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. 18 00027370 3 COMMITTEE NAME **OFFICE USE ONLY** Dallas County Republican Party (CEC) Date Received **ELECTRONICALLY FILED** 07/14/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **ADDRESS** 11617 North Central Expressway Date Hand-delivered or Date Postmarked Suite 240 Dallas, TX 75243 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Frederick NAME NICKNAME LAST **SUFFIX** Tate STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 959 W. Glade Road STREET **ADDRESS** (Residence or Business) Hurst, TX 76054 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 959 W. Glade Road MAILING **ADDRESS** Hurst, TX 76054 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 290-7500 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** 04/24/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 05/03/2025 χ General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

2 COMMITTEE NAME				13 Filer ID)	(Ethics Commission Filers)
Dallas County Republi	can Party (CEC)			00027	370	
4 COMMITTEE	1. Candidates	A. Supported				
ACTIVITY	(Identify by name or, if applicable, classify by party.))				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	IS, OR GUARANTEE S MADE ELECTRON		\$		0.00
	2. TOTAL POLITION			\$		2 202 65
	(OTHER THAN P	PLEDGES, LOANS, C	OR GUARANTEES OF LOANS)			2,382.65
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ZED POLITICAL EXF	PENDITURES	\$		0.00
	4. TOTAL POLITION	CAL EXPENDITUR	RES	\$		36,161.01
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT		MAINTAINED AS OF THE LAST	DAY \$		2,923.40
OUTSTANDING LOAN TOTALS	•	AL AMOUNT OF ALL HE REPORTING PER	OUTSTANDING LOANS AS OF	THE \$		0.00
6 AFFIDAVIT	<u> </u>			<u>l</u>		
		true	wear, or affirm, under penalty of po e and correct and includes all info der Title 15, Election Code.			
			Erodo	rick Tate		
		_	Signature of Ca		easure	ır
AEEIX NOTAD	Y STAMP / SEAL ABOV	/F	oly. add of ot			-
ALIANOTAR	I STAMI / SEAL ABOV	_				
			,1	this the		day
of	, 20, to certi	fy which, witness my	hand and seal of office.			
Signature of officer a	dministering oath	Printed name of o	officer administering oath	Title of	f officer	r administering oath
organization of officer di	animotoring batti	i inited ridine of t	Smoot authinistering batti	TIUE OI	· omce	administring call

SUBTOTALS - CEC FORM CEC COVER SHEET PG 3 3 of 18 TO COMMITTEE NAME Dallas County Republican Party (CEC) 18 Filer ID 00027370 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT

17 COMMITTEE NAME	18 Filer ID (Ethics Commission Filers)
Dallas County Republican Party (CEC)	00027370
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIB	\$ 2,382.65
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLI	TICAL CONTRIBUTIONS \$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FRO	M POLITICAL CONTRIBUTIONS \$ 36,161.01
6. SCHEDULE F2: UNPAID INCURRED OBLIGATION	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS F	ROM POLITICAL CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CRED	IT CARD \$
9. SCHEDULE I: NON-POLITICAL EXPENDITURES FI	ROM POLITICAL CONTRIBUTIONS \$
10. SCHEDULE K: INTEREST, CREDITS, GAINS, REFU	JNDS, AND CONTRIBUTIONS RETURNED \$
	·

	MONET	ARY POLITICAL CONTRIB	IOITU	NS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete	this fo	rm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/18	
2	FILER NAME Dallas Coun	ty Republican Party (CEC)			3	Filer ID (Ethics Commission Filers) 00027370	_
4	Date 05/09/2025	 Full name of contributor	AC (ID#:)	7	Amount of Contribution (\$) \$562.6	5
8	Principal occu	Dallas, TX 75229 spation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Owner Date 05/20/2025	Dallas, TX 75229 ccupation / Job title (See Instructions) 9				Amount of Contribution (\$) \$1,820.0	0
	Principal occu			Employer (See Instructions WINSTAR FARM	<u>. </u>	_	

