

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00060078		2 Total pages filed: 24		OFFICE USE ONLY	
3 COMMITTEE NAME Galveston County Republican Party County Executive Committee				Date Received ELECTRONICALLY FILED 07/15/2025	
4 TREASURER NAME Saunders, Sean (Mr.)				Date Hand-delivered or Date Postmarked	
5 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____	
6 ORIGINAL PERIOD COVERED		Month Day Year 01/01/2025		THROUGH Month Day Year 06/30/2025	
				Receipt # Amount	
				Date Processed	
				Date Imaged	

7 EXPLANATION OF CORRECTION
Information received after initial submission.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Sean Saunders

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC
COVER SHEET PG 1

The CEC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00060078	2 Total pages filed: 24
3 COMMITTEE NAME Galveston County Republican Party County Executive Committee			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 1423 League City, TX 77574		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Sean NICKNAME LAST SUFFIX Saunders		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3106 Zachary Bay Lane Dickinson, TX 77539		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3106 Zachary Bay Lane Dickinson, TX 77539		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 419-8710		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final Report <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH Month Day Year 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC
COVER SHEET PG 2

12 COMMITTEE NAME Galveston County Republican Party County Executive Committee		13 Filer ID (Ethics Commission Filers) 00060078
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,524.94
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 42,402.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 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.

Mr. Sean Saunders

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - CEC**FORM CEC**
COVER SHEET PG 3
4 of 24

17 COMMITTEE NAME Galveston County Republican Party County Executive Committee		18 Filer ID (Ethics Commission Filers) 00060078
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 27,524.94
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,053.61
10.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 2,500.50

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 5/24
2 FILER NAME Galveston County Republican Party County Executive Committee		3 Filer ID (Ethics Commission Filers) 00060078
4 Date 06/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Caiden <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$980.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blimp Base Interests, Inc. <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad Hart Campaign <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77339	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Janice <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$240.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ciavaglia, Mark <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Linbarger Law Firm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 6/24
2 FILER NAME Galveston County Republican Party County Executive Committee		3 Filer ID (Ethics Commission Filers) 00060078
4 Date 03/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Mayes Middleton II Campaign Account <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77553	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Zach <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Government		Employer (See Instructions) Galveston County
Date 02/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Greg <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510-7661	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Greg Gardner State Farm Insurance
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guisti, Joe <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$875.00
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Galveston County
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson & Associates, Attorneys at Law, PLLC <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 7/24
2 FILER NAME Galveston County Republican Party County Executive Committee		3 Filer ID (Ethics Commission Filers) 00060078
4 Date 06/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koncaba, Kenny <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$240.00
8 Principal occupation / Job title (See Instructions) Banker		9 Employer (See Instructions) Frost Bank
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger, Googan, Blair, & Sampson LLP <hr/> Contributor address; City; State; Zip Code Austin, TX 78760	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Kari and Nick <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Alliant
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Nick & Kari <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$6,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Alliant
Date 06/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGinnis, Parick (Dr.) <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions) Humana Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 8/24
2 FILER NAME Galveston County Republican Party County Executive Committee		3 Filer ID (Ethics Commission Filers) 00060078
4 Date 06/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeil, Sandi 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) KW Premier
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Paula Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$325.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia V Grady Campaign Account Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Don Contributor address; City; State; Zip Code Texas City, TX 77590	Amount of Contribution (\$) \$225.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robb, Chris Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$1,460.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Sullivan Brothers Family of Companies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 9/24
2 FILER NAME Galveston County Republican Party County Executive Committee		3 Filer ID (Ethics Commission Filers) 00060078
4 Date 06/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Michael <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$1,050.00
8 Principal occupation / Job title (See Instructions) Real Estate Developer		9 Employer (See Instructions) Self
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Malcolm <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$375.00
Principal occupation / Job title (See Instructions) Billy		Employer (See Instructions) Stagner
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Higginbotham for LC Council <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$549.94
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stagner, Billy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Randy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$3,100.00
Principal occupation / Job title (See Instructions) U.S. Congressman		Employer (See Instructions) Federal Government

