#### FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 10 00029533 3 COMMITTEE NAME **OFFICE USE ONLY** Republican Party Of Ellis County, Local (CEC) Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 2656 Date Hand-delivered or Date Postmarked Waxahachie, TX 75168-8656 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Thomas M. NAME NICKNAME LAST **SUFFIX** Tom Manning STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5640 Red Sage Ct. STREET **ADDRESS** (Residence or Business) Midlothian, TX 76065 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 2656 MAILING **ADDRESS** Waxahachie, TX 75168-8656 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 325-7186 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

# COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

# FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Republican Party Of Ell	is County, Local (CE	C)	00029533	3
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
		в. Оррозец		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS  x check here if this rep	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	2,280.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,280.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	512.46
	4. TOTAL POLITION	CAL EXPENDITURES	\$	13,177.94
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	30,942.93
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Thomas	s M. Manning	3
		Signature of Car		
AFFIX NOTARY	STAMP / SEAL ABOV	E		
Sworn to and subscribed	before me, by the said	, th	nis the	day
		fy which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of off	cer administering oath

### **SUBTOTALS - CEC**

### FORM CEC COVER SHEET PG 3 3 of 10

			3 01 10							
17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers)										
Republican Party Of Ellis County, Local (CEC) 00029533										
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	SUBTO	TAL AMOUNT								
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,280.00							
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00							
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00							
4. X SCHEDULE E: LOANS		\$	0.00							
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	13,177.94							
6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00							
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$								
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00							
9. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$								
10. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$								

	MONEI	ARY POLITICAL C	SCHEDULE A1			
	The Instruc	ction Guide explains how	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/10			
2	FILER NAME			3 Filer ID (Ethics Commission Fi	lers)	
	Republican F	Party Of Ellis County, Local (Cl	EC)		00029533	
4	Date 05/30/2025  5 Full name of contributor out-of-state PAC (ID#:) Altman, Daniel  6 Contributor address; City; State; Zip Code		)	7 Amount of Contribution (\$) \$1,	,000.000	
0	Dringing conu	Midlothian, TX 76065 pation / Job title (See Instructions)	ı.	9 Employer (See Instructions		
0	Senior Coun			Oncor Electric Delivery		
	Date 03/04/2025	Full name of contributor Baird, Nelson (Mr.)  Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code	Oncor Electric Bervery	Amount of Contribution (\$)	500.00
		Ferris, TX 75125				
	Principal occu IT	pation / Job title (See Instructions)		Employer (See Instructions Self	;)	
	Date 01/28/2025	Full name of contributor Harrison, Ed  Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code	)	Amount of Contribution (\$)	500.00
		Ovilla, TX 75154				
	Principal occu Builder	pation / Job title (See Instructions)		Employer (See Instructions Self	) )	
	Date 02/03/2025	Full name of contributor  Mohon, Michael  Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		Amount of Contribution (\$)	500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	) )	
	Date 03/04/2025	Full name of contributor Pandithurai, Gnanadurai Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)	500.00
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions CMT Construction	· ;)	

PLEI	DGED CONTRIBUTIONS		SCHEDULE B
Т	he Instruction Guide explains how to	complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 5/10
2 FILER N	AME can Party Of Ellis County, Local (CEC)		3 Filer ID (Ethics Commission Filers) 00029533
<u></u>	OF UNITEMIZED PLEDGES		\$ 0.00
<b>5</b> Date	6 Full name of pledgor out-of-state  7 Pledgor Address; City; State;	e PAC (ID#: Zip Code	9 In-kind description (If applicable)
40 Data da al	The state (Contractions)	144	Check if travel outside of Texas. Complete Schedule
10 Principai	occupation / Job title (See Instructions)	11 Employer (See In	structions)

	LOANS					SCHE	DULE <b>E</b>	
	The Instruction	on Guide explains how to	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 6/10				
2	FILER NAME Republican Part	y Of Ellis County, Local (CEC	C)		3 Filer ID 00029	C (Ethics Commiss 9533	sion Filers)	
4	TOTAL OF UN	IITEMIZED LOANS			•	\$	0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount	(\$)	
6	Is lender a financial institution?	8 Lender address; City	r; State;	Zip Code		10 Interest Rate		
						11 Maturity Date		
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	ns)	•		
14	Description of Coll None	ateral		15 Check if personal funds	were deposite	ed into political acco (See Instructi		
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guar	anteed (\$)	
	not applicable	<b>18</b> Guarantor address; City	y; State;	Zip Code				
20	Principal occupation	on		21 Employer (See Instruction	ns)	1		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 1/4 Rpt: 7/10	Republican Party Of Ellis County, Local (CEC) 00029533
4	Date	5 Payee name
	01/07/2025	BEG Partners LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,150.00	104 Magnolia
		Waxhachie, TX 75165
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		January Rent
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	02/24/2025	BEG Partners LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,150.00	104 Magnolia
		Waxhachie, TX 75165
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Feb Rent
		T GD TYCHL
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	03/04/2025	BEG Partners LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,150.00	104 Magnolia
		W. J. J. TV 75405
		Waxhachie, TX 75165
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Mar Rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

