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. 15 00015769 3 COMMITTEE NAME **OFFICE USE ONLY Tarrant County GOP** Date Received **ELECTRONICALLY FILED** 07/14/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 201 N. Rupert St Date Hand-delivered or Date Postmarked Suite 117 Fort Worth, TX 76107 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** 201 N. Rupert St STREET **ADDRESS** Suite 117 (Residence or Business) Fort Worth, TX 76107 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 201 N. Rupert St. MAILING **ADDRESS** Suite 117 Fort Worth, TX 76107 **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 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

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|--|-------------|----------------------------|
| Tarrant County GOP | | | 00015 | 769 |
| 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.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOAN CONTRIBUTIONS | ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold | \$ | 0.00 |
| | | CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 10,000.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZ | ED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITION | CAL EXPENDITURES | \$ | 36,854.11 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICA OF THE REPORT | L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD | DAY \$ | 125,991.88 |
| OUTSTANDING LOAN TOTALS | | L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | • | | <u>'</u> | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code. | | |
| | | Freder | ick Tate | |
| | | Signature of Car | mpaign Tre | easurer |
| AFFIX NOTARY | STAMP / SEAL ABOV | E | | |
| Sworn to and subscribed | before me, by the said | , th | nis 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 | officer administering oath |

SUBTOTALS - CEC FORM CEC **COVER SHEET PG 3** 17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers) **Tarrant County GOP** 00015769 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 10,000.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 36,854.11 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 10. TO FILER

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDULE A1 | | |
|---|------------------------|---|---|---|----|---|
| | The Instru | ction Guide explains how to complete this | 1 | Total pages Schedule A1: Sch: 1/1 Rpt: 4/15 | | |
| 2 | FILER NAME Tarrant Cou | | 3 | Filer ID (Ethics Commission Filers) 00015769 | | |
| 4 | | | | | | Amount of Contribution (\$) \$10,000.00 |
| 8 | | Fort Worth, TX 76102 upation / Job title (See Instructions) | 9 | | S) | |
| | Partner & Co | o-Founder | | Chambers Interests | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 1/11 Rpt: 5/15 | Tarrant County GOP 00015769 |
| 4 | Date | 5 Payee name |
| | 06/20/2025 | AT&T |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$487.20 | 208 S. Akard Street |
| | | |
| | | Dallas, TX 75202 |
| 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 Service |
| | | Tarty memor derived |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/OI | |
| L | | |
| | Date | Payee name |
| | 06/20/2025 | AT&T |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$73.47 | 208 S. Akard Street |
| | | |
| | | Dallas, TX 75202 |
| | 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 Service |
| | | Tarty memor derived |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | 5 . | |
| | Date | Payee name |
| | 06/20/2025 | AT&T |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$128.77 | 208 S. Akard Street |
| | | |
| | | Dallas, TX 75202 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Party Phone Service |
| | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | onponditure to beliefft C/OI | • |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Event 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: 2/11 Rpt: 6/15 | Tarrant County GOP 00015769 |
| 4 | Date | 5 Payee name |
| | 06/20/2025 | AT&T |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$487.43 | 208 S. Akard Street |
| | | |
| | | Dallas, TX 75202 |
| 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 Internet Service |
| | | Tarty internet Service |
| _ | Complete ONL V if direct | Candidate/Officeholder name Office sought Office hold |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| \vdash | Dete | |
| | Date | Payee name |
| | 05/20/2025 | Amazon.com, Inc. |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$8.56 | 440 Terry Avenue North |
| | | |
| | | Seattle, WA 98109 |
| | 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 General Office Supplies |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OH | |
| | | |
| | Date | Payee name |
| | 05/20/2025 | BluestoneCreatives, LLC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$489.14 | 1501 Hall Johnson Rd, #123 |
| | | |
| | | Colleyville, TX 76034 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | ZA ZHOHORZ | Check if Austin, TX, officeholder living expense |
| | | Party Web Hosting Fee |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

