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) 00017236 3 COMMITTEE NAME **OFFICE USE ONLY** Republican Club of Polk County Date Received **ELECTRONICALLY FILED** 07/14/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 674 Date Hand-delivered or Date Postmarked Change of Address Livingston, TX 77351 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Karyn Y. NAME NICKNAME LAST **SUFFIX** Andersen STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 316 W. Polk Street STREET **ADDRESS** (Residence or Business) Livingston, TX 77351 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 316 W. Polk Street MAILING **ADDRESS** Livingston, TX 77351 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (936) 236-2715 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** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

Republican Club of Polk County 1. Candidates (dentify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (dentify by name or, if applicable, classify by party.) B. Opposed 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE					
A COMMITTEE ACTIVITY (Allach lists on plain pages to compile this report of tree-desay) 2. Measures (Constituting to plain pages to compile this report of tree-desay) 2. Measures (Constituting to plain pages to compile this report of tree-desay) 3. Office-holders Assisted (Constituting to plain pages to compile this report of tree-desay) 4. Supported 2. Measures (Constitution of election and nature of issue) 8. Opposed 3. Office-holders Assisted (Contribution of election and nature of issue) 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING CONTRIBUTION BALANCE 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LAST DAY OF THE REPORTING PERIOD 1. Swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Mrs. Karyn Y, Andersen Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said					(Ethics Commission Filers)
ACTIVITY Activate lists on plain plant to consider the excessery	Republican Club of Po	olk County		00017236	5
A Supported monographic fine report of mocessary) 2. Measures		1. Candidates	A. Supported		
2. Measures Conscribe by dase and location of election and nature of issue.) Conscribe by dase and location of election and nature of issue.) B. Opposed	ACTIVITY				
Contribution State and location of election and maluro of fession	paper to complete this		B. Opposed		
Contribution State and location of election and maluro of fession		2 Magguros	A Supported		
3. Officeholders Assisted (Josenity by pame or, if if special procession) TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) (In check here if this report qualifies for the higher fremization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Mrs. Karyn Y. Andersen Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said		(Describe by date and location	A. Supported		
ASSISTED (Identify by rame or, if applicable, disease) by party.) 5 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTES) OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) (I) check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTESS OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Mrs. Karyn Y. Andersen Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said			B. Opposed		
Assisted (identify by ranne or, if applicable, disability by party.) 5 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTESS OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) Contributions Made Electronically Contributions					
1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		Assisted (Identify by name or, if			
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) Check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) S		1 7 7 7 7 7			
CONTRIBUTION S		PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTEES OF LOANS, OR NADE ELECTRONICALLY)	\$	0.00
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4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 7. SWEAR, OR affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Mrs. Karyn Y. Andersen Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day		(OTHER THAN PLE	EDGES, LOANS, OR GUARANTEES OF LOANS)		4,690.00
CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 15,985 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Mrs. Karyn Y. Andersen Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day		3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
SWORN to and subscribed before me, by the said, this theday		4. TOTAL POLITICA	AL EXPENDITURES	\$	19,743.98
LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Mrs. Karyn Y. Andersen Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day				DAY \$	15,985.00
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Mrs. Karyn Y. Andersen Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day				THE \$	0.00
true and correct and includes all information required to be reported by me under Title 15, Election Code. Mrs. Karyn Y. Andersen Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the	6 AFFIDAVIT	<u> </u>		<u> </u>	
Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said			true and correct and includes all info		
Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said					
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said day					
Sworn to and subscribed before me, by the said day			Signature of Ca	ampaign Treas	urer
	AFFIX NOTAR	Y STAMP / SEAL ABOVE			
of, 20, to certify which, witness my hand and seal of office.	Sworn to and subscribe	ed before me, by the said _		this the	day
					-
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	Signature of officer a	administering oath	Printed name of officer administering path	Title of off	icer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

