, MD 20824		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment Processing Fees
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ıght	Office held

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
Gift/Awards/Memorials Expense Printing Expense
Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Folling Expense
Salaries/Wangs/Contract Labor

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/12 Rpt: 10/19	Republican Party of Texas 00015662
4 Date	5 Payee name
06/30/2025	Cavanaugh, Micah
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,128.59	212 T Bar M Dr
Expenditure from corporate funds	New Braunfels, TX 78132
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payroll
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/30/2025	Cavanaugh, Micah
Amount (\$)	Payee address; City; State; Zip Code
\$2,128.59	212 T Bar M Dr
Φ2,120.59	ZIZ I DAI W DI
Expenditure from corporate funds	New Braunfels, TX 78132
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to serious experi	
Date	Payee name
06/30/2025	Chalmers, Adams, Backer & Kaufman LLC
Amount (\$)	Payee address; City; State; Zip Code
\$7,900.00	5805 State Bridge Rd
	G77
Expenditure from corporate funds	Johns Creek, GA 30097
PURPOSE	I
OF	(a) Category (See Categories listed at the top of this schedule) Legal Services (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Legal Services
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Tatal name Oct 11. 51	
1 Total pages Schedule F1:	
Sch: 5/12 Rpt: 11/19	Republican Party of Texas 00015662
4 Date	5 Payee name
06/30/2025	Chalmers, Adams, Backer & Kaufman LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7,900.00	5805 State Bridge Rd
	G77
Expenditure from corporate funds	Johns Creek, GA 30097
8 PURPOSE	
0F	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Legal Services
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/10/2025	Cvent, Inc.
	·
Amount (\$)	Payee address; City; State; Zip Code
\$11,302.41	1765 Greensboro Station Place
Expenditure from	7th Floor
corporate funds	Tyson's Corner, VA 22102
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
LAI LINDITURE	Check if Austin, TX, officeholder living expense
	Party Event Management
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2p 22	
Date	Payee name
06/04/2025	Elliott, Rachel
Amount (\$)	Payee address; City; State; Zip Code
\$620.00	5825 Vineyard Ln
Expenditure from corporate funds	McKinney, TX 75070
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if Austin, TX, officeholder living expense
	Digital Design
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 Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this for	m.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Fi	ilers)
Sch: 6/12 Rpt: 12/19	Republican Party of Texas		00015662	
4 Date	5 Payee name		•	
06/17/2025	Elliott, Rachel			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$307.77	5825 Vineyard Ln			
Expenditure from corporate funds	McKinney, TX 75070			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descript	on	
OF EXPENDITURE	Advertising Expense		if travel outside of Texas. Complete Schedule T.	
EXPENDITORE			if Austin, TX, officeholder living expense	
		Digital I	Design	
O Commission ONLL V if disease	Condidate/Officeholder sees	a la t	Office hold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	igni	Office held	
Date	Payee name			
06/30/2025	Hall, Jen			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$3,384.41	2340 Carnation Ave			
Expenditure from	Ste 701			
corporate funds	Fort Worth, TX 76111			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descript		
EXPENDITURE	Salaries/Wages/Contract Labor		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense	
		Payroll		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	1			
Date	Payee name			
06/30/2025	Hall, Jen			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$3,384.41	2340 Carnation Ave			
	Ste 701			
Expenditure from corporate funds	Fort Worth, TX 76111			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descript	ion	
OF	Salaries/Wages/Contract Labor		if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	9		if Austin, TX, officeholder living expense	
		Payroll		
Orangleta Chilly (1)	Overdidate/Officeholders		Office I. I.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ignt	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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/12 Rpt: 13/19	Republican Party of Texas 00015662
4 Date	5 Payee name
06/30/2025	Higginbotham
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,382.50	1221 S Mo Pac Expy
	Ste 160
Expenditure from corporate funds	Austin, TX 78746
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	HR Consulting
	The Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/30/2025	Leighty, Jordan
Amount (\$)	Payee address; City; State; Zip Code
\$1,654.02	21126 Natchez Crossing St
\$1,054.02	ZIIZO Natchez Crossing St
Expenditure from	
corporate funds	Richmond, TX 77406
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payroll
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
06/30/2025	Leighty, Jordan
Amount (\$)	Payee address; City; State; Zip Code
\$1,654.02	21126 Natchez Crossing St
Expenditure from	Richmond, TX 77406
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Payroll
	Fayioli
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiolitile to belieff C/OI	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

