

**POLITICAL PARTY REPORT REGARDING FUNDS
FROM CORPORATIONS AND LABOR ORGANIZATIONS**

**FORM PTY-CORP
COVER SHEET PG 1**

The Form PTY-CORP Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00023839	2 Total pages filed 7				
3 POLITICAL PARTY NAME	Cooke County Republican Party (P)						
4 STATE OR COUNTY PARTY	<input type="checkbox"/> State <input checked="" type="checkbox"/> County: Cooke						
5 POLITICAL PARTY TYPE	<input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Other: (Party name)						
6 POLITICAL PARTY MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 701 E. California St. Suite 304 Gainesville, TX 76240			Receipt #	Amount		
7 POLITICAL PARTY CHAIR	TITLE FIRST MI NICKNAME LAST Chris McNamara			SUFFIX			
8 CHAIR MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 102 CR 2130 Gainesville, TX 76240						
9 CHAIR STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 102 CR 2130 Gainesville, TX 76240						
10 CHAIR PHONE	AREA CODE (940) 736-7965		PHONE NUMBER EXTENSION				
11 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before primary election <input type="checkbox"/> 50th day before general election				
12 PERIOD COVERED	Month 07/01/2025	Day	Year	THROUGH	Month 12/31/2025	Day	Year
GO TO PAGE 2							

**POLITICAL PARTY REPORT:
TOTALS AND AFFIDAVIT****FORM PTY-CORP
COVER SHEET PG 2**

13 POLITICAL PARTY NAME Cooke County Republican Party (P)	14 Filer ID (Ethics Commission Filers) 00023839
15 TOTALS	1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS (OTHER THAN LOANS OR GUARANTEES OF LOANS) 2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS 3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD
	\$ 450.00
	\$ 3,800.00
	\$ 1,602.36

A political party must file a report on FORM PTY-CORP for any reporting period during which the party accepts corporate or labor organization contributions, maintains corporate or labor organization contributions, or makes expenditures from corporate or labor organization contributions.

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.

The Honorable Chris McNamara

Signature of Political Party Chair

AFFIX NOTARY STAMP / SEAL

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 - PTYCOP**FORM PTY-CORP****COVER SHEET PG 3**

3 of 7

17 POLITICAL PARTY NAME Cooke County Republican Party (P)	18 Filer ID (Ethics Commission Filers) 00023839
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
2. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
3. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
4. <input type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	

**MONETARY CONTRIBUTIONS FROM
CORPORATION OR LABOR ORGANIZATION****SCHEDULE C1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/1 Rpt: 4/7
2 FILER NAME Cooke County Republican Party (P)		3 Filer ID (Ethics Commission Filers) 00023839
4 Date 08/12/2025	5 Corporation / Labor Organization name Nortex Communications	7 Amount of contribution (\$) \$300.00
	6 Corporation / Labor Organization address; City; State; Zip Code Muensteer, TX 76252	
Date 10/06/2025	Corporation / Labor Organization name World Autographs & Memorabilia, Inc. Corporation / Labor Organization address; City; State; Zip Code Marietta, OK 73448-0246	Amount of contribution (\$) \$150.00

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/3 Rpt: 5/7	2 FILER NAME Cooke County Republican Party (P)	3 Filer ID (Ethics Commission Filers) 00023839
4 Date 07/31/2025	5 Payee name Duke's Property Management	
6 Amount (\$) \$500.00	7 Payee address; City; P O Box 24 Gainesville, TX 76241	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. August Office Rent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/30/2025	Payee name Duke's Property Management	Office held
Amount (\$) \$550.00	Payee address; City; P O Box 24 Gainesville, TX 76241	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Sept. Office Rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/17/2025	Payee name Duke's Property Management	Office held
Amount (\$) \$550.00	Payee address; City; P O Box 24 Gainesville, TX 76241	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Oct. Office Rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/3 Rpt: 6/7	2 FILER NAME Cooke County Republican Party (P)	3 Filer ID (Ethics Commission Filers) 00023839
4 Date 10/23/2025	5 Payee name Duke's Property Management	
6 Amount (\$) \$550.00	7 Payee address; City; P O Box 24 Gainesville, TX 76241	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Nov. Office Rent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/26/2025	Payee name Duke's Property Management	Office held
Amount (\$) \$550.00	Payee address; City; P O Box 24 Gainesville, TX 76241	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Dec. Office Rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/19/2025	Payee name Duke's Property Management	Office held
Amount (\$) \$550.00	Payee address; City; P O Box 24 Gainesville, TX 76241	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Jan 2026 Office Rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 3/3 Rpt: 7/7	2 FILER NAME Cooke County Republican Party (P)	3 Filer ID (Ethics Commission Filers) 00023839	
4 Date 09/17/2025	5 Payee name Hertel, Donna		
6 Amount (\$) \$550.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Gainesville, TX 76240		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. 9/11 Caterer	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held