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 | 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: 3/11 Rpt: 7/15 | Tarrant County GOP 00015769 |
| 4 | Date | 5 Payee name |
| | 05/20/2025 | CFS Compliance |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,185.00 | PO Box 30844 |
| | | |
| | | Bethesda, MD 20824 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Party Compliance Consulting |
| | | Tarty Compliance Consulting |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| \vdash | Date | Dougo nama |
| | | Payee name |
| | 06/20/2025 | CFS Compliance |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$1,185.00 | PO Box 30844 |
| | | |
| | | Bethesda, MD 20824 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Party Compliance Consulting |
| | Complete ONLY if direct | Condidate/Officeholder name Office cought Office hold |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 06/20/2025 | CFS Compliance |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,847.95 | PO Box 30844 |
| | | |
| | | Bethesda, MD 20824 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense |
| | ZA ZHOHORZ | Check if Austin, TX, officeholder living expense |
| | | Party Compliance Consulting |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/OH | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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 | | Travel Out of District OTHER (enter a category not listed above) |
|---|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILED NAME | 3 Filer ID (Ethics Commission Filers) |
| • | Sch: 4/11 Rpt: 8/15 | Tarrant County GOP | 00015769 |
| 4 | Date | 5 Payee name | |
| | 05/20/2025 | Constant Contact | |
| 6 | Amount (\$) \$245.91 | 7 Payee address; City; State; Zip Code 1601 Trapelo Road | |
| | | Waltham, MA 02451 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Onice Overneda/Nerital Expense | outside of Texas. Complete Schedule T. |
| | ZAI ZHZHGHZ | Check if Austin Party Softwai | TX, officeholder living expense 'e Service |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 06/20/2025 | Constant Contact | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$245.91 | 1601 Trapelo Road | |
| | | | |
| | | Waltham, MA 02451 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Onice Overriedd/Nerital Expense | outside of Texas. Complete Schedule T. |
| | | Party Softwar | TX, officeholder living expense |
| | | Faity Sollwai | C |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | 1 | |
| | Date | Payee name | |
| | 05/20/2025 | H/FW Capital Partners, LLC | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$7,645.73 | PO Box 472055 | |
| | | Fort Worth, TX 76147 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | , , , _ | outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | , TX, officeholder living expense |
| | | Party Office F | Rent |
| | | | |
| | 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 Commi

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: 5/11 Rpt: 9/15 | Tarrant County GOP 00015769 |
| 4 | Date | 5 Payee name |
| | 06/20/2025 | H/FW Capital Partners, LLC |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$5,771.58 | PO Box 472055 |
| | | |
| | | Fort Worth, TX 76147 |
| 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 Rent |
| | | Faity Neill |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/OI | |
| _ | | |
| | Date | Payee name |
| | 05/20/2025 | Internal Revenue Service |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$522.03 | PO Box 931000 |
| | | |
| | | Louisville, KY 40293 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | | Check if Austin, TX, officeholder living expense Party Payroll Tax |
| | | r arty r ayron rax |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | Data | |
| | Date | Payee name |
| | 05/20/2025 | Internal Revenue Service |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$522.05 | PO Box 931000 |
| | | |
| | | Louisville, KY 40293 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Salaries/Wages/Contract Labor |
| | - | Check if Austin, TX, officeholder living expense Party Payroll Tax |
| | | Faity Fayloii Tax |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | | |
| | | |
| | | |