# POLITICAL EXPENDITURES FROM POLITICAL 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 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 complete this form.
1	Total pages Schedule F1: Sch: 2/4 Rpt: 8/10	2 FILER NAME Republican Party Of Ellis County, Local (CEC) 3 Filer ID (Ethics Commission Filers) 00029533
4	Date 04/22/2025	5 Payee name BEG Partners LLC
6	Amount (\$) \$1,150.00	7 Payee address; City; State; Zip Code 104 Magnolia
		Waxhachie, TX 75165
8	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  Apr Rent
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/06/2025	Payee name BEG Partners LLC
	Amount (\$) \$1,150.00	Payee address; City; State; Zip Code 104 Magnolia
		Waxhachie, TX 75165
	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  May Rent
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/11/2025	Payee name BEG Partners LLC
	Amount (\$) \$2,300.00	Payee address; City; State; Zip Code 104 Magnolia
		Waxhachie, TX 75165
	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  June and July Rent
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Cor		Gift/Awa Legal Se <b>The In</b>	everage Expense urds/Memorials Ex ervices struction Guid			Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2								3	Filer ID	(Ethics Commission Filers)
L	Sch: 3/4 Rpt: 9/10		Republican	Party	Of Ellis Cou	ınty, Loca	I (CEC)	)			00029533	
4	Date	5	Payee name									
	01/16/2025		Bellomy, Ra	andy								
6	Amount (\$)	7	Payee addres	ss;	City;	State;	Zip C	ode				
	\$599.26		4424 Mint V	Vay								
			Dallas, TX 7	75236								
8	PURPOSE	(a)	Category (Se	ee Categ	ories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Event Expe				,			outsi	de of Texas. Com	plete Schedule T.
	LAPENDITORE								ш		officeholder living	g expense
									Chairman Ex	per	ise	
_	Complete ONLY if allower	L	Condidate /Orr	006511	or no		office - :	 			O#:!	old.
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	cenoid	er name		office so	ugnt			Office he	eiu
	Date		Payee name									
	01/07/2025		Brookshire,	JJ								
	Amount (\$)		Payee addres	ss;	City;	State;	Zip C	ode				
	\$1,955.00		5613 Corne	lia Ct								
			MIDLOTHIA	AN, TX	76065							
	PURPOSE	(a)	Category (Se	ee Caten	ories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Advertising			,	/		Check if travel		de of Texas. Com	
	LAI LINDITURE								ш	, TX,	officeholder living	expense
									Signs			
	Complete ONLY if alice -t	Ļ	Condidate /Cff	00451-1	or nom-		office a	 			Office	old.
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	cenoid	er name	O	office so	ugnt			Office he	eiu
		_										
	Date		Payee name	J. 2 -								
	01/07/2025		Coulson, Sy									
	Amount (\$)		Payee addres		City;	State;	Zip C	ode				
	\$330.14		1315 Dixie	Lane								
			Waxahachi	e, TX	75165							
	PURPOSE	(a)	Category (Se	ee Categ	ories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Office Over	head/I	Rental Expe	ense					de of Texas. Com	•
									Office Supplie		officeholder living	g expense
									Cinco Supplie	c o		
	Complete ONLY if direct	Щ	Candidate/Offi	cehold	er name		office so	liaht			Office he	-iq
	expenditure to benefit C/O		Sandidato/OIII	2011010	J. 1141110	Ü	00 001	-gin			Cinice He	····

# POLITICAL EXPENDITURES FROM POLITICAL 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

	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: 4/4 Rpt: 10/10	Republican Party Of Ellis County, Local (CEC) 00029533
4	Date	5 Payee name
	06/07/2025	Ellis County Insurance Exchange
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$731.08	107 Executive Court
		Waxahachie, TX 76165
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Rent
		TXCIIL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ĺ	expenditure to benefit C/O	
F	Date	Payee name
	01/07/2025	Whiteman, David
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1511 Ovilla Road
		Waxahachie, TX 75167
	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
		Meeting Expense
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>