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

	Candidate/Officeholder/Politica Credit Card Payment		ittee I	Jitt/Awards/Memoria ∟egal Services The Instruction (/ages	/Contract Labor		OTHER (enter	a category not listed	above)
Ļ	T. I. O.I. I.I. E4	I = -		The motidation (Sulue explains			1011111	_	E" 15	(Ell.)	
1	Total pages Schedule F1:	l		. B	D. / (050	`			3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 1/14 Rpt: 5/18	D	allas Coun	ty Republican	Party (CEC)				00027370		
4	Date	5 Pa	ayee name									
	05/20/2025	A	MEGY BAI	NK OF TEXAS	3							
6	Amount (\$)	7 Pa	ayee addres	s; City;	State	; Zip Co	de					
	\$0.83	l	O BOX 274			, ,						
	Ψ0.00	'	0 00/(2)	.00								
		l										
		Н	OUSTON,	TX 77227-74	59							
8	PURPOSE	(a) C	ategory (Se	e Categories listed a	t the top of this scl	nedule)	(b)	Description				
	OF EXPENDITURE	F	ees					=			mplete Schedule T.	
								—		officeholder livi	ng expense	
								PARTY BANI	Κŀ	EES		
9	Complete ONLY if direct		ndidate/Offic	eholder name	(Office sou	ght			Office I	neld	
	expenditure to benefit C/O	Н										
	Date	Pi	ayee name									
	05/20/2025	A	MEGY BAI	NK OF TEXAS	6							
-	Amount (\$)	P:	ayee addres	s; City;	State	: Zip Co	de					
	\$9.48		O BOX 274		Otato	, <u> </u>	uo					
	Ψ5.40		O BOX 212	+39								
		Н	OUSTON,	TX 77227-74	59							
	PURPOSE	(a) C	ategory (Se	e Categories listed a	t the top of this scl	nedule)	(b)	Description				
	OF EXPENDITURE	ı	ees					=			mplete Schedule T.	
								_		officeholder livi	ng expense	
								PARTY BANI	Κŀ	EES		
	Complete ONLY if direct		ndidate/Offic	eholder name		Office sou	ght			Office I	neld	
	expenditure to benefit C/O											
	Date	Pi	ayee name									
	05/20/2025	A	RISTOTLE	INTERNATIO	ONAL INC.							
	Amount (\$)	Pi	ayee addres	s; City;	State	; Zip Co	de					
	\$319.60		•	YLVANIA AVI		, <u> </u>	uo					
	Ψ313.00	^'	OST LIVINS	I EVAINA AVI	INOL 3L							
		l W	/ASHINGT	ON, DC 2000	3-1164							
	PURPOSE	(a) C	ategory (Se	e Categories listed a	t the top of this scl	nedule)	(b)	Description				
	OF EXPENDITURE	0	ffice Overh	ead/Rental E	xpense			므			mplete Schedule T.	
	,,,,,,,,							Check if Austin				
								PARTY SOF	I VV	ARE SUB	SCRIPTION	
	Complete ONLY if direct		ndidate/Offic	eholder name	(Office sou	ght			Office I	neld	
L	expenditure to benefit C/Ol											
			-		-					-		-

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 2/14 Rpt: 6/18	2 FILER NAME Dallas County Republican Party (CEC) 3 Filer ID (Ethics Commission Filers) 00027370
4	Date	5 Payee name
	05/20/2025	ATMOS ENERGY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.91	5430 LBJ FRWY
		DALLAS, TX 75240-2601
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		PARTY OFFICE UTILITIES
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/26/2025	Arman Khan dba DataPulse
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	1143 Rockingham Drive, Ste 105
		Richardson, TX 75080
	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 Data Consulting and List Management for Local
		Election
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	05/20/2025	BILL.COM
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.84	6220 AMERICA CENTER DR, STE 100
		SAN JOSE, CA 95002-2563
	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 PARTY SOFTWARE SERVICE
		PARTI SUPTIWARE SERVICE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft C/OI	
l		