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 10/24
2 FILER NAME Galveston County Republican Party County Executive Committee		3 Filer ID (Ethics Commission Filers) 00060078
4 Date 06/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Lori <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$55.00
8 Principal occupation / Job title (See Instructions) Certified Court Manager		9 Employer (See Instructions) Galveston County

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/13 Rpt:	2 FILER NAME Galveston County Republican Party County Executive	3 Filer ID (Ethics Commission Filers) 00060078
4 Date 01/07/2025	5 Payee name Gateway	
6 Amount (\$) 8.80	7 Payee Address; City; State; Zip 1450 American Ln Suite 1200 Schaumburg, IL 60173	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Internet Domain
Date 02/05/2025	Payee name Gateway	
Amount (\$) 8.80	Payee Address; City; State; Zip 1450 American Ln Suite 1200 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Domain
Date 03/05/2025	Payee name Gateway	
Amount (\$) 8.80	Payee Address; City; State; Zip 1450 American Ln Suite 1200 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Domain
Date 04/07/2025	Payee name Gateway	
Amount (\$) 8.80	Payee Address; City; State; Zip 1450 American Ln Suite 1200 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Domain

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/13 Rpt:	2 FILER NAME Galveston County Republican Party County Executive	3 Filer ID (Ethics Commission Filers) 00060078
4 Date 05/06/2025	5 Payee name Gateway	
6 Amount (\$) 8.80	7 Payee Address; City; State; Zip 1450 American Ln Suite 1200 Schaumburg, IL 60173	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Domain
Date 06/05/2025	Payee name Gateway	
Amount (\$) 8.80	Payee Address; City; State; Zip 1450 American Ln Suite 1200 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Domain
Date 01/02/2025	Payee name Google Suite	
Amount (\$) 30.70	Payee Address; City; State; Zip 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Office Software
Date 02/03/2025	Payee name Google Suite	
Amount (\$) 30.70	Payee Address; City; State; Zip 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/13 Rpt:	2 FILER NAME Galveston County Republican Party County Executive	3 Filer ID (Ethics Commission Filers) 00060078
4 Date 03/03/2025	5 Payee name Google Suite	
6 Amount (\$) 30.70	7 Payee Address; City; State; Zip 1600 Amphitheatre Parkway Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 04/02/2025	Payee name Google Suite	
Amount (\$) 30.70	Payee Address; City; State; Zip 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 05/01/2025	Payee name Google Suite	
Amount (\$) 30.70	Payee Address; City; State; Zip 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software
Date 06/02/2025	Payee name Google Suite	
Amount (\$) 30.70	Payee Address; City; State; Zip 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Software

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/13 Rpt:	2 FILER NAME Galveston County Republican Party County Executive	3 Filer ID (Ethics Commission Filers) 00060078
4 Date 01/31/2025	5 Payee name LC Warehouses LLC	
6 Amount (\$) 500.00	7 Payee Address; City; State; Zip 2951 Marina Bay Dr. #130-120 League City, TX 77573	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Rent
Date 02/28/2025	Payee name LC Warehouses LLC	
Amount (\$) 500.00	Payee Address; City; State; Zip 2951 Marina Bay Dr. #130-120 League City, TX 77573	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Rent
Date 04/01/2025	Payee name LC Warehouses LLC	
Amount (\$) 500.00	Payee Address; City; State; Zip 2951 Marina Bay Dr. #130-120 League City, TX 77573	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Rent
Date 05/01/2025	Payee name LC Warehouses LLC	
Amount (\$) 500.00	Payee Address; City; State; Zip 2951 Marina Bay Dr. #130-120 League City, TX 77573	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Rent

