#### 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) 16 00023974 POLITICAL PARTY San Jacinto County Republican Party (P) **OFFICE USE ONLY** NAME Date Received STATE OR COUNTY **ELECTRONICALLY FILED** State **PARTY** 07/14/2025 X County: San Jacinto 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 PO Box 370 Date Processed Coldspring, TX 77331 Date Imaged POLITICAL PARTY TITLE **FIRST NICKNAME** LAST **SUFFIX** MΙ **CHAIR** Dwayne Wright CHAIR MAILING ADDRESS / PO BOX; STATE: ZIP CODE APT / SUITE #; CITY; **ADDRESS** 100 S. Magnolia Dr. Cleveland, TX 77328 CHAIR STREET STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **ADDRESS** 100 S. Magnolia Dr. (Residence or Business) Cleveland, TX 77328

**10** CHAIR PHONE

11 REPORT TYPE

12 PERIOD COVERED

AREA CODE

(832) 966-1300

X July 15

Month

01/01/2025

January 15

Day

Year

**THROUGH** 

PHONE NUMBER

**EXTENSION** 

8th day before primary election

50th day before general election

Month

06/30/2025

Day

Year

### POLITICAL PARTY REPORT: TOTALS AND AFFIDAVIT

# FORM PTY-CORP COVER SHEET PG 2

13 POLITICAL PARTY NAME	Ē		14 Filer ID	(Ethics Commission Filers)
San Jacinto County Re	publican Party (P)	!	00023974	
15 TOTALS	TOTAL CONTRIBUTIONS FROM ORGANIZATIONS  (OTHER THAN LOANS OR GUAR)		\$	8,450.00
	2. TOTAL EXPENDITURES FROM ( LABOR ORGANIZATION CONTR		\$	2,996.91
	3. TOTAL CONTRIBUTIONS MAINT LAST DAY OF REPORTING PER		\$	11,545.60
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 Dwayne W	
.==://		Oigitato 5	Tronuca i ary c	ATELLI
	/STAMP/SEAL			
Sworn to and subscribed of	d before me, by the said, 20, to certify which, witnes:	s my hand and seal of office.	_, this the	day
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** 3 of 16 17 POLITICAL PARTY NAME 18 Filer ID (Ethics Commission Filers) San Jacinto County Republican Party (P) 00023974 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR X \$ 8,450.00 **ORGANIZATION** SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR 2. \$ LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$ 3. 4. SCHEDULE E: LOANS \$ SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 5. X 2,996.91 \$ **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 Instru	ction Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/1 Rpt: 4/16				
2	FILER NAME		3 Filer ID (Ethics Commission Filers)				
	San Jacinto	County Republican Party (P)	00023974				
4	Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)				
	02/28/2025	Alabama-Coushatta Tribe	\$2,500.00				
		6 Corporation / Labor Organization address; City; State; Zip Code					
		Livingston, TX 77351					
Г	Date	Corporation / Labor Organization name	Amount of contribution (\$)				
	02/28/2025	Bank of San Jacinto County	\$3,000.00				
		Corporation / Labor Organization address; City; State; Zip Code					
		Coldspring, TX 77331					
	Date	Corporation / Labor Organization name	Amount of contribution (\$)				
	02/28/2025	EASTEX TITLE COMPANY, INC.	\$2,950.00				
		Corporation / Labor Organization address; City; State; Zip Code					
		COLDSPRING, TX 77331					
一		1	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

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: 1/12 Rpt: 5/16	San Jacinto County Republican Party (P) 00023974
4 Date	5 Payee name
02/10/2025	Al.Fyxer
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.30	
- Evpanditura from	
X Expenditure from corporate funds	London 034139 United Kingdom
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense
	Email PRocessing
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/OI	'
Date	Payee name
02/10/2025	Al.Fyxer
Amount (\$)	Payee address; City; State; Zip Code
\$330.00	
X Expenditure from corporate funds	034139 United Kingdom
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense
	Email PRocessing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/24/2025	Adobe System
Amount (\$)	Payee address; City; State; Zip Code
\$21.64	345 Park Avenue
Ψ21.04	040 Fally World
X Expenditure from corporate funds	San Jose, CA 95110
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
D. LIBITORE	Adoba Subservation for Office
	Adobe Subscription for Office
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 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: 2/12 Rpt: 6/16	San Jacinto County Republican Party (P) 00023974
4 Date	5 Payee name
02/24/2025	Adobe System
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$21.64	345 Park Avenue
X Expenditure from corporate funds	San Jose, CA 95110
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
	Adobe Subscription for Office
	, ladde dabbliption for diffice
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/25/2025	Adobe System
Amount (\$)	Payee address; City; State; Zip Code
\$21.64	345 Park Avenue
¥==·	
X Expenditure from corporate funds	San Jose, CA 95110
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
	Adobe Subscription for Office
	/ table business of the control of t
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/24/2025	Adobe System
Amount (\$)	Payee address; City; State; Zip Code
\$21.64	345 Park Avenue
ΨΔ1.04	545 Fulk / Welluc
X Expenditure from corporate funds	San Jose, CA 95110
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
	Adobe Subscription for Office
	Adobe Subscription for Office
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