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		Gift/Awards/Memorials Exp Legal Services	Salaries	/Wage	s/Contract Labor		Out of Dis R (enter a	strict category not listed	above)
			The Instruction Guide	e explains now to c	ompi					
1	Total pages Schedule F1:	2 FILER NAME	Ē				3 Filer I	D	(Ethics Commi	ission Filers)
	Sch: 3/14 Rpt: 7/18	Dallas Cou	nty Republican Par	ty (CEC)			0002	7370		
4	Date	5 Payee name								
	05/20/2025	BOARDS.C	COM							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode					
	\$8.52	-	CAL ADDRESS							
		NEW YOR	<, NY 10001							
Ļ					1					
8	PURPOSE OF		ee Categories listed at the to		(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expen	ise		Check if travel o			plete Schedule T.	
						PARTY SOFT				FRVICE
						.,	***	0020	01111 110110	
9	Complete ONLY if direct	Candidate/Off	ceholder name	Office so	uaht			Office he	old.	
9	expenditure to benefit C/OI		cenoluei name	Office 50	ugnt			ince ne	ciu	
_										
	Date	Payee name								
	05/20/2025	CATE, ROI	BYN							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode					
	\$860.55	17223 HIDI	DEN GLEN DR							
		DALLAS, T	X 75248-1335							
	PURPOSE	(a) Category (s	ee Categories listed at the to	on of this schedule)	(b)	Description				
	OF		ages/Contract Labo		` `		utside of Te	xas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin,	TX, officeho	lder livinç	g expense	
						PARTY PAYE	ROLL			
	Complete ONLY if direct		ceholder name	Office so	ught		C	Office he	eld	
	expenditure to benefit C/OI	₹								
	Date	Payee name								
	05/20/2025	CFO SHIEI	.D, LLC							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode					
	\$1,185.00	959 W GLA	•	эннэ, цр						
	Ψ1,100.00	303 11 02/	DE NO							
			, 7005 4 0075							
		HURST, 12	(76054-2075							
	PURPOSE OF	· ·	ee Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Accounting	/Banking						plete Schedule T.	
						Check if Austin, PARTY ACC				
						. /	CONTIN	JULI		
_	Complete ONLY if direct	Candidata/O#	ceholder name	Office so	uab+			Office he	ald.	
	expenditure to benefit C/OI		centiuel name	Office S0	uynt		C	nnce ne	c iu	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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	I Committee	Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAMI	=				3	Filer ID	(Ethics Commission F	ilers)			
_	Sch: 4/14 Rpt: 8/18		- nty Republican Party	(CEC)				00027370	(1 11 11 11 11 11 11 11 11 11 11 11 11	,			
4	Date	5 Payee name											
	05/20/2025	CFO SHIEI	-D, LLC										
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode								
	\$70.73	959 W GLA	DE RD										
		HURST, T	(76054-2075										
8	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description							
	OF EXPENDITURE	Accounting	/Banking			=		de of Texas. Com					
						PARTY ACC		officeholder living					
						PARTI ACC	00	INTING SEN	VICES				
_	Operation ONLY if direct	0	:	04:				O#: I	1-1				
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ıgnt			Office he	ela				
-	Date	Payee name											
	05/20/2025	CFO SHIEI											
_	Amount (\$)	Payee addre		State; Zip Co	ode								
	\$27.81	959 W GLA		otatio, E.p. oc	0.0								
	Ψ21.01	333 W 327	IDE NO										
		HURST, T	(76054-2075										
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description							
	OF EXPENDITURE	Accounting	/Banking			_		de of Texas. Com					
	-					—		officeholder living					
						PARTY ACC	OU	INTING SER	VICES				
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	ald.				
	expenditure to benefit C/OI		icenoluei mame	Office Soc	agrit			Office fie	au				
_	Date	Daylog name											
	05/20/2025	Payee name DEX IMAG											
	Amount (\$)	Payee addre		State; Zip Co	ode								
	\$99.16	PO BOX 17	7299										
		CLEARWA	TER, FL 33762-0299)									
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description							
	OF EXPENDITURE	Office Over	head/Rental Expens	e				de of Texas. Com					
	ZA ZHOHOKZ							officeholder living					
						PARTY EQU	ıPI\	MEINT KEINT	AL				
_	Operation ONE VIII II	0		0‴				0‴ :	1-1				
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ugnt			Office he	eiu				
	- Firming to solione of of												