		3 of 27
17 COMMITTEE NAME Republican Club of Polk County	18 Filer ID 0001723	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	-	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,690.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	ONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION ORGANIZATION	I OR LABOR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM LABOR ORGANIZATION	CORPORATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LA	BOR ORGANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION CORGANIZATION	OR LABOR	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OF	R LABOR ORGANIZATIO	DN \$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONT	RIBUTIONS	\$ 19,743.98
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CO	NTRIBUTIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CO	NTRIBUTIONS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRI TO FILER	BUTIONS RETURNED	\$

	MONETARY POLITICAL CONTRIBUTIONS					E A1	
	The Instru	ction Guide explains how to co	omplete this for	n.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/27	
2	FILER NAME Republican (Club of Polk County			3	Filer ID (Ethics Commission 00017236	n Filers)
4	Date 03/03/2025	 Full name of contributor outbacker, Debra Contributor address; City; State; Zip)	7	Amount of Contribution (\$)	\$30.00
8	Drincinal occu	Livington, TX 77351 pation / Job title (See Instructions)	اه	Employer (See Instructions			
0	Retired	oalion / Job tille (See Instructions)	l ⁹	Employer (See Instructions)		
	Date 05/07/2025	Full name of contributor out- DP Floor Care & Interior Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$450.00
		Onalaska, TX 77360					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 02/03/2025	Full name of contributor out- Davenport, Cindy Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$30.00
		Coldspring, TX 77331					
	Principal occu Marketing O	pation / Job title (See Instructions) perations		Employer (See Instructions)		
	Date 04/03/2025	Full name of contributor out- Fosters Work & Play Contributor address; City; State; Zip Livingston, TX 77351				Amount of Contribution (\$)	\$600.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 03/03/2025	Gustafson, Roy	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions)		
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	MONETARY POLITICAL CONTRIBUTIONS				E A1			
	The Instruc	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/27	
2	FILER NAME Republican (Club of Polk County				3	Filer ID (Ethics Commission 00017236	n Filers)
4	Date 02/03/2025	5 Full name of contributor Hoffart, Linda & Jimmy6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$15.00
8		Livingston, TX 77351 pation / Job title (See Instructions	s)	9	Employer (See Instructions	<u> </u> s)		
	Office Manage Date 02/03/2025	Full name of contributor Horton, David Contributor address; City; S			Keller Williams		Amount of Contribution (\$)	\$15.00
	Principal occu	Livingston, TX 77351 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> s)		
	Date 04/07/2025	Full name of contributor Horton, David Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$15.00
		Livingston, TX 77351 pation / Job title (See Instruction:	5)		Employer (See Instructions	<u> </u> s)		
	Date 05/05/2025	Full name of contributor Horton, David Contributor address; City; S Livingston, TX 77351					Amount of Contribution (\$)	\$15.00
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions	<u>l</u> s)		
	Date 04/30/2025	Full name of contributor Horton, David Contributor address; City; S Livingston, TX 77351	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$450.00
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/27		
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)	
	Republican (Club of Polk County			00017236		
4	Date 03/03/2025			7	Amount of Contribution (\$)	\$55.00	
8	Principal occu	Livingston, TX 77351 pation / Job title (See Instructions)	Employer (See Instructions) ;)			
	Retired	,	, , , (,			
	Date 03/03/2025	Full name of contributor out-of-state PAC (ID#:_ Kirkland, Carol Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00	
		Livingston, TX 77351					
	Principal occu Specialist	pation / Job title (See Instructions)	Employer (See Instructions The Bindu Institute	5)			
	Date 02/03/2025	Full name of contributor out-of-state PAC (ID#:_ McClendon, Ruth (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00	
		Livingston, TX 77351					
	Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions Homemaker	5)			
			Tiomemaker	_	Assessment of Oscatalla time (d)		
	Date 04/07/2025	Full name of contributor			Amount of Contribution (\$)	\$15.00	
		Livingston, TX 77351					
	Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions Homemaker	5)			
	Date 05/05/2025	Full name of contributor out-of-state PAC (ID#:_McClendon, Ruth (Mrs.) Contributor address; City; State; Zip Code Livingston, TX 77351)		Amount of Contribution (\$)	\$15.00	
	Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions Homemaker	5)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/27		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)	
	Republican (Club of Polk County				00017236		
4	Date 04/30/2025			7	Amount of Contribution (\$)	\$570.00		
		Livingston, TX 77351						
8	Principal occu Homemaker	pation / Job title (See Instructions	9	Employer (See Instructions Homemaker	5)			
	Date 01/06/2025	Full name of contributor McCulley, Patricia (Ms.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00	
	Principal occu	Livingsston, TX 77351 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	·, 			
Real Estate broker Country World		')						
	Date 05/05/2025	Full name of contributor McCulley, Patricia (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$15.00	
		Livingsston, TX 77351						
	Principal occu Real Estate	pation / Job title (See Instructions broker		Employer (See Instructions Country World	5)			
	Date 04/07/2025	Full name of contributor McCulley, Patricia (Ms.) Contributor address; City; St Livingsston, TX 77351	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$15.00	
	Principal occu Real Estate	pation / Job title (See Instructions broker		Employer (See Instructions Country World	5)			
	Date 03/03/2025	Full name of contributor McCulley, Patricia (Ms.) Contributor address; City; St Livingsston, TX 77351	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00	
	Principal occu Real Estate	pation / Job title (See Instructions broker)	Employer (See Instructions Country World	5)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/27		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)	
	Republican (Club of Polk County				00017236		
4	Date 04/07/2025			7	Amount of Contribution (\$)	\$100.00		
		Livingsston, TX 77351						
8	Principal occu	pation / Job title (See Instructions	S) 9	Employer (See Instructions	5)			
	Real Estate	broker		Country World				
	Date 04/30/2025	Full name of contributor McCulley, Patricia (Ms.) Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$450.00	
		Livingsston, TX 77351	į.					
		pation / Job title (See Instructions	3)	Employer (See Instructions	s)			
	Real Estate	broker •		Country World				
	Date 06/03/2025	Full name of contributor McCulley, Patricia (Ms.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00	
		Livingsston, TX 77351						
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)			
	Real Estate	broker		Country World				
	Date 02/03/2025	Full name of contributor McDougald, Kimberly Contributor address; City; S Livingston, TX 77351	out-of-state PAC (ID#:)	-	Amount of Contribution (\$)	\$30.00	
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions	5)			
	Date 03/03/2025	Full name of contributor Nettles, Michael (Mr.) Contributor address; City; Si Livingston, TX 77351	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$15.00	
	Principal occu Retired	pation / Job title (See Instructions	(5)	Employer (See Instructions Retired	5)			