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

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	s)
Sch: 3/12 Rpt: 7/16	San Jacinto County Republican Party (P) 00023974	
4 Date	5 Payee name	
05/27/2025	Adobe System	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$21.64	345 Park Avenue	
Expenditure from		
x corporate funds	San Jose, CA 95110	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Solicitation/Fundraising Expense	
	Adobe Subscription for Office	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
06/24/2025	Adobe System	
Amount (\$)	Payee address; City; State; Zip Code	
\$21.64	345 Park Avenue	
Expenditure from corporate funds	San Jose, CA 95110	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Solicitation/Fundraising Expense	
	Adobe Subscription for Office	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payeo namo	
02/10/2025	Payee name Apple	
Amount (\$)	Payee address; City; State; Zip Code	
\$129.89	- 1 αγού ασαι 655, Οιτή, Οιαίο, Σιρ Ούσο	
Ψ123.03		
X Expenditure from corporate funds	CA	
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.	
	Apple tablet for kiosk	
	, apple tablet to most	
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 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		Legal Services			e /Contract Labor		OTHER (enter a	category not listed above)	
Credit Card Payment		The Instruction Guide	explains how to co	mple	te this form.				
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	
Sch: 4/12 Rpt: 8/16	San Jacinto	County Republica	n Party (P)				00023974		
4 Date	5 Payee name				•				
02/10/2025	Apple								
6 Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip Co	de					
\$11.90	-								
X Expenditure from corporate funds	CA								
8 PURPOSE				(h)	Description				_
OF	Event Expe	ee Categories listed at the to	op of this schedule)	(5)		outsio	de of Texas. Com	plete Schedule T.	
EXPENDITURE	Evolle Expo				_				
					Apple tablet for	or k	kiosk		
9 Complete ONLY if direct		ceholder name	Office sou	ght			Office he	eld	
expenditure to benefit C/O	1								
Date	Payee name								
02/10/2025	Apple								
Amount (\$)	Payee addre	ss; City;	State; Zip Co	de					_
\$180.77									
X Expenditure from corporate funds	CA								
PURPOSE	(a) Category (a		(1)	(b)	Description				_
OF	Event Expe	ee Categories listed at the to	op of this schedule)	(3)	_ :	outsio	de of Texas. Com	plete Schedule T.	
EXPENDITURE	Evolle Expo				_				
					Apple tablet for	or k	kiosk		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offi	ceholder name	Office sou	ght			Office he	eld	
experiorare to benefit C/Or	1								
Date	Payee name								
02/19/2025	Apple								
Amount (\$)	Payee addre	ss; City;	State; Zip Co	de					_
\$0.99									
X Expenditure from corporate funds	CA								
PURPOSE	(a) Category (c)	ee Categories listed at the to	on of this schedule)	(b)	Description				
OF	Event Expe		p of this schedule)	` ´		outsi	de of Texas. Com	plete Schedule T.	
EXPENDITURE	'				_				
					Apple tablet for	or k	KIOSK		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office sou	ght			Office he	eld	
experialture to beliefft C/Of	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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wage	s/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to compl	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/12 Rpt: 9/16	San Jacinto County Republican Party (P)	00023974
4 Date	5 Payee name	
03/07/2025	Apple	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$11.90		
X Expenditure from corporate funds	CA	
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.
EXI ENDITORE		A selected to the design of the selected selecte
		Apple tablet for kiosk data
		200
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
03/13/2025	Apple	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.15		
X Expenditure from corporate funds	CA	
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.
LXI ENDITORE		As dead to the feed to the
		Apple tablet for kiosk data
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
03/19/2025	Apple	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.99		
Evanditure from		
X Expenditure from corporate funds	CA	
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.
EAFENDITUKE		
		Apple tablet for kiosk data
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
experience to beliefit 6/01	•	