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Onations 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	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: 5/14 Rpt: 9/18	Dallas County Republican Party (CEC) 00027370
4	Date	5 Payee name
	05/20/2025	EDGERTON STRATEGIES LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$298.45	1540 KELLER PKWY, STE 108
		KELLER, TX 76248-1660
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 PARTY COMMUNICATIONS SERVICES
		TARKET COMMONICATIONS CERTIFICES
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/20/2025	GOOGLE INC.
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.95	1600 AMPHITHEATRE PARKWAY
		MOUNTAIN VIEW, CA 94043-1351
	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 PARTY SOFTWARE SUBSCRIPTION
		PARTI SOFTWARE SUBSCRIPTION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D :	
	Date	Payee name
	05/20/2025	GRAYBAR FINANCIAL SERVICES
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.62	PO BOX 5066
		HARTFORD, CT 06102
	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
		PARTY OFFICE EQUIPMENT LEASE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C 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	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1: Sch: 6/14 Rpt: 10/18	2 FILER NAME Dallas County Republican Party (CEC) 3 Filer ID (Ethics Commission Filers) 00027370
4	Date	5 Payee name
	05/20/2025	HOLLEY, DEE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,975.00	5006 WESTGROVE DR
		DALLAS, TX 75248-6007
8	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 PARTY PAYROLL
		FARTT FATROLL
_	Operation ONLY if direct	Out it is to the later where where the later where where the later where the later where the later where where the later where
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/20/2025	HOLLEY, DEE
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,654.02	5006 WESTGROVE DR
		DALLAS, TX 75248-6007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		PARTY PAYROLL
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/20/2025	INTUIT QUICKBOOKS
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.37	5601 HEADQUARTERS DR
		PLANO, TX 75024-5839
	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
		PARTY SOFTWARE SUBSCRIPTION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	ense	Polling Expe Printing Exp Salaries/Wa	Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Credit Card Payment		The Instruction Guide	e explains h	ow to com	plete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 7/14 Rpt: 11/18	Dallas Cou	nty Republican Par	ty (CEC)				00027370		
4	Date	5 Payee name	<u>,</u>							_
	05/20/2025	l	venue Service							
_				Ctoto	Zin Cod	•				_
6	Amount (\$)	7 Payee addre		State,	Zip Cod	2				
	\$657.38	internai Re	venue Service							
		Ogden, UT	84201-0001							
8	PURPOSE	_				b) Description				_
١	OF		See Categories listed at the to ages/Contract Labo		lule)		outs	side of Texas. Cor	nplete Schedule T.	
	EXPENDITURE	Salaries/ W	ages/Contract Labo	Ji				, officeholder livir		
						PAYROLL TA	ΑXI	ES		
9	Complete ONLY if direct	Candidate/Of	ficeholder name	Of	fice sougl	nt		Office h	eld	_
	expenditure to benefit C/OI	4								
	Date	Payee name	9							
	05/20/2025	Internal Re	venue Service							
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	e				
\$1,052.04 Internal Revenue Service										
	·									
		Oadon LIT	84201-0001							
					- 1-					
	PURPOSE OF	l	See Categories listed at the to		lule)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Labo	or				side of Texas. Cor I, officeholder livir	nplete Schedule T.	
						PARTY PAY			g expense	
								, .,		
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Of	fice sougl			Office h	old	_
	expenditure to benefit C/O		ilicentituel flame	Oil	nce sough	it.		Office i	Ciu	
		·								_
	Date	Payee name								
	05/20/2025	MODERN	ACCESS AND CO	NSTRUCT	ION ALA	ARMS				
	Amount (\$)	Payee addre	ess; City;	State;	Zip Cod	е				
	\$141.10	PO BOX 7	09							
		MIDLOTHI	AN, TX 76065-0709	9						
	PURPOSE	(a) Category (s	See Categories listed at the to	op of this sched	lule)	b) Description				
	OF EXPENDITURE		rhead/Rental Exper			Check if travel	outs	side of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		·			_		, officeholder livir		
						PARTY OFF	ICE	E SECURIT	Y	
L										
	Complete ONLY if direct		ficeholder name	Of	fice sougl	nt		Office h	eld	
	expenditure to benefit C/OI	H								
Eor	me provided by Tevas F	thios Commiss	ion vanan	v othice et	ato ty uc				Version V// 1 0 f10d0f	-10