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 | / - ıl Con | | Gift/Awards/Memoria Legal Services The Instruction | · | | /ages/ | /Contract Labor | | Travel Out of D OTHER (enter a | istrict a category not listed above) |
|---|--|---------------|---|--|-----------------------|-------------|------------|---------------------------------|-------|-----------------------------------|---|
| 1 | Total pages Schedule F1: | 2 | FII FR NAME | | | | — | | 3 | Filer ID | (Ethics Commission Filers) |
| Ĺ | Sch: 6/11 Rpt: 10/15 | ı | Tarrant Cou | | | | | | | 00015769 | , |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 06/20/2025 | | Internal Rev | enue Service | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State | ; Zip Co | de | | _ | | |
| | \$522.02 | | PO Box 931 | 000 | | | | | | | |
| | | | | | | | | | | | |
| | | | Louisville, K | Y 40293 | | | | | | | |
| 8 | PURPOSE | | | e Categories listed a | | nedule) | (b) | Description | | | |
| | OF EXPENDITURE | | Salaries/Wa | ges/Contract | Labor | | | <u>—</u> | | | mplete Schedule T. |
| | | | | | | | | Party Payroll | | officeholder livin | ig experise |
| | | | | | | | | and a dyron | ·u | | |
| 9 | Complete ONLY if direct | | Candidate/Offic | ceholder name | | Office sou | ght | | | Office h | neld |
| | expenditure to benefit C/O | | | . soidel Haille | , | J00 30U(| J' 11 | | | Since I. | |
| _ | Date | $\overline{}$ | Payee same | | | | _ | | _ | | |
| | 06/20/2025 | | Payee name Internal Rev | enue Service | | | | | | | |
| L | | \vdash | | | C+-+ | e; Zip Co | de | | | | |
| | Amount (\$) | l | Payee addres | | State | ., ∠ıp C0. | ue | | | | |
| | \$522.03 | | PO Box 931 | .000 | | | | | | | |
| | | | Louisville, K | Y 40293 | | | | | | | |
| | PURPOSE | (a) | Category (Se | e Categories listed a | t the top of this sch | nedule) | (b) | Description | — | | |
| | OF EXPENDITURE | | | ges/Contract | | / | - | Check if travel of | | | mplete Schedule T. |
| | LAI-LINDI I UKE | | | | | | | ш | | officeholder livin | ng expense |
| | | | | | | | | Party Payroll | ıа | xes | |
| | Committee Children | | Samuell I i i i i i i i i i i i i i i i i i i | | | Off: | | | | | - ald |
| | Complete ONLY if direct expenditure to benefit C/OH | | ∠anαıαate/Offi⊦ | ceholder name | (| Office sou | gnt | | | Office h | ieiū |
| | Date | $\overline{}$ | Davido narri | | | | — | | — | | |
| | 06/20/2025 | | Payee name Intuit Inc | | | | | | | | |
| | | | | -0'. | | , 7: - | d = | | | | |
| | Amount (\$) | ı | Payee addres | | State | e; Zip Co | ue | | | | |
| | \$140.64 | | 251 Little Fa | แร บทั้ง6 | | | | | | | |
| | | | \\/ilminete= | DE 10000 | | | | | | | |
| | DUDD C C - | | Wilmington, | | | | <i>.</i> . | | | | |
| | PURPOSE OF | | | e Categories listed a | | hedule) | (a) | Description Check if travel of | Jutei | de of Texas Cor | mplete Schedule T. |
| | EXPENDITURE | | Onice Overl | nead/Rental E | xpense | | | <u> </u> | | officeholder livin | |
| | | | | | | | | Party Softwar | | " | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offic | ceholder name | (| Office sou | ght | | | Office h | neld |
| | expenditure to benefit C/OH | Н | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

| | Candidate/Officeholder/Politica Credit Card Payment | d Committee Legal Services Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
|---|--|--|--|
| Ļ | | The Instruction Guide explains how to complete this form. | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 7/11 Rpt: 11/15 | Tarrant County GOP | 00015769 |
| 4 | Date | 5 Payee name | |
| | 05/20/2025 | Invictus Strategies | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$2,765.00 | 108 W 13th St | |
| | | | |
| | | Wilmington, DE 19801 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | | outside of Texas. Complete Schedule T. |
| | | l — l — | , TX, officeholder living expense unications Consulting |
| | | Faity Commit | diffications Consulting |
| _ | Opening the ONLY if allowed | Out distant (Office Includes a constant | Off: - |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| _ | | | |
| | Date | Payee name | |
| | 06/20/2025 | Invictus Strategies | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$2,765.00 | 108 W 13th St | |
| | | | |
| | | Wilmington, DE 19801 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Consuming Expense | outside of Texas. Complete Schedule T. |
| | | l | , TX, officeholder living expense unication Consulting |
| | | Tarty Commit | arrication consulting |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | | Office field |
| | Data | | |
| | Date | Payee name | |
| | 05/20/2025 | Iron Mountain | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$194.66 | 7430 Whitehall Street | |
| | | | |
| | | Fort Worth, TX 76118 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Office Overficad/Nortical Expense | outside of Texas. Complete Schedule T. |
| | | l | , TX, officeholder living expense |
| | | Party Docum | ені Зіогаде |
| | Commission ONE V. C. P. | Condidate/Officeholder norma | Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | | |
| | | | |
| | | | |
| | rms provided by Texas E | thics Commission www.athics.state.tv.us | Version V/A 1 0 f10d0fd9 |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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