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/13 Rpt:	2 FILER NAME Galveston County Republican Party County Executive	3 Filer ID (Ethics Commission Filers) 00060078
4 Date 05/30/2025	5 Payee name LC Warehouses LLC	
6 Amount (\$) 500.00	7 Payee Address; City; State; Zip 2951 Marina Bay Dr. #130-120 League City, TX 77573	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Rent
Date 01/13/2025	Payee name Mailchimp	
Amount (\$) 28.25	Payee Address; City; State; Zip 675 Ponce De Leon Ave, NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Email Software
Date 02/13/2025	Payee name Mailchimp	
Amount (\$) 28.25	Payee Address; City; State; Zip 675 Ponce De Leon Ave, NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Email Service
Date 03/13/2025	Payee name Mailchimp	
Amount (\$) 28.25	Payee Address; City; State; Zip 675 Ponce De Leon Ave, NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Email Service

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/13 Rpt:	2 FILER NAME Galveston County Republican Party County Executive	3 Filer ID (Ethics Commission Filers) 00060078
4 Date 04/14/2025	5 Payee name Mailchimp	
6 Amount (\$) 28.25	7 Payee Address; City; State; Zip 675 Ponce De Leon Ave, NE Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Email Service
Date 05/13/2025	Payee name Mailchimp	
Amount (\$) 28.25	Payee Address; City; State; Zip 675 Ponce De Leon Ave, NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Email Service
Date 06/13/2025	Payee name Mailchimp	
Amount (\$) 28.25	Payee Address; City; State; Zip 675 Ponce De Leon Ave, NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Email Service
Date 01/31/2025	Payee name Select Marketing	
Amount (\$) 225.00	Payee Address; City; State; Zip 500 West 2nd Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Website

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 7/13 Rpt:	2 FILER NAME Galveston County Republican Party County Executive	3 Filer ID (Ethics Commission Filers) 00060078
4 Date 02/28/2025	5 Payee name Select Marketing	
6 Amount (\$) 225.00	7 Payee Address; City; State; Zip 500 West 2nd Street Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Website
Date 04/01/2025	Payee name Select Marketing	
Amount (\$) 225.00	Payee Address; City; State; Zip 500 West 2nd Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Website
Date 05/01/2025	Payee name Select Marketing	
Amount (\$) 225.00	Payee Address; City; State; Zip 500 West 2nd Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Website
Date 05/30/2025	Payee name Select Marketing	
Amount (\$) 225.00	Payee Address; City; State; Zip 500 West 2nd Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Website

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 8/13 Rpt:	2 FILER NAME Galveston County Republican Party County Executive	3 Filer ID (Ethics Commission Filers) 00060078
4 Date 06/30/2025	5 Payee name Square	
6 Amount (\$) 299.86	7 Payee Address; City; State; Zip 1455 Market Street Suite 600 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Credit Card Payment	(b) Description (See instructions regarding type of information required.) CC Processing Fees
Date 01/08/2025	Payee name T-Mobile	
Amount (\$) 77.58	Payee Address; City; State; Zip PO Box 1322 Friendswood, TX 77549	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Cell Phone
Date 02/10/2025	Payee name T-Mobile	
Amount (\$) 77.58	Payee Address; City; State; Zip PO Box 1322 Friendswood, TX 77549	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Cell Phone
Date 03/10/2025	Payee name T-Mobile	
Amount (\$) 77.58	Payee Address; City; State; Zip PO Box 1322 Friendswood, TX 77549	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Cell Phone