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/A Committee Legal	/Beverage Expense wards/Memorials Expense I Services Instruction Guide explains		pense /ages/Contract Labor	Travel in Distric Travel Out of D OTHER (enter a				
1	Total pages Schedule F1: Sch: 8/14 Rpt: 12/18		Republican Party (CEC	.) 		3 Filer ID 00027370	(Ethics Commission Filers)			
Ļ	·		republican Faity (CEC	·)		00027370				
4	Date 05/20/2025	5 Payee name NEW CENTRAI	L FOREST SHOPPING	G CENTE	R LTD					
6	Amount (\$)	7 Payee address;	City; State	e; Zip Co	de					
	\$3,465.02	11613 N CENT	RAL EXPY							
		DALLAS, TX 75	5243-3820							
8	PURPOSE	(a) Category (See Cat	tegories listed at the top of this so	hedule)	(b) Description					
	OF EXPENDITURE	Office Overhead	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PARTY RENT							
9	Complete ONLY if direct	Candidate/Officeho	older name	Office sou	aht	Office h	hla			
9	expenditure to benefit C/O		nuel Hame	Onice sout	yııı.	Office II	eiu			
	Date	Payee name								
	05/20/2025	NEW CENTRAI	L FOREST SHOPPING							
	Amount (\$)	Payee address;	3 .	e; Zip Co	de					
	\$67.03	11613 N CENT	RAL EXPY							
		DALLAS, TX 75	5243-3820							
	PURPOSE OF		tegories listed at the top of this so	chedule)	(b) Description					
	EXPENDITURE	Office Overhead	d/Rental Expense		<u> </u>	outside of Texas. Con n, TX, officeholder livin				
					ш	ICE KEY REPI				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeho	older name	Office sou	ght	Office h	eld			
	Date	Payee name								
	05/20/2025	NRG ENERGY,	, INC.							
	Amount (\$)	Payee address;	City; State	e; Zip Co	de					
	\$171.92	910 LOUISIANA	A ST							
		HOUSTON, TX	77002-4916							
	PURPOSE	(a) Category (See Cat	tegories listed at the top of this so	chedule)	(b) Description					
	OF EXPENDITURE		d/Rental Expense	<i></i>	Check if travel	outside of Texas. Con				
						n, TX, officeholder livin				
					TARTI OFFI	IOL OTILITILO	•			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeho	older name	Office sou	ght	Office h	eld			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	Committee Legal Service	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)				
1	Total pages Cabadula F1:					_	Filer ID	(Ethios Commission	- Filore)			
1	Total pages Schedule F1: Sch: 9/14 Rpt: 13/18	Dallas County Repub	lican Party (CEC)			3	Filer ID 00027370	(Ethics Commission	i Filers)			
_	<u> </u>											
4	Date	5 Payee name										
	05/20/2025	OHAYON, CHAYA										
6	Amount (\$)	7 Payee address; City	y; State; Zip C	ode								
	\$395.00	6557 DYKES WAY										
		DALLAS, TX 75230-1	020									
8	PURPOSE OF	(a) Category (See Categories		(b)	Description							
	EXPENDITURE	Salaries/Wages/Cont	ract Labor		=		de of Texas. Com					
					PARTY PAY		officeholder living	expense				
					PARTIPATI	τυ	LL					
9	Complete ONLY if direct	Candidate/Officeholder na	ame Office so	ught			Office he	eld				
	expenditure to benefit C/OI											
	Date	Payee name										
	05/20/2025	OHAYON, CHAYA										
	Amount (\$)	Payee address; City	y; State; Zip C	ode								
	\$455.97	6557 DYKES WAY	y, State, Zip G	ouc								
	Ф 4 55.97	0007 DINES WAT										
		DALLAS, TX 75230-1	1929									
	PURPOSE	(a) Category (See Categories	listed at the top of this schedule)	(b)	Description							
	OF EXPENDITURE	Salaries/Wages/Cont			Check if travel	outsi	de of Texas. Com	plete Schedule T.				
	EXPENDITURE	•			_		officeholder living	expense				
					PARTY PAY	20	LL					
	Complete ONLY if direct	Candidate/Officeholder na	ame Office so	ught			Office he	eld				
	expenditure to benefit C/OI											
	Date	Payee name										
	05/20/2025	PRIMO WATER										
				1 -								
	Amount (\$)	Payee address; City		oae								
	\$44.97	200 EAGLES LANDII	NG DR									
		LAKELAND, FL 3381	0-3058									
	PURPOSE	(a) Category (See Categories	listed at the top of this schedule)	(b)	Description							
	OF	Office Overhead/Ren		`´		outsi	de of Texas. Com	plete Schedule T.				
	EXPENDITURE	omoo o vorrioaa, rtori	tai Experior		Check if Austin	, TX	officeholder living	expense				
					PARTY WAT	ER	DELIVERY					
	Complete ONLY if direct	Candidate/Officeholder na	ame Office so	ught			Office he	eld				
	expenditure to benefit C/OI			-								

