#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00023714 Date Received COMMITTEE Hale County Republican Party (P) **ELECTRONICALLY FILED** NAME 09/23/2025 TREASURER Barrett, Gayleen NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Day Year Year Month Day Date Imaged **COVERED THROUGH** 01/01/2025 06/30/2025 **EXPLANATION OF CORRECTION** We were given misinformation or incomplete information when we asked the TEC if we were required to file a report since we were under the dollar 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. Gayleen Barrett Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_ \_\_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

#### 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. 15 00023714 3 COMMITTEE NAME **OFFICE USE ONLY** Hale County Republican Party (P) Date Received **ELECTRONICALLY FILED** 09/23/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 1533 Date Hand-delivered or Date Postmarked Plainview, TX 79072 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Gayleen NAME NICKNAME LAST **SUFFIX** Barrett STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1300 Borger St. STREET **ADDRESS** (Residence or Business) Plainview, TX 79072 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1300 Borger St. MAILING **ADDRESS** Plainview, TX 79072 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (303) 809-5461 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election termination 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)
Hale County Republica	n Party (P)		0002371	4
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		
	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	PLEDGES, LOAN CONTRIBUTIONS	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	0.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES	\$	13,072.54
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	21,411.34
OUTSTANDING LOAN TOTALS	1	L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>		<u>'</u>	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Gaylee	n Barrett	
		Signature of Car	mpaign Treas	surer
AFFIX NOTARY	STAMP / SEAL ABOV	Е		
Sworn to and subscribed	before me, by the said	, th	nis the	day
of	_, 20, to certi	fy which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of of	ficer administering oath

### **SUBTOTALS - CEC** FORM CEC **COVER SHEET PG 3** 18 Filer ID **17** COMMITTEE NAME (Ethics Commission Filers) Hale County Republican Party (P) 00023714 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 13,072.54 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 10. \$ TO FILER

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/11 Rpt: 5/15	Hale County Republican Party (P)		00023714
4	Date	5 Payee name		<u> </u>
	04/10/2025	806 Pizza		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$75.91	1115  27		
		Plainview, TX 79072		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Food/Beverage Expense	(,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	, , , , , , , , , , , , , , , , , , ,		Check if Austin, TX, officeholder living expense
				Meeting Food
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	03/14/2025	Ace Hardware		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$184.00	3501 Olton Rd		
		Plainview, TX 79072		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Folding Tables
-	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		•	
	Date	Payee name		
	03/14/2025	Ace Hardware		
-	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$48.76	3501 Olton Rd	uo	
	, , , , ,			
		Plainview, TX 79072		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(1)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 oourbeverage Expense		Check if Austin, TX, officeholder living expense
				Hand Truck
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		

#### SCHEDULE F1

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

Fees Cod/Beverage Expense Pegit/Awards/Memorials Expense Pegit/Awards/Memorials Expense Pegit Springes Springes

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: 2/11 Rpt: 6/15	Hale County Republican Party (P) 00023714
4	Date	5 Payee name
	03/15/2025	Ace Hardware
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.83	3501 Olton Rd
		Plainview, TX 79072
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Paint HQ
		T WITH THE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	03/21/2025	Ace Hardware
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.23	1501 N Interstate 27
		Plainview, TX 79072
	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  Stove Plug
		Stove Flug
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	<b>D</b> .	
	Date	Payee name
	03/27/2025	Ace Hardware
	Amount (\$)	Payee address; City; State; Zip Code
	\$49.67	1501 N Interstate 27
		Plainview, TX 79072
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Corbogo Cons
		Garbage Cans
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/11 Rpt: 7/15	Hale County Republican Party (P) 00023714
4	Date	5 Payee name
	06/13/2025	Ace Hardware
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.77	3501 Olton Rd
		Plainview, TX 79072
8	PURPOSE	
ľ	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	Check if Austin, TX, officeholder living expense
		HQ Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/23/2025	Ace Hardware
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.25	1501 N Interstate 27
		Plainview, TX 79072
_	DUDDOCE	
	PURPOSE 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 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Hardware Hardware
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/19/2025	Cricket
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.07	3200-A Olton Rd
		Plainview, TX 79072
	PURPOSE	
	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	Check if Austin, TX, officeholder living expense
		HQ Phone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/11 Rpt: 8/15	Hale County Republican Party (P) 00023714
4	Date	5 Payee name
	06/14/2025	Family Dollar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.65	1505 W 5th
		Plainview, TX 79072
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Food for meeting
Ļ	Complete ONLY if direct	Candidate/Officeholder some
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	06/10/2025	Hobby Lobby
	Amount (\$)	Payee address; City; State; Zip Code
	\$262.80	6814 Slide Road
		Lubbock, TX 79424
	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
		HQ Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/08/2025	Home Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,452.65	50th St
		Lubbock, TX 79424
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Folding Tables
L	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
l		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 5/11 Rpt: 9/15	Hale County Republican Party (P)		00023714	
4	Date	5 Payee name		1	
l	03/08/2025	Home Depot			
6	Amount (\$)	7 Payee address; City; State; Zip Co	de		
	\$1,125.80	50 th St			
		Lubbock, TX 79424			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
l	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l				Appliances for HQ	
l					
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
l	expenditure to benefit C/OI	1			
F	Date	Payee name			
l	06/09/2025	ІНор			
	Amount (\$)	Payee address; City; State; Zip Co	de		
l	\$127.49	701 N I27			
l					
Plainview, TX 79072					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l				Food for meeting	
l				<b>3</b>	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
l	expenditure to benefit C/OI	1			
F	Date	Payee name			
l	04/24/2025	KFC Chicken			
Г	Amount (\$)	Payee address; City; State; Zip Co	de		
l	\$49.78	2715 Olton Rd			
l					
l		Plainview, TX 79072			
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense  Meeting Food	
l					
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
	expenditure to benefit C/OI		-		

