FORM PTY-CORP POLITICAL PARTY REPORT REGARDING FUNDS FROM CORPORATIONS AND LABOR ORGANIZATIONS **COVER SHEET PG 1** Filer ID 2 Total pages filed The Form PTY-CORP Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00017237 3 POLITICAL PARTY Lubbock County Republican Party (P) **OFFICE USE ONLY** NAME Date Received STATE OR COUNTY **ELECTRONICALLY FILED** State **PARTY** 07/12/2025 X County: Lubbock POLITICAL PARTY Democrat **TYPE** Republican Libertarian Other: Date Hand-delivered or Date Postmarked (Party name) Receipt # Amount POLITICAL PARTY ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE MAILING ADDRESS 2642 34th St Date Processed Lubbock, TX 79410 Date Imaged POLITICAL PARTY TITLE **FIRST NICKNAME** LAST **SUFFIX** ΜI **CHAIR** David Bruegel CHAIR MAILING ADDRESS / PO BOX; STATE: ZIP CODE APT / SUITE #; CITY; **ADDRESS** 2642 34th St. Lubbock, TX 79410 CHAIR STREET STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **ADDRESS** 2642 34th St. (Residence or Business) Lubbock, TX 79410 AREA CODE PHONE NUMBER **10** CHAIR PHONE **EXTENSION** (806) 782-5303 11 REPORT TYPE January 15 8th day before primary election 50th day before general election X July 15 12 PERIOD COVERED Month Day Year Month Day Year **THROUGH** 01/01/2025 06/30/2025

GO TO PAGE 2

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POLITICAL PARTY REPORT: TOTALS AND AFFIDAVIT

FORM PTY-CORP COVER SHEET PG 2

13 POLITICAL PARTY NAMI	Ē		14 Filer ID	(Ethics Commission Filers)
Lubbock County Reput	olican Party (P)	00017237		
15 TOTALS	TOTAL CONTRIBUTIONS FROM ORGANIZATIONS (OTHER THAN LOANS OR GUAR)	\$	450.00	
	2. TOTAL EXPENDITURES FROM (LABOR ORGANIZATION CONTR	CORPORATE OR	\$	175.00
	3. TOTAL CONTRIBUTIONS MAINT LAST DAY OF REPORTING PER	\$	7,037.56	
corporate or labor org	file a report on FORM PTY-Co ganization contributions, mair rporate or labor organization	ntains corporate or labor o	od during wh	nich the party accepts contributions, or makes
16 AFFIDAVIT				
		I swear, or affirm, under penalty of true and correct and includes all in under Title 15, Election Code.	nformation requir	ed to be reported by me
			able David Brud of Political Party C	
	/ STAMP / SEAL d before me, by the said _, 20, to certify which, witnes:	ss my hand and seal of office.	_, this the	day
<u> </u>	_, zo, to certify which, withes.	3 my manu and 3car of office.		
Signature of officer ac	dministering oath Printed name	e of officer administering oath	Title of of	ficer administering oath

FORM PTY-CORP **SUBTOTALS - PTYCORP COVER SHEET PG 3** 17 POLITICAL PARTY NAME 18 Filer ID (Ethics Commission Filers) Lubbock County Republican Party (P) 00017237 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR X \$ 450.00 **ORGANIZATION** SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR 2. \$ LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$ 3. SCHEDULE E: LOANS \$ SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 5. X 175.00 \$ **CONTRIBUTIONS** SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instruc	cti	on Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/1 Rpt: 4/6				
2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Lubbock Cou	ınt	y Republican Party (P)	00017237				
4	Date	5	Corporation / Labor Organization name	7	Amount of contribution (\$)			
l	06/27/2025		L Carthel Enterprise, Inc.		\$450.00			
		6	Corporation / Labor Organization address; City; State; Zip Code					
l								
			Lubbock, TX 79424					

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	2 Files ID (Ethics Commission Filess)
1 Total pages Schedule F1: Sch: 1/2 Rpt: 5/6	2 FILER NAME Lubbock County Republican Party (P) 3 Filer ID (Ethics Commission Filers) 00017237
4 Date	5 Payee name
01/06/2025	Cloudphone
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$35.00	12526 High Bluff Drive
	STE 300, Office 26
X Expenditure from corporate funds	San Diego, CA 92130
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense
	Office phone line
	Office profic line
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2025	Cloudphone
Amount (\$)	Payee address; City; State; Zip Code
\$35.00	
\$35.00	12526 High Bluff Drive
Expenditure from	STE 300, Office 26
x corporate funds	San Diego, CA 92130
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Onioc Overnicad/Northal Expense
	Office phone line
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/24/2025	Cloudphone
Amount (\$)	Payee address; City; State; Zip Code
\$35.00	12526 High Bluff Drive
	STE 300, Office 26
X Expenditure from corporate funds	San Diego, CA 92130
PURPOSE	<u> </u>
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense
	Office phone line
Complete CNII V if alia	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Git/Awards/Memorials Ex Legal Services The Instruction Guid	Salaries/V	Vages	s/Contract Labor		OTHER (enter a	strict category not listed above)
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1		ages Schedule F1: 2 FILER NAME					Filer ID	(Ethics Commission Filers)		
	Sch: 2/2 Rpt: 6/6		Lubbock Co	unty Republican	Party (P)				00017237	
4	Date	5	Payee name							
	04/07/2025		Cloudphone							
6	Amount (\$)	7	Payee addres	s; City;	State; Zip Co	ode				
ľ	\$35.00		12526 High		Otato, 2.p 00					
	Ψ00.00		STE 300, Of							
Х	Expenditure from									
<u></u>	corporate funds		San Diego,	CA 92130						
8	PURPOSE OF	(a)	Category (Se	e Categories listed at the	top of this schedule)	(b)	Description			
	EXPENDITURE		Office Overh	nead/Rental Expe	ense		Check if travel of	outsi	de of Texas. Com	plete Schedule T.
							Office phone	line	2	
							Office priorie	III IC	-	
<u>_</u>	Operation ONE VIII II	L	2	-11	0"	<u> </u>			0′′′′ :	-1.4
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name	Office sou	ignt			Office he	eia
L										
	Date		Payee name							
	05/05/2025		Cloudphone							
	Amount (\$)		Payee addres	s; City;	State; Zip Co	ode				
	\$35.00		12526 High	Bluff Drive						
			STE 300, Of							
X	Expenditure from corporate funds		San Diego, (
	- corporate rarias	(-)				4.5				
	PURPOSE OF	(a)		e Categories listed at the		(D)	Description Check if travel of	outci	do of Toyas Com	plete Schedule T.
	EXPENDITURE		Office Overr	nead/Rental Expe	ense		Crieck ii traver c	outsii	ue or rexas. Con	ipiete Scriedule 1.
							Office phone	line	9	
							·			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office sou	ıaht			Office he	eld
	expenditure to benefit C/OI					3				
\vdash										