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

Candidate/Officeholder/Politica Credit Card Payment		egal Services The Instruction Guide			cte this form.		OTHER (enter a	a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 8/12 Rpt: 14/19	Republican	Party of Texas					00015662	
4 Date	5 Payee name							
06/30/2025	Los Reyes,	Daniel						
6 Amount (\$) \$1,823.91	7 Payee addres 641 Fletcher		State; Zip C	ode				
Expenditure from corporate funds	Fate, TX 750)87						
8 PURPOSE	(a) Category (Se	e Categories listed at the to	p of this schedule)	(b)	Description			
OF EXPENDITURE	Salaries/Wa	ges/Contract Labo	or				de of Texas. Con officeholder livin	nplete Schedule T. g expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Office so	ught			Office h	eld
Date	Payee name							
06/30/2025	Los Reyes,	Daniel						
Amount (\$)	Payee addres	s; City;	State; Zip C	ode				
\$1,519.92	641 Fletcher							
Expenditure from corporate funds	Fate, TX 750)87						
PURPOSE OF EXPENDITURE	I	e Categories listed at the to ges/Contract Labo		(b)			de of Texas. Con officeholder livin	nplete Schedule T. g expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Office so	ught			Office h	eld
Date	Payee name							
06/06/2025	Moore, A Se	ries LLC						
Amount (\$)	Payee addres	s; City;	State; Zip C	ode				
\$5,514.63	4200 Parliar	nent PI						
	Ste 300							
Expenditure from corporate funds	Lanham, MD	20706						
PURPOSE	(a) Category (Se	e Categories listed at the to	p of this schedule)	(b)	Description			
OF EXPENDITURE	Advertising		,		ш			nplete Schedule T.
LXFLNDITORL					_		officeholder livin	g expense
					Direct Mail Po	OSTA	age	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Office so	ught			Office h	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ll Committee 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:			3 Filer ID (Ethics Commission Filers)	
Sch: 9/12 Rpt: 15/19	Republican Party of Texas		00015662	
4 Date	5 Payee name			
06/30/2025	Moore, Abbey			
6 Amount (\$)	7 Payee address; City; State	; Zip Code		
\$1,389.58	816 Warwick St			
Expenditure from corporate funds	Bedford, TX 76022			
8 PURPOSE	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor		outside of Texas. Complete Schedule T.	
		-	n, TX, officeholder living expense	
		Payroll		
			200	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held	
Date	Payee name			
06/30/2025	Moore, Abbey			
Amount (\$)	Payee address; City; State	; Zip Code		
\$1,389.58	816 Warwick St			
Expenditure from corporate funds	Bedford, TX 76022			
PURPOSE OF	(a) Category (See Categories listed at the top of this sch			
EXPENDITURE	Salaries/Wages/Contract Labor	<u> </u>	outside of Texas. Complete Schedule T.	
		Payroll	, 17, officerolaer living expense	
		. 49.5		
Complete ONLY if direct	Candidate/Officeholder name		Office held	
expenditure to benefit C/O		omee sought	Office field	
Data				
Date	Payee name			
06/30/2025	Paylocity Corporation			
Amount (\$)		; Zip Code		
\$2,907.60	1400 American Ln			
Expenditure from				
corporate funds	Schaumburg, IL 60173			
PURPOSE	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel	outside of Texas. Complete Schedule T.	
LA LABITORL		<u>-</u>	n, TX, officeholder living expense	
		Payroll Taxes	S	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office sought	Office held	
onponditure to belieff 6/01	•			

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 Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:					
Sch: 10/12 Rpt: 16/19	Republican Party of Texas 00015662				
4 Date	5 Payee name				
06/30/2025	Paylocity Corporation				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$186.87	1400 American Ln				
Ψ100.07	1400 / Wilchout Eli				
Expenditure from					
corporate funds	Schaumburg, IL 60173				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	Office Overhead/Rental Expense				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
	Payroll Fees				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O					
Dete					
Date	Payee name				
06/30/2025	Paylocity Corporation				
Amount (\$)	Payee address; City; State; Zip Code				
\$3,030.45	1400 American Ln				
Expenditure from	Schaumburg, IL 60173				
corporate funds					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense				
	Payroll Taxes				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O					
Date	Payee name				
06/30/2025	Right Insight LLC				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,370.00	PO Box 421				
Expenditure from					
corporate funds	Boise, ID 83701				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	Data Services Data Services Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
	Data Services				
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

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 11/12 Rpt: 17/19	Republican Party of Texas	00015662
4 Date	5 Payee name	
06/30/2025	Spectrum	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$91.32	400 Atlantic St	
- Funanditura from		
Expenditure from corporate funds	Stamford, CT 16901	
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	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		
Date	Payee name	
06/30/2025	Texas Mutual Insurance	
		do
Amount (\$) \$111.51	Payee address; City; State; Zip Co P.O. Box 841843	ue
\$111.51	F.O. BOX 041043	
Expenditure from corporate funds	Dallas, TX 75284	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Workers Comp Insurance
		Workers Comp insurance
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/OI		g Coc not
Date	Dayge name	
06/05/2025	Payee name Thomas Graphics, Inc.	
	•	do
Amount (\$) \$6 531 82	Payee address; City; State; Zip Co P.O. Box 142226	ue
\$6,531.82	F.O. DUX 142220	
Expenditure from corporate funds	Austin, TX 78714	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Printing
		200
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	-
,	Thacker, Burk Frisco Ci	ty Council, Place 2

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	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed The Instruction Guide explains how to complete this form.	ed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Com	nission Filers)
	Sch: 12/12 Rpt: 18/19	Republican Party of Texas 00015662	
4	Date	5 Payee name	
	06/30/2025	United Healthcare Ins Co	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$795.94	Dept Ch 10151 # 10151	
l		# 10151	
╓	Expenditure from corporate funds	Palatine, IL 60055	
Ľ	-		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T	
l		Check if Austin, TX, officeholder living expense Employee Health Insurance	
l		Employee Health insurance	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held OH	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 19/19 2 FILER NAME Filer ID (Ethics Commission Filers) Republican Party of Texas 00015662 8 Amount (\$) Date 5 Name of person from whom amount is received 06/02/2025 Evans, Steve \$400.00 6 Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79424 Purpose for which amount is received Check if political contribution returned to filer Voided Reimbursement Check Amount (\$) Date Name of person from whom amount is received 06/04/2025 Jordan Enterprises \$500.00 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78247 Purpose for which amount is received Check if political contribution returned to filer Voided Meeting Expense