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 6/11 Rpt: 10/15	Hale County Republican Party (P) 00023714	
4	Date	5 Payee name	
L	06/22/2025	LOGODOGZ	
6	Amount (\$)	7 Payee address; City; State; Zip Code 3406 Olton Rd	
	\$475.00	3406 Oilon Ru	
		Plainview, TX 79072	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense  Cry Category (See Categories listed at the top of this schedule)  Cry Category (See Categories listed at the top of this schedule)  Cry Category (See Categories listed at the top of this schedule)  Cry Category (See Categories listed at the top of this schedule)  Cry Category (See Categories listed at the top of this schedule)	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Window Sign HQ	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	H ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
F	Date	Payee name	_
	06/13/2025	Office Max	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.03	6805 Slide Rd	
		Lubbock, TX 79424	
	PURPOSE 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 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Printing Supplies	
L	Operation ONLY if direct	Organization (Office holds)	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
⊨	Date	Payee name	_
	03/03/2025	Post, Wayne	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$2,578.45	7006 W 14th St	
		Plainview, TX 79072	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Reimburse Furniture HQ	
	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 Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Gift/Awards/Memo	•		Vages	/Contract Labor		Travel Out of Di OTHER (enter a	istrict a category not listed above)
L	·	_			n Guide explain	s how to co	mple	ete this form.	_		
1	Total pages Schedule F1:	2							3		(Ethics Commission Filers)
	Sch: 7/11 Rpt: 11/15		Hale Count	y Republicar	Party (P)					00023714	
4	Date	5	Payee name								
	03/30/2025		Post, Wayn	е							
6	Amount (\$)	7	Payee addre	ss; City;	Stat	e; Zip Co	de				
	\$2,578.40		7006 W 14t	h St							
			Plainview, 1	X 79072							
8	PURPOSE	(a)	Category (Se	ee Categories lister	d at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE	^		head/Rental				_ :	outsi	ide of Texas. Con	mplete Schedule T.
	EXPENDITURE				•			_		, officeholder livin	
								Reimburse fo	or a	ppliances a	ind tables
9	Complete ONLY if direct		Candidate/Offi	ceholder nam	e	Office sou	ght			Office h	eld
	expenditure to benefit C/OI	H 									
	Date		Payee name								
	02/20/2025		Rosales, Ro	oger							
	Amount (\$)	Г	Payee addre	ss; City;	Stat	e; Zip Co	de				
	\$750.00		400 E 5th S	t							
			Plainview, 1	X 79072							
	PURPOSE	(a)	Category (Se	ee Categories liste	d at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE			head/Rental		•		<b>=</b>			nplete Schedule T.
	THE ENDITORIE							<b>—</b>	ı, TX	, officeholder livin	g expense
								Office Rent			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder nam	е	Office sou	ght			Office h	eld
	oxperialitate to beliefit G/OI	_									
	Date		Payee name								
	02/20/2025		Rosales, Ro	oger							
	Amount (\$)		Payee addre	ss; City;	Stat	e; Zip Co	de				
	\$750.00		400 E 5th S	t							
			Plainview, 1	X 79072							
	PURPOSE	(a)	Category (Se	ee Categories liste	d at the top of this s	chedule)	(b)	Description			
	OF EXPENDITURE			head/Rental		•		<b>=</b>			mplete Schedule T.
	TVI FIADITORE								ı, TX,	, officeholder livin	g expense
								Office Rent			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder nam	е	Office sou	ght			Office h	eld
	experiulture to beliefit C/OI	1									