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 10/14 Rpt: 14/18	Dallas County Republican Party (CEC) 00027370
4	Date	5 Payee name
	05/20/2025	PROJECT BROADCAST, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$169.86	300 LA VIDA CT
		IRVING, TX 75062-6563
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		PARTY TEXT MESSAGING - LOCAL ELECTION
		GOTV
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	05/20/2025	PROJECT BROADCAST, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.10	300 LA VIDA CT
		IRVING, TX 75062-6563
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense PARTY TEXT MESSAGING - LOCAL ELECTION
		GOTV
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г	Date	Payee name
	05/20/2025	PROJECT BROADCAST, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$16,237.51	300 LA VIDA CT
		IRVING, TX 75062-6563
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense PARTY TEXT MESSAGING - LOCAL ELECTION
		GOTV GOTV
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Coi 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 manage Calcadada 54	· · · · · · · · · · · · · · · · · · ·
	Total pages Schedule F1: Sch: 11/14 Rpt: 15/18	2 FILER NAME Dallas County Republican Party (CEC) 3 Filer ID (Ethics Commission Filers) 00027370
4	Date	5 Payee name
	05/20/2025	SPECTRUM
6	Amount (\$) \$66.00	7 Payee address; City; State; Zip Code PO BOX 733619
	Ψ00.00	1 0 BOX 733013
		DALLAS, TX 75373-3619
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
		PARTY INTERNET AND CABLE SERVICE
		TARTE INTERNET AND GABLE SERVICE
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash	Data	David visite
	Date	Payee name
	05/20/2025	SPECTRUM
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.90	PO BOX 733619
		DALLAS, TX 75373-3619
	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
		PARTY INTERNET AND CABLE SERVICE
		TARTE INTERNAL TARGET SERVICE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/20/2025	STAPLES
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.51	1306 E BELT LINE ROAD
		RICHARDSON, TX 75081-3709
	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
		PARTY GENERAL OFFICE SUPPLIES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

	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: 12/14 Rpt: 16/18	Dallas County Republican Party (CEC) 00027370
4	Date	5 Payee name
L	05/20/2025	STROUGHTER, MARIE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$790.00	6501 COOL CREEK DR
		KILLEEN, TX 76549-6088
8	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 PARTY PAYROLL
		PARTIFATROLL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Dete	
	Date	Payee name
	05/20/2025	STROUGHTER, MARIE
	Amount (\$)	Payee address; City; State; Zip Code
	\$911.96	6501 COOL CREEK DR
		KILLEEN, TX 76549-6088
	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 PARTY PAYROLL
		FARTIFATROLL
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Para compa
	05/20/2025	Payee name SUREPAYROLL
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.88	2350 RAVINE WAY SUITE 100
		GLENVIEW, IL 60025-7621
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense PARTY PAYROLL FEES
		TARTITATROLLIES
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 13/14 Rpt: 17/18	Dallas County Republican Party (CEC) 00027370
4	Date	5 Payee name
	05/20/2025	US TREASURY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$561.69	INTERNAL REVENUE SERVICE
		OGDEN, UT 84201-0001
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 PARTY 1120 POL TAX FILING
		TAKTI 11201 OL TAKTILINO
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	05/20/2025	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.05	7500 FOREST LN
		DALLAS, TX 75243
	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
		PARTY POSTAGE
		174411 6611462
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/20/2025	WALMART
		Payee address; City; State; Zip Code
	Amount (\$) \$81.98	2305 N CENTRAL EXPRESSWAY
	Ψ01.90	2303 N GENTRAL EXPRESSIVAT
		DALLAS, TX 75204-3800
	PURPOSE OF	(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.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		PARTY GENERAL OFFICE SUPPLIES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/14 Rpt: 18/18 Dallas County Republican Party (CEC) 00027370 4 Date Payee name 05/20/2025 WELLS FARGO VENDOR FINANCE SERVICES 6 Amount (\$) Payee address; City; State; Zip Code \$170.18 420 MONTGOMERY ST SAN FRANCISCO, CA 94104-1207 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense PARTY OFFICE EQUIPMENT RENTAL Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/20/2025 WORDPRESS.COM Amount (\$) Payee address; City; State; Zip Code \$27.65 60 29TH ST, #343 SAN FRANCISCO, CA 94110-4929 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense PARTY SOFTWARE SERVICE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/20/2025 ZOOM COMMUNICATIONS Amount (\$) Payee address: City: State; Zip Code \$13.47 55 N ALMADEN BLVD SAN JOSE, CA 95113-1608 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense PARTY SOFTWARE SERVICE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH