FORM PTY-CORP POLITICAL PARTY REPORT REGARDING FUNDS FROM CORPORATIONS AND LABOR ORGANIZATIONS **COVER SHEET PG 1** Filer ID 2 Total pages filed The Form PTY-CORP Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00023728 3 POLITICAL PARTY Tom Green County Republican Party (P) **OFFICE USE ONLY** NAME Date Received STATE OR COUNTY **ELECTRONICALLY FILED** State **PARTY** 07/08/2025 X County: Tom Green POLITICAL PARTY Democrat **TYPE** Republican Libertarian Other: Date Hand-delivered or Date Postmarked (Party name) Receipt # Amount POLITICAL PARTY ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE MAILING ADDRESS 2525 S Johnson St Date Processed Suite A San Angelo, TX 76904 Date Imaged POLITICAL PARTY TITLE **NICKNAME** LAST **SUFFIX FIRST** ΜI **CHAIR** Bruce Burkett CHAIR MAILING ADDRESS / PO BOX; STATE: ZIP CODE APT / SUITE #; CITY; **ADDRESS** TX 76901 CHAIR STREET STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **ADDRESS** 3845 Sunset Dr. (Residence or Business) San Angelo, TX 76904 PHONE NUMBER **10** CHAIR PHONE AREA CODE **EXTENSION** (325) 374-7548 11 REPORT TYPE January 15 8th day before primary election

12 PERIOD COVERED

X July 15

Day

Year

Month

01/01/2025

THROUGH

50th day before general election

Month

06/30/2025

Day

Year

POLITICAL PARTY REPORT: TOTALS AND AFFIDAVIT

FORM PTY-CORP COVER SHEET PG 2

3 POLITICAL PARTY NAME		14 Filer ID	(Ethics Commission Filers)	
Tom Green County Republican Party	(P)	00023728		
ORGANIZ		\$	0.00	
(OTHER T	HAN LOANS OR GUARANTEES OF LOANS)			
	PENDITURES FROM CORPORATE OR RGANIZATION CONTRIBUTIONS	\$	1,500.35	
	ONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	\$	2,152.8	
orporate or labor organization c	on FORM PTY-CORP for any reporting perion ontributions, maintains corporate or labor or abor organization contributions.			
AFFIDAVIT				
	I swear, or affirm, under penalty of true and correct and includes all in under Title 15, Election Code.	perjury, that the formation require	accompanying report is ed to be reported by me	
	Bru	of perjury, that the accompanying report is information required to be reported by me uce Burkett of Political Party Chair		
	Signature of	Political Party C	Chair	
AFFIX NOTARY STAMP / SEA	L			
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	n Printed name of officer administering oath	Title of of	ficer administering oath	

FORM PTY-CORP **SUBTOTALS - PTYCORP COVER SHEET PG 3** 3 of 4 17 POLITICAL PARTY NAME 18 Filer ID (Ethics Commission Filers) Tom Green County Republican Party (P) 00023728 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR \$ **ORGANIZATION** SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR 2. \$ LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$ 3. SCHEDULE E: LOANS \$ SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 5. X 1,500.35 \$ **CONTRIBUTIONS** SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$

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

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	l Con	nmittee	Legal Services The Instruction	n Guide explains			Contract Labor te this form.		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME	=					3	Filer ID	(Ethics Commission Filers	5)
	Sch: 1/1 Rpt: 4/4	ı			ublican Party ((P)				00023728		
4	Date	5	Payee name									
	04/02/2025	<u> </u>			anparty@gma							
6	Amount (\$)	ı	Payee addres			; Zip Co	de					
	\$1,500.35		2525 South	Johnson Str	eet Suite A.							
Х	- corporate rands		San Angelo	, TX 76904-5	478							
8	PURPOSE OF				at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Office Over	head/Rental I	Expense			Check if travel o	outsio	le of Texas. Comp	llete Schedule T.	
								Primary Rent	anı	d I Itilities		
								r minary recit	an	a ounties		
9	Complete ONLY if direct	<u> </u>	`andidato/Offi	iceholder name		Office sou	aht			Office he	ld.	
9	expenditure to benefit C/OI	Η (anuluale/Om	centituel fiame		Office Sou(yııı			Office fie	iu	