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	<u> </u>							
	Sch: 8/11 Rpt: 12/15	Hale County Republican Party (P) 00023714							
4	Date	5 Payee name							
	04/03/2025	Rosales, Roger							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$750.00	400 E 5th St							
		Plainview, TX 79072							
8	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.							
	LAFENDITORE	Check if Austin, TX, officeholder living expense							
		Rent HQ							
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	04/03/2025	Rosales, Roger							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$150.00	400 E 5th St							
		Plainview, TX 79072							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Food/Beverage Expense							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Utilities HQ							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	06/23/2025	SEI							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$42.15	2715 Olton Rd							
		Plainview, TX 79072							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense							
	EXPENDITORE	Check if Austin, TX, officeholder living expense							
		Gas							
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held							
	experience to belief C/O	<u> </u>							

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/11 Rpt: 13/15	Hale County Republican Party (P)	00023714
4 Date	5 Payee name	•
06/10/2025	Sams Club	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$101.32	6016 Marsh Sharp Frwy	
	Lubbock, TX 79407	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	·	Check if Austin, TX, officeholder living expense
		HQ Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held
<u> </u>		
Date	Payee name	
04/03/2025	Sunset Point	
Amount (\$)	Payee address; City; State; Zip Co	de
\$500.00	2510 I-27	
	Plainview, TX 79072	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Venue Deposit
		volido Doposic
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		
Date	Payee name	
06/20/2025	USPS	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$188.00	725 Ash	
,		
	Plainview, TX 79072	
PURPOSE		(h) Description
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/Nerital Expense	Check if Austin, TX, officeholder living expense
		PO Box
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	11	

#### 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

l	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)	
l	Sch: 10/11 Rpt: 14/15	Hale County Republican Party (P) 00023714	
4	Date	5 Payee name	_
	03/17/2025	United Supermarkets	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$32.34	1501 N Interstate 27	
l			
		Plainview, TX 79072	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Food/Beverage Expense	
	LAFLINDITORL	Check if Austin, TX, officeholder living expense	
		Food for meeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
"	expenditure to benefit C/OI		
⊨	Data		_
l	Date 04/13/2025	Payee name United Supermarkets	
┡		<u> </u>	_
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$32.57	1501 N Interstate 27	
l		Plaintieur TV 70072	
L		Plainview, TX 79072	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Food for meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI		
	Date	Payee name	
	03/27/2025	Weekends	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$219.31	1007 Mesa Dr	
l			
l		Plainview, TX 79072	
Γ	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l		Food for meeting	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H			_
l			

### SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committ	ee Legal Service:	lemorials Expense s	Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	Tr Tr	avel in District avel Out of Dist	quipment & Related Expense rict category not listed above)
ᆫ				tion Guide explain	s how to compl	ete this form.			
1	Total pages Schedule F1:	2 FIL	ER NAME				3 Fi	ler ID	(Ethics Commission Filers)
	Sch: 11/11 Rpt: 15/15	Ha	le County Republic	can Party (P)			00	0023714	
4	Date	5 Pav	/ee name						
	03/27/2025		ekends						
<u>ا</u>	Amount (\$)	7 Pay	/ee address; City	ı: Stat	e; Zip Code				
ľ	\$91.31	1	07 Mesa Dr	,, Siai	e, Zip Code				
	Ф91.51	100	or iviesa di						
		Pla	inview, TX 79072						
8	PURPOSE	(a) Ca	tegory (See Categories I	listed at the top of this s	chedule) (b)	Description			
l	OF		ice Overhead/Ren		,	Check if travel			lete Schedule T.
l	EXPENDITURE			·		Check if Austin		iceholder living	expense
l						Food for mee	eting		
9	Complete ONLY if direct		didate/Officeholder na	ame	Office sought			Office he	ld
	expenditure to benefit C/O	Н							
l									
l									
l									