### 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		Legal Services	Salaries/V	Vages	/Contract Labor		OTHER (enter a	a category not listed above)	
,		The Instruction Guide exp	plains how to co	mple	ete this form.				
1 Total pages Schedule F1:	2 FILER NAME	<u>:</u>				3	Filer ID	(Ethics Commission Filers)	
Sch: 6/12 Rpt: 10/16	San Jacinto	County Republican P	Party (P)				00023974		
4 Date	5 Payee name								
01/21/2025	Best Buy								
6 Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	de					
\$227.31	20408 HWY	′ 59 N							
Expenditure from corporate funds	Humble, TX	77338							
8 PURPOSE		ee Categories listed at the top of	this schodulo)	(b)	Description				
OF		head/Rental Expense		( )	:	outsi	de of Texas. Com	plete Schedule T.	
EXPENDITURE		Toda/Tromai Expondo			_				
					Monitor for O	ffic	e PC		
9 Complete ONLY if direct		ceholder name	Office sou	ght			Office he	eld	
expenditure to benefit C/O	H								
Date	Payee name								
02/10/2025	Best Buy								
Amount (\$)	Payee addres	ss; City;	State: Zip Co	nde					_
\$286.84	20408 HWY		Otato, Lip Co	uo					
Ψ200.04	2040011001	39 N							
X Expenditure from									
corporate funds	Humble, TX	.77338							
PURPOSE	(a) Category (Se	ee Categories listed at the top of	this schedule)	(b)	Description				
OF EXPENDITURE	Office Over	head/Rental Expense			Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
					Office Printer	. Cı	ınnlige		
					Office I finter	30	ірріісэ		
Complete ONLY if direct	Candidate/Offi	coholder name	Office sou	aht			Office h	old	_
expenditure to benefit C/O		zenoluei name	Office sou	ynt			Office fit	ciu	
	<del></del>								
Date	Payee name								
06/23/2025	Country Tire	Service							
Amount (\$)	Payee addres	ss; City;	State; Zip Co	de					
\$50.00									
X Expenditure from corporate funds	Cleveland, <sup>-</sup>	ΓX 77327							
PURPOSE	(a) Category	ee Categories listed at the top of	this schedule)	(b)	Description				
OF	Event Expe		tilis scriedule)	( )		outsi	de of Texas. Com	pplete Schedule T.	
EXPENDITURE					—				
					Install Tires o	n F	IQ Trailer		
Complete ONLY if direct		ceholder name	Office sou	ght			Office he	eld	
expenditure to benefit C/O	Н								

### 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: 7/12 Rpt: 11/16	San Jacinto County Republican Party (P) 00023974
4 Date	5 Payee name
06/02/2025	Google LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$76.75	1600
— Foresedit ve from	Amphitheatre Parkway
X Expenditure from corporate funds	Mountain View, CA 94043
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense
	GSuite Email
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	
Date	Payee name
06/23/2025	JOTFORM
Amount (\$)	Payee address; City; State; Zip Code
\$498.89	111 PINE STREET
— Forestitus from	1815
X Expenditure from corporate funds	SAN FRANCISCO, CA 94111
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Solicitation/Fundraising Expense
	Voter Engagement Form Production/ Annual
	3.3
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/03/2025	O'reilly Auto Parts
Amount (\$)	Payee address; City; State; Zip Code
\$45.44	909 N Washington
	Ave.
X Expenditure from corporate funds	Cleveland, TX 77327
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
	Maintenance for Office Generator
	Maintenance for Office Generator
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	ll 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: 8/12 Rpt: 12/16	San Jacinto County Republican Party (P) 00023974
4 Date	5 Payee name
01/21/2025	OFFICE MAX
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$45.42	
X Expenditure from corporate funds	Humble, TX 77338
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.
	Printing Paper for Reagan Dinner
	Timing Laper for Reagan Billier
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
06/10/2025	Remarkable
Amount (\$)	Payee address; City; State; Zip Code
\$0.31	Fridtjof Nansens
	vei 12
X Expenditure from corporate funds	Oslo 0369 Norway
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
EXI ENDITORE	D L. I.I. DD F
	Remarkable PDF processor notes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/10/2025	Remarkable
Amount (\$)	Payee address; City; State; Zip Code
\$31.39	Fridtjof Nansens
Ψ31.33	vei 12
X Expenditure from	
corporate famas	Oslo 0369 Norway
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	Remarkable PDF processor notes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>

