

**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) 00023794	2 Total pages filed 5				
3 POLITICAL PARTY NAME	Burleson County Republican Party (P)		OFFICE USE ONLY				
4 STATE OR COUNTY PARTY	<input type="checkbox"/> State <input checked="" type="checkbox"/> County: <u>Burleson</u>		Date Received ELECTRONICALLY FILED 01/08/2026				
5 POLITICAL PARTY TYPE	<input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Other: _____ (Party name)		Date Hand-delivered or Date Postmarked				
6 POLITICAL PARTY MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 770 CALDWELL, TX 77836		Receipt #	Amount			
			Date Processed				
			Date Imaged				
7 POLITICAL PARTY CHAIR	TITLE	FIRST	MI	NICKNAME	LAST	SUFFIX	
		Karen			Bolt		
8 CHAIR MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 770 Caldwell, TX 77836						
9 CHAIR STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6772 County Rd. 308A Caldwell, TX 77836						
10 CHAIR PHONE	AREA CODE	PHONE NUMBER			EXTENSION		
	(979)	213-3138					
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	Day	Year	THROUGH	Month	Day	Year
	07/01/2025				12/31/2025		

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**POLITICAL PARTY REPORT:
TOTALS AND AFFIDAVIT**

**FORM PTY-CORP
COVER SHEET PG 2**

13 POLITICAL PARTY NAME Burleson County Republican Party (P)		14 Filer ID (Ethics Commission Filers) 00023794
15 TOTALS	1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS (OTHER THAN LOANS OR GUARANTEES OF LOANS)	\$ 2,460.00
	2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	\$ 523.23
	3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,012.70

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.

Karen Bolt

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 - PTYCORP**FORM PTY-CORP**
COVER SHEET PG 3
3 of 5

17 POLITICAL PARTY NAME Burleson County Republican Party (P)		18 Filer ID (Ethics Commission Filers) 00023794
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 2,460.00
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	\$ 523.23
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: 4/5
2 FILER NAME Burleson County Republican Party (P)		3 Filer ID (Ethics Commission Filers) 00023794
4 Date 10/16/2025	5 Corporation / Labor Organization name Bruce Alford Cattle Co., LLC	7 Amount of contribution (\$) \$600.00
	6 Corporation / Labor Organization address; City; State; Zip Code Caldwell, TX 77836	
Date 12/17/2025	Corporation / Labor Organization name Evers Group, LLC	Amount of contribution (\$) \$1,260.00
	Corporation / Labor Organization address; City; State; Zip Code Somerville, TX 77879	
Date 10/17/2025	Corporation / Labor Organization name Zaskoda Repair LLC	Amount of contribution (\$) \$600.00
	Corporation / Labor Organization address; City; State; Zip Code Caldwell, TX 77836	

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	2 FILER NAME Burleson County Republican Party (P)	3 Filer ID (Ethics Commission Filers) 00023794
4 Date 10/02/2025	5 Payee name Cricket Wireless Store	
6 Amount (\$) \$320.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 265 Hwy 36 N Caldwell, TX 77836	
8 PURPOSE OF EXPENDITURE	(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. Phone and monthly service fee for 3 months.
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 12/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name NameCheap		
Amount (\$) \$203.23 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4600 East Washington Street, Suite 305 Phoenix, AZ 85034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Expense for our website.
Complete ONLY if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		