	MONETARY POLITICAL CONTRIBUTIONS				E A1	
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/27	
2	FILER NAME Republican (ILER NAME republican Club of Polk County		3	Filer ID (Ethics Commission 00017236	n Filers)
4	Date 04/30/2025	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
_		Livingston, TX 77351		_		
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/03/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
	Principal occu	Goodrich, TX 77335-7971 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Commission					
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#: Robertson, Guylene (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Goodrich, TX 77335-7971				
	Principal occu Commission	pation / Job title (See Instructions) er	Employer (See Instructions	s)		
	Date 03/03/2025	Full name of contributor out-of-state PAC (ID#:Shoelhorn, Tracy Contributor address; City; State; Zip Code Livingston, TX 77351)		Amount of Contribution (\$)	\$15.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/03/2025	Full name of contributor out-of-state PAC (ID#:Shoelhorn, Tracy Contributor address; City; State; Zip Code Livingston, TX 77351)		Amount of Contribution (\$)	\$15.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/27	
2	FILER NAME Republican (Club of Polk County		3	Filer ID (Ethics Commission 00017236	n Filers)
4	Date 03/05/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$30.00
_	Delicalization	Livingston, TX 77351	2 Faralassa (Caralastastica	Ĺ		
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 04/07/2025	Full name of contributor out-of-state PAC (ID#:_ Smith, Linda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$60.00
		Livingston, TX 77351				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/05/2025	Full name of contributor out-of-state PAC (ID#:_ Smith, Linda Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Livingston, TX 77351				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 04/30/2025	Full name of contributor out-of-state PAC (ID#:_Smith, Linda Contributor address; City; State; Zip Code Livingston, TX 77351			Amount of Contribution (\$)	\$450.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/06/2025	Full name of contributor out-of-state PAC (ID#:_ Total Sum LLC Contributor address; City; State; Zip Code Livingston, TX 77351			Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/27	
2	FILER NAME Republican (Club of Polk County		3	Filer ID (Ethics Commission 00017236	n Filers)
4	Date 04/07/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
•	Dringing oggu	Livingston, TX 77351	6 Employer /See Instructionary	<u></u>		
0	Pilicipai occu	pation / Job title (See Instructions)	9 Employer (See Instructions	>)		
	Date 01/06/2025	Full name of contributor ut-of-state PAC (ID# Woods, Carolyn Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$15.00
		Livingston, TX 77351	_			
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/03/2025	Full name of contributor out-of-state PAC (ID# Woods, Carolyn Contributor address; City; State; Zip Code	÷)		Amount of Contribution (\$)	\$15.00
		Livingston, TX 77351				
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 04/30/2025	Full name of contributor out-of-state PAC (ID# Woods, Carolyn Contributor address; City; State; Zip Code Livingston, TX 77351	÷)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/05/2025	Full name of contributor out-of-state PAC (ID# Woods, Carolyn Contributor address; City; State; Zip Code Livingston, TX 77351	:)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.		Total pages Schedule A1: Sch: 9/9 Rpt: 12/27
2	FILER NAME Republican Club of Polk County		Filer ID (Ethics Commission Filers) 00017236
4	Date 03/03/2025 Full name of contributor out-of-state PAC (ID#:) Woods, Jennifer 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$30.00
8	Livingston, TX 77351 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ns)	
	Insurance Sales		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 1/15 Rpt: 13/27	Republican Club of Polk County 00017236
4 Date	5 Payee name
04/19/2025	ANCO Insurance
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	323 N. Beatty Ave
Expenditure from	
corporate funds	Livingston, TX 77351
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Insurance for truck award in golf tournament.
	institute for truck award in gon touritainent.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/30/2025	ANCO Insurance
Amount (\$)	Payee address; City; State; Zip Code
\$280.00	323 N. Beatty Ave
Expenditure from corporate funds	Livingston, TX 77351
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Insurance for truck award in golf tournament.
	institute for truck award in gon touritainent.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/01/2025	Alec, Dakota
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	137 Countrywood Dr
Ψ130.00	107 Country wood Di
Expenditure from corporate funds	Livingston, TX 77351
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Scholarship
Operation Children	On didn't lotter had a many
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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: 2/15 Rpt: 14/27	Republican Club of Polk County 00017236
4 Date	5 Payee name
05/01/2025	Battise, Briana
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	113 Linda Springs Dr
Expenditure from corporate funds	Livingston, TX 77351
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Scholarship
	Scholarship
O Complete ONEY'S	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/01/2025	Blankenbaker, Jaycie
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	588 Segno Fire Lane
Expenditure from corporate funds	Livingston, TX 77351
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Scholarship
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/29/2025	Dickens, Curtis
Amount (\$)	Payee address; City; State; Zip Code
\$30.00	681 Lakefront
Expenditure from	
corporate funds	Onalaska, TX 77360
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	prizes for golf tournament
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	•

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 Legal Services Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 3/15 Rpt: 15/27	Republican Club of Polk County		00017236	
4 Date	5 Payee name		<u> </u>	
05/01/2025	Dickerson, Shelby			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$500.00	401 Dallardsville Rd			
Expenditure from corporate funds	Livingston, TX 77351			
8 PURPOSE	-	(h) December		
OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description Check if travel	I outside of Texas. Comple	te Schedule T.
EXPENDITURE	Citt/ Wards/Welfieldals Expense	Check if Austi	n, TX, officeholder living ex	kpense
		Scholarship		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	jht	Office held	I
expenditure to benefit C/O	1			
Date	Payee name			
01/06/2025	Dugout Bar and Grill			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$750.00	4261 US-190			
Expenditure from corporate funds	Livingston, TX 77351			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Event Expense		l outside of Texas. Comple	te Schedule T.
EXPENDITURE			n, TX, officeholder living ex	kpense
		Food for mo	nthly meeting.	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	yht	Office held	I
experientare to benefit 6/61	'			
Date	Payee name			
03/03/2025	Dugout Bar and Grill			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$600.00	4261 US-190			
Expenditure from corporate funds	Livingston, TX 77351			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Event Expense	Check if trave	l outside of Texas. Comple	
EXPENDITORE	·		n, TX, officeholder living ex	kpense
		Food for club	o meeting	
0 1. 6				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sould	gnt	Office held	I

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission F	ilers)
Sch: 4/15 Rpt: 16/27	Republican Club of Polk County		00017236	
4 Date	5 Payee name		•	
04/07/2025	Edinburgh, Lewis			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$811.88	157 Rayon Rd East			
	•			
Expenditure from corporate funds	Livingston, TX 77351			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Event Expense	. =	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
		Food for clu		
			3	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> Jaht	Office held	
expenditure to benefit C/OI		.9		
Date	Payee name			
04/30/2025	Edinburgh, Lewis			
	3 -	- d -		
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$816.14	157 Rayon Rd East			
Expenditure from corporate funds	Livingston, TX 77351			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	ı <u>—</u>	el outside of Texas. Complete Schedule T.	
			stin, TX, officeholder living expense	
		auvertising	golf tournament	
Commission ONII V if dispose	Condidate (Office helder never	l	Office hold	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	igni	Office held	
Date	Payee name			
05/29/2025	Edinburgh, Lewis			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$548.83	157 Rayon Rd East			
Expenditure from				
corporate funds	Livingston, TX 77351			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	l =	el outside of Texas. Complete Schedule T.	
			stin, TX, officeholder living expense	
		gon tournar	ment advertising	
Complete CNU V if all	Condidate/Officeholder name	Laula t	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıgrıt	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

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: 5/15 Rpt: 17/27	Republican Club of Polk County 00017236
4 Date	5 Payee name
05/01/2025	Garner, Jared
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	2626 Kate Lowe Rd
Expenditure from corporate funds	Livingston, TX 77351
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Gift/Awards/Memorials Expense
-	Check if Austin, TX, officeholder living expense
	Scholarship
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/01/2025	Garzon, Eliseo
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	1440 State Hwy Loop 393
Expenditure from corporate funds	Goodrich, TX 77335
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Gift/Awards/Memorials Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Scholarship
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/01/2025	Guerrero, Nathan
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	664 E FM 1988
φ300.00	004 L 1 W 1500
Expenditure from	
corporate funds	Goodrich, TX 77335
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Gift/Awards/Memorials Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Scholarship Scholarship
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
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 C

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	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: 6/15 Rpt: 18/27	Republican Club of Polk County 00017236
4 Date	5 Payee name
05/29/2025	Livingston Golf Course
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	801 W. Matthews St
Expenditure from corporate funds	Livingston, TX 77351
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense fee for using golf course for tournament
	lee for using gon course for tournament
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/27/2025	Luck Broadcasting
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	115 Radio Road
\$200.00	113 Raulo Roau
Expenditure from corporate funds	Livingston, TX 77351
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 Advertising golf tournament
	Advertising gon tournament
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
D-1-	
Date	Payee name
04/14/2025	Lucky Broadcasting LLC
Amount (\$)	Payee address; City; State; Zip Code
\$400.00	115 Radio Rd
Expenditure from	
corporate funds	Livingston, TX 77351
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
	advertising for golf tournament
	advoitioning for gon tournament
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 Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		g Expense Fravel Out or District serWages/Contract Labor OTHER (enter a category not listed above)
	<u>'</u>	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 7/15 Rpt: 19/27	Republican Club of Polk County	00017236
4 Date	5 Payee name	·
04/08/2025	McClendon, Ruth	
	· ·	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$71.93	4524 Duff Road	
Expenditure from corporate funds	Livingston, TX 77351	
	-	I
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
-		Check if Austin, TX, officeholder living expense
		Drinks for club meeting.
9 Complete ONLY if direct	Candidate/Officeholder name Office s	sought Office held
expenditure to benefit C/OI	4	
Data		
Date	Payee name	
05/29/2025	McClendon, Ruth	
Amount (\$)	Payee address; City; State; Zip	Code
\$750.00	4524 Duff Road	
Expenditure from		
corporate funds	Livingston, TX 77351	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		cash prizes for golf tournament
Complete ONLY if direct	Candidate/Officeholder name Office s	sought Office held
expenditure to benefit C/OI	4	
Date	Payee name	
01/27/2025	Metzger, Dave	
Amount (\$)	Payee address; City; State; Zip	Code
\$100.00	113 Rainbow Dr	
,	#1322	
Expenditure from		
corporate funds	Livingston, TX 77399	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Donation for funeral expense.	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Donation for funeral expense.
Complete ONLY if direct	Candidate/Officeholder name Office	Sought Office held
expenditure to benefit C/OI		Silloo Hold

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment 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

Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/15 Rpt: 20/27	Republican Club of Polk County	00017236
4 Date	5 Payee name	
02/04/2025	Mouser, Tommy	
6 Amount (\$)	7 Payee address; City; State; Zip Code	9
\$350.00	8826 SH 146 S	
Expenditure from corporate funds	Livingston, TX 77351	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Sound system for club meeting
	<u> </u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held
Date	Payee name	
04/07/2025	Mouser, Tommy	
Amount (\$)	Payee address; City; State; Zip Code	9
\$350.00	8826 SH 146 S	
Expenditure from		
corporate funds	Livingston, TX 77351	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	D) Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sound system for club meeting.
		Sound System for club meeting.
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O	•	
Date	Payee name	
05/05/2025	My Place Eatery	
Amount (\$) \$315.00	Payee address; City; State; Zip Code 119 Southpoint Dr.	
φ313.00	119 Southpoint Dr.	
Expenditure from	Livingston TV 77051	
corporate funds	Livingston, TX 77351	
PURPOSE OF	, ,	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
		food for club meeting
Complete ONLY if direct	Candidate/Officeholder name Office sough	office held
expenditure to benefit C/O	1	

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
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

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: 9/15 Rpt: 21/27	Republican Club of Polk County 00017236
4 Date	5 Payee name
05/07/2025	My Place Eatery
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$105.00	119 Southpoint Dr.
- Funanditura from	
Expenditure from corporate funds	Livingston, TX 77351
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense food for club meeting
	lood for class meeting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/03/2025	Pit Row Pit Stop
Amount (\$)	Payee address; City; State; Zip Code
\$900.00	402 First Street
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from corporate funds	Livingston, TX 77351
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Food for club meeting.
	r dod for dids meeting.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/27/2025	Polk County Enterprise
Amount (\$)	Payee address; City; State; Zip Code
\$140.00	100 E Calhoun St
72.0.00	
Expenditure from corporate funds	Livingston, TX 77351
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 Advertise golf tournament
	Advertise goil tournament
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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 10/15 Rpt: 22/27	Republican Club of Polk County 00017236
4 Date	5 Payee name
05/01/2025	Purvis, Madison
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$750.00	417 Laurelia Loop
Expenditure from corporate funds	Corrigan, TX 75939
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Scholarship
	Constant in p
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/29/2025	Sam's Club
Amount (\$)	Payee address; City; State; Zip Code
\$699.34	99665 FM 1960 Bypass Road W
Expenditure from corporate funds	Humble, TX 77338
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	food for golf tournament
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/22/2025	Signs and Wonders
Amount (\$)	Payee address; City; State; Zip Code
\$148.71	112 E Mill St
Ψ140.71	112 L Will Ot
Expenditure from corporate funds	Livingston, TX 77351
PURPOSE	To the second se
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	Check if Austin, TX, officeholder living expense
	Advertising golf tournament
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 C