### 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 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 com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/12 Rpt: 13/16	San Jacinto County Republican Party (P)	00023974
4 Date	5 Payee name	
06/20/2025	San Jacinto County Republican Party	
6 Amount (\$)	7 Payee address; City; State; Zip Code	9
\$61.25	1 State HWY 150	
X Expenditure from corporate funds	Coldspring, TX 77331	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Trailer Registration Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O		Cinco ficia
Data		
Date	Payee name	
06/20/2025	San Jacinto County Republican Party	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.00	1 State HWY 150	
Expenditure from		
x corporate funds	Coldspring, TX 77331	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Toller British for En
		Trailer Registration Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held
Date	Payee name	
06/23/2025	Tractor Supply	
Amount (\$)	Payee address; City; State; Zip Code	9
\$27.00		
X Expenditure from corporate funds	Cleveland, TX 77327	
PURPOSE		D) Description
OF	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Constitution in undivided by Expense	<b>Ц</b>
		HQ trailer lock/key
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt 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 Comm

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

Travel in District
Travel Out of District
Tract Labor

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: 10/12 Rpt: 14/16	San Jacinto County Republican Party (P) 00023974				
4 Date	5 Payee name				
01/02/2025	VISTAPRINT				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$230.79					
Expenditure from					
corporate funds	MA 92951				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
	Office Printing for HQ				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	1				
Date	Payee name				
01/27/2025	Wordpress				
Amount (\$)	Payee address; City; State; Zip Code				
\$124.53	60 29th Street				
Expenditure from	#343				
corporate funds	San Francisco, CA 94110				
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.				
	Website for Party				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	1				
Date	Payee name				
06/06/2025	Wordpress				
Amount (\$)	Payee address; City; State; Zip Code				
\$19.00	60 29th Street				
Expenditure from	#343				
x corporate funds	San Francisco, CA 94110				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Tayon Complete Schedule T				
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
	Website for Party				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/Ol	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

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
TTHER (output a color part listed above)

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)				
Creuii Caru Paymem				The Instruction G	uide explains how to	comp	olete this form.					
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	Filers)	
Sch: 11/12 Rpt: 15/16 S			San Jacinto County Republican Party (P)						00023974			
4	Date	5	Payee name									
06/20/2025 amazon												
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$143.60											
Х	Expenditure from corporate funds		Seattle, WA	55797								
8	PURPOSE	(a)				(h	) Description					
ľ	OF	"			he top of this schedule)	,~		outsi	ide of Texas. Com	plete Schedule T.		
EXPENDITURE			Transportation Equipment And Related Expense									
			HQ trailer tire					es	S			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	ough	t		Office he	eld		
	expenditure to benefit C/O	Н										
	Date		Payee name									
	06/20/2025		amazon									
	Amount (\$)	$\vdash$	Payee addres	ss; City;	State; Zip	Code	<u> </u>					
	\$47.88			-	•							
X	Expenditure from		TX									
Ľ	- corporate fantas	<u> </u>										
	PURPOSE OF	(a)			he top of this schedule)	(b	Description		ide of Tours	olata Cabadula T		
EXPENDITURE			Transportati Expense	on Equipment A	uipment And Related		Check if travel	vel outside of Texas. Complete Schedule T.				
			Lybense				New Trailer J	Jacl	k for HO trai	ler		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ouah	t		Office he	əld		
	expenditure to benefit C/O		2 di Taratato, O m		S55 K	, cug			000			
	D-4-	ı										
	Date		Payee name									
	06/11/2025		microsoft									
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code						
	\$108.24											
_	T Expenditure from											
Х	corporate funds		WA 32442									
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedule)	(b	) Description					
	OF EXPENDITURE			nead/Rental Exp			Check if travel	outsi	ide of Texas. Com	plete Schedule T.		
	EXPENDITORE											
							software 365					
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Office	ough	t		Office he	eld		
L	experialitie to deficill G/OTT											

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1 Total pages Sche	edule F1:	2 FILER NAME				3	Filer ID	(Ethics Commiss	ion Filers)	
Sch: 12/12 Rpt			County Republic	an Party (P)			00023974			
4 Date		5 Payee name								
06/11/2025		zoom								
6 Amount (\$)		7 Payee addre		State; Zip Co	ode					
\$	\$168.54	55 Almadei	n Blvd							
Evnanditura from		Suite 600								
X Expenditure from corporate funds		San Jose, (	CA 95113							
8 PURPOSE OF			ee Categories listed at the		(b) Description					
EXPENDITURE	.	Office Over	head/Rental Expe	ense	Check if trave	l outs	outside of Texas. Complete Schedule T.			
					Zoom Video	Co	nferencina F	ee		
					Zoom vidoo		inoronong i			
Complete ONLY expenditure to be	if direct enefit C/OF	Candidate/Off I	ceholder name	Office sou	ght		Office he	eld		