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: 8/11 Rpt: 12/15 | Tarrant County GOP 00015769 |
| 4 | Date | 5 Payee name |
| | 06/20/2025 | Iron Mountain |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$408.46 | 7430 Whitehall Street |
| | | |
| | | Fort Worth, TX 76118 |
| 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 |
| | | Party Storage |
| _ | Complete ONLY if allower | Condidate/Officeholder name |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 06/20/2025 | Southwest Office Systems |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$37.62 | 13960 Trinity Blvd |
| | | |
| | | Euless, TX 76040 |
| | 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 Equipment Lease |
| | | Tarty Equipment Ecose |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| - | Date | Payee name |
| | 06/20/2025 | Southwest Office Systems |
| _ | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$38.69 | 13960 Trinity Blvd |
| | | = 1 |
| | | Euless, TX 76040 |
| | 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 Equipment Lease |
| | | Tarty Equipment Educe |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 9/11 Rpt: 13/15 | Tarrant County GOP 00015769 |
| 4 | Date | 5 Payee name |
| | 05/20/2025 | Spectrum |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$212.13 | 5545 Sierra Springs Lane |
| | | |
| | | Fort Worth, TX 76123 |
| 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 Internet Subscription |
| | | Party Internet Subscription |
| Ļ | Complete ONU V if alice | Candidate/Officeholder name Office sought Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | |
| | · | |
| | Date | Payee name |
| | 06/20/2025 | Spectrum |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$212.13 | 5545 Sierra Springs Lane |
| | | |
| | | Fort Worth, TX 76123 |
| | 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 Subscription |
| | | Turty internet Subscription |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | Date | Payee name |
| | 05/20/2025 | Target |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$30.12 | 301 Carroll St |
| | | |
| | | Fort Worth, TX 76107 |
| | 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. |
| | ZA ZADITORZ | Check if Austin, TX, officeholder living expense |
| | | Party General Office Supplies |
| _ | Operation ONE VIII II | On didn't 10 ff a balden name |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | p = 1 2 25 3/01 | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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 compl | lete this form. | | | |
|---|---|--|-----------------|------------|--|----------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 10/11 Rpt: 14/15 | Tarrant County GOP | | | 00015769 | |
| 4 | Date | 5 Payee name | | | | |
| | 05/20/2025 | The UPS Store | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| | \$13.75 | 2300 W 7th St, STE 108 | | | | |
| | | | | | | |
| | | Fort Worth, TX 76107 | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | | | ide of Texas. Com | |
| | | | Party Ship | | , officeholder living | g expense |
| | | | | p9 | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | : | | Office he | eld |
| | expenditure to benefit C/O | | | | | |
| | Date | Payee name | | | | |
| | 05/20/2025 | USPS | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$21.21 | 2414 Gravel Dr | | | | |
| | ¥==:== | | | | | |
| | | Fort Worth, TX 76118 | | | | |
| | PURPOSE | | Description | | | |
| | OF | Office Overhead/Rental Expense | | vel outsi | ide of Texas. Com | plete Schedule T. |
| | EXPENDITURE | μ | _ | | , officeholder living | g expense |
| | | | Party Post | age | | |
| | 2 | | | | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought | • | | Office he | eld |
| | | | | | | |
| | Date | Payee name | | | | |
| | 05/20/2025 | Wright, Dayton | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$1,781.23 | 8280 Villa Lago Drive, Apt 422 | | | | |
| | | | | | | |
| | | Fort Worth, TX 76179 | | | | |
| | PURPOSE OF | , | Description | u al autoi | ide of Toyon Com | nlata Cabadula T |
| | EXPENDITURE | Salaries/Wages/Contract Labor | | | ide of Texas. Com , officeholder living | |
| | | | Party Payr | | | , - , |
| | | | - | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | | | Office he | eld |
| | expenditure to benefit C/O | 1 | | | | |
| _ | | | | | | |
| | | | | | | |
| | | | | | | |