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: 11/15 Rpt: 23/27	Republican Club of Polk County 00017236
4 Date	5 Payee name
02/27/2025	Smith, Linda
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$16.36	202 Indian Hill Blvd
Expenditure from corporate funds	Livingston, TX 77351
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Drinks for club meeting
	Diffics for class free ting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
5.	
Date	Payee name
04/30/2025	Smith, Linda
Amount (\$)	Payee address; City; State; Zip Code
\$19.78	202 Indian Hill Blvd
- Funanditura from	
Expenditure from corporate funds	Livingston, TX 77351
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	drinks for club meeting
Commission ONII V if dispose	Condidate/Office holds
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
01/07/2025	Square Payments
Amount (\$)	Payee address; City; State; Zip Code
\$0.98	1455 Market Street
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Merchant Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

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

Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 12/15 Rpt: 24/27	Republican Club of Polk County	00017236
4 Date	5 Payee name	
02/04/2025	Square Payments	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2.74	1455 Market Street	
Expenditure from	Suite 600	
corporate funds	San Francisco, CA 94103	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant Fee
		Welchantice
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held
expenditure to benefit C/OI		
Date	Payee name	
03/04/2025	Square Payments	
Amount (\$)	Payee address; City; State; Zip Code	
\$5.25	1455 Market Street	
ψυ.Δυ		
Expenditure from	Suite 600	
corporate funds	San Francisco, CA 94103	
PURPOSE OF	, () Description
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		merchant fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held
expenditure to benefit C/OI	1	
Date	Payee name	
04/30/2025	Square Payments	
Amount (\$)	Payee address; City; State; Zip Code	
\$20.10	1455 Market Street	
	Suite 600	
Expenditure from corporate funds	San Francisco, CA 94103	
	·	1 2
PURPOSE OF	S y (con amognitude and the top of the control and the control	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking	Check if Austin, TX, officeholder living expense
		merchant fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	t 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 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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 13/15 Rpt: 25/27	Republican Club of Polk County 00017236
4 Date	5 Payee name
05/05/2025	Square Payments
6 Amount (\$) \$4.13	7 Payee address; City; State; Zip Code 1455 Market Street
Expenditure from corporate funds	Suite 600 San Francisco, CA 94103
8 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 merchant fee
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/07/2025	Square Payments
Amount (\$)	Payee address; City; State; Zip Code
\$3.60	1455 Market Street
Expenditure from corporate funds	Suite 600 San Francisco, CA 94103
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 merchant fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/27/2025	US Postmaster
Amount (\$) \$213.00	Payee address; City; State; Zip Code 1325 W. Church
Expenditure from corporate funds	Livingston, TX 77351
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Post Office Box Rental
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 14/15 Rpt: 26/27	Republican Club of Polk County 00017236	
4 Date	5 Payee name	
01/06/2025	VFW Post 8568	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$250.00	PO Box 508	
Expenditure from corporate funds	Livingston, TX 77351	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Rental Hall	
	TOTAL FILE	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/Ol		
Data		=
Date	Payee name	
02/03/2025	VFW Post 8568	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	PO Box 508	
Expenditure from		
corporate funds	Livingston, TX 77351	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Rental hall for club meeting	
Commission ONLY if dispose	Candidate/Officeholder name Office sought Office held	_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	
		_
Date	Payee name	
03/03/2025	VFW Post 8568	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	PO Box 508	
— Foresaditus from		
Expenditure from corporate funds	Livingston, TX 77351	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Rental hall for club meeting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
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 C

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	┪
Sch: 15/15 Rpt: 27/27	Republican Club of Polk County 00017236	
4 Date	5 Payee name	
04/07/2025	VFW Post 8568	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$250.00	PO Box 508	
Expenditure from corporate funds	Livingston, TX 77351	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Rental hall for club meeting	
	Notice that the class the cathy	
2 Octobrillate ONII V if dispost	Office helds	4
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
		_
Date	Payee name	
04/16/2025	Woods, Jennifer	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,341.21	106 Country Oaks Dr	
Expenditure from corporate funds	Livingston, TX 77351	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense golf prizes	
	you puzes	
Complete ONLV if direct	Candidate/Office holder name Office sought Office hold	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
· -		_