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 9/13 Rpt:	2 FILER NAME Galveston County Republican Party County Executive	3 Filer ID (Ethics Commission Filers) 00060078
4 Date 04/08/2025	5 Payee name T-Mobile	
6 Amount (\$) 77.58	7 Payee Address; City; State; Zip PO Box 1322 Friendswood, TX 77549	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Cell Phone
Date 05/08/2025	Payee name T-Mobile	
Amount (\$) 82.58	Payee Address; City; State; Zip PO Box 1322 Friendswood, TX 77549	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Cell Phone
Date 06/09/2025	Payee name T-Mobile	
Amount (\$) 82.58	Payee Address; City; State; Zip PO Box 1322 Friendswood, TX 77549	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Cell phone
Date 01/02/2025	Payee name Texas First Bank	
Amount (\$) 23.67	Payee Address; City; State; Zip 111 W. Parkwood Ave. Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 10/13 Rpt:	2 FILER NAME Galveston County Republican Party County Executive	3 Filer ID (Ethics Commission Filers) 00060078
4 Date 01/03/2025	5 Payee name Texas First Bank	
6 Amount (\$) 5.00	7 Payee Address; City; State; Zip 111 W. Parkwood Ave. Friendswood, TX 77546	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee
Date 01/29/2025	Payee name Texas First Bank	
Amount (\$) 6.25	Payee Address; City; State; Zip 111 W. Parkwood Ave. Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee
Date 02/03/2025	Payee name Texas First Bank	
Amount (\$) 23.67	Payee Address; City; State; Zip 111 W. Parkwood Ave. Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee
Date 02/04/2025	Payee name Texas First Bank	
Amount (\$) 5.00	Payee Address; City; State; Zip 111 W. Parkwood Ave. Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 11/13 Rpt:	2 FILER NAME Galveston County Republican Party County Executive	3 Filer ID (Ethics Commission Filers) 00060078
4 Date 03/03/2025	5 Payee name Texas First Bank	
6 Amount (\$) 5.00	7 Payee Address; City; State; Zip 111 W. Parkwood Ave. Friendswood, TX 77546	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee
Date 03/03/2025	Payee name Texas First Bank	
Amount (\$) 6.25	Payee Address; City; State; Zip 111 W. Parkwood Ave. Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee
Date 03/03/2025	Payee name Texas First Bank	
Amount (\$) 23.67	Payee Address; City; State; Zip 111 W. Parkwood Ave. Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee
Date 03/31/2025	Payee name Texas First Bank	
Amount (\$) 11.25	Payee Address; City; State; Zip 111 W. Parkwood Ave. Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 12/13 Rpt:	2 FILER NAME Galveston County Republican Party County Executive	3 Filer ID (Ethics Commission Filers) 00060078
4 Date 04/01/2025	5 Payee name Texas First Bank	
6 Amount (\$) 5.00	7 Payee Address; City; State; Zip 111 W. Parkwood Ave. Friendswood, TX 77546	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee
Date 04/01/2025	Payee name Texas First Bank	
Amount (\$) 33.17	Payee Address; City; State; Zip 111 W. Parkwood Ave. Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee
Date 04/29/2025	Payee name Texas First Bank	
Amount (\$) 11.25	Payee Address; City; State; Zip 111 W. Parkwood Ave. Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee
Date 05/01/2025	Payee name Texas First Bank	
Amount (\$) 5.00	Payee Address; City; State; Zip 111 W. Parkwood Ave. Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 13/13 Rpt:	2 FILER NAME Galveston County Republican Party County Executive	3 Filer ID (Ethics Commission Filers) 00060078
4 Date 05/01/2025	5 Payee name Texas First Bank	
6 Amount (\$) 33.17	7 Payee Address; City; State; Zip 111 W. Parkwood Ave. Friendswood, TX 77546	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee
Date 05/29/2025	Payee name Texas First Bank	
Amount (\$) 11.25	Payee Address; City; State; Zip 111 W. Parkwood Ave. Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee
Date 06/02/2025	Payee name Texas First Bank	
Amount (\$) 5.00	Payee Address; City; State; Zip 111 W. Parkwood Ave. Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee
Date 06/02/2025	Payee name Texas First Bank	
Amount (\$) 33.17	Payee Address; City; State; Zip 111 W. Parkwood Ave. Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Fee

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 24/24

2 FILER NAME

Galveston County Republican Party County Executive Committee

3 Filer ID (Ethics Commission Filers)
00060078

4 Date

01/29/2025

5 Name of person from whom amount is received

Triada Properties

8 Amount (\$)

\$2,500.50

6 Address of person from whom amount is received; City; State; Zip Code

Houston, TX 77079

7 Purpose for which amount is received

Security Deposit Refund

☐ Check if political contribution returned to filer