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 | | mmittee | Legal Services | | | | ages | /Contract Labor | | Travel Ou OTHER (| | strict category not listed above) |
|----------|---|---------------------------|--|--|-------------------|--------------|------------|--------|-----------------|-----------|----------------------|-----------|--------------------------------------|
| | | _ | | | uon Guide ex | xpiains h | IOW TO COI | npie | ete this form. | _ | | | |
| 1 | Total pages Schedule F1: | 2 | | | | | | | | 3 | | | (Ethics Commission Filers) |
| _ | Sch: 11/11 Rpt: 15/15 | _ | Tarrant Cou | inty GOP | | | | | | | 00015 | 769 | |
| 4 | Date | 5 | Payee name | | | | | | | | | | |
| | 05/20/2025 | | Wright, Day | ton | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City | | State; | Zip Co | de | | | | | |
| | \$1,781.22 | | 8280 Villa L | ago Drive | Apt 422 | | | | | | | | |
| | • | | | - | • | | | | | | | | |
| | | | Fort Worth, | TX 76179 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | ee Categories li | sted at the ton o | of this sche | edule) | (b) | Description | | | | |
| | OF | | Salaries/Wa | | | | , | | _ ` | outsi | de of Texa | s. Com | plete Schedule T. |
| | EXPENDITURE | | | Check if Austin, TX, officeholder living expense | | | | | | g expense | | | |
| | | | | | | | | | Party Payroll | Ex | pense | | |
| | | | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | Candidate/Offi | ceholder na | me | 0 | ffice sou | ght | | | Off | ice he | eld |
| | expenditure to benefit C/OI | penditure to benefit C/OH | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 06/20/2025 | | Wright, Day | ton | | | | | | | | | |
| | Amount (\$) | T | Payee addre | ss; City | | State; | Zip Co | de | | | | | |
| | \$1,781.24 8280 Villa Lago Drive, Apt 422 | | | | | | | | | | | | |
| | +-, | | | | | | | | | | | | |
| | | | Cort \ \ \ \ \ \ - \ \ \ \ - \ \ \ \ - \ \ \ \ - \ \ \ \ - \ | TV 70170 | | | | | | | | | |
| | | L | Fort Worth, | | | | | | | | | | |
| | PURPOSE OF | (a) | Category (Se | | | of this sche | edule) | (b) | Description | | | _ | |
| | EXPENDITURE | | Salaries/Wa | ages/Conti | act Labor | | | | = | | | | plete Schedule T. |
| | | | | | | | | | Check if Austin | | unicenola | ei iiving | у ехрепsе |
| | | | | | | | | | Party Wages | | | | |
| <u> </u> | Complete ONU V if alice | <u> </u> | Danalidet-10" | l l - · · | | | #: | o lo t | | | | : !- | -1.d |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | | | | eiu | | |
| | | _ | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | | |
| | 06/20/2025 | | Wright, Day | ton | | | | | | | | | |
| | Amount (\$) | | Payee addre | ss; City | ; | State; | Zip Co | de | | | | | |
| | \$1,781.23 | | 8280 Villa L | ago Drive | Apt 422 | | | | | | | | |
| | · | | | - | - | | | | | | | | |
| | | | Fort Worth, | TX 76179 | | | | | | | | | |
| | PURPOSE | (a) | Category (Se | | stad at the ten | of this cobo | odulo) | (b) | Description | | | | |
| | OF | ``' | Salaries/Wa | | | oi uns sche | uule) | (-) | | outsi | de of Texa | s. Com | plete Schedule T. |
| | EXPENDITURE | | Calaires, VVC | .gco, con | ast Eabor | | | | Check if Austin | | | | |
| | | | | | | | | | Party Payroll | Ex | pense | | |
| | | | | | | | | | | | | | |
| | Complete ONLY if direct | (| Candidate/Offi | ceholder na | me | 0 | ffice sou | ght | | | Off | ice he | eld |
| | expenditure to benefit C/O | Н | | | | | · | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |