

**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) 00024075	2 Total pages filed 6
3 POLITICAL PARTY NAME	Montgomery County Republican Party (P)		
4 STATE OR COUNTY PARTY	<input type="checkbox"/> State <input checked="" type="checkbox"/> County: Montgomery		
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 54 Brookgreen Circle North  Montgomery, TX 77356		
7 POLITICAL PARTY CHAIR	TITLE FIRST MI NICKNAME LAST SUFFIX Gwen Withrow		
8 CHAIR MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  TX		
9 CHAIR STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 54 Brookgreen Circle North  Montgomery, TX 77356		
10 CHAIR PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 433-2644		
11 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 8th day before primary election <input type="checkbox"/> July 15 <input type="checkbox"/> 50th day before general election		
12 PERIOD COVERED	Month 07/01/2025	Day	Year
	THROUGH		Month 12/31/2025
<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/12/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount  Date Processed  Date Imaged			

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

<b>13</b> POLITICAL PARTY NAME Montgomery County Republican Party (P)	<b>14</b> Filer ID (Ethics Commission Filers) 00024075
<b>15</b> TOTALS	<b>1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS (OTHER THAN LOANS OR GUARANTEES OF LOANS)</b>  <b>2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS</b>  <b>3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</b>
	\$ 0.18
	\$ 1,630.00
	\$ 2,833.80

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 Gwen Withrow

\_\_\_\_\_  
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 - PTYCOPR****FORM PTY-CORP****COVER SHEET PG 3**

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<b>17</b> POLITICAL PARTY NAME Montgomery County Republican Party (P)	<b>18</b> Filer ID (Ethics Commission Filers) 00024075
<b>19</b> 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 1/1 Rpt: 4/6
<b>2</b> FILER NAME Montgomery County Republican Party (P)		<b>3</b> Filer ID (Ethics Commission Filers) 00024075
<b>4</b> Date 12/31/2025	<b>5</b> Corporation / Labor Organization name PNC ///bank .....  <b>6</b> Corporation / Labor Organization address; City; State; Zip Code  Conroe, TX 77301	<b>7</b> Amount of contribution (\$) \$0.03
Date 11/30/2025	Corporation / Labor Organization name PNC ///bank .....  Corporation / Labor Organization address; City; State; Zip Code  Conroe, TX 77301	Amount of contribution (\$) \$0.02
Date 10/31/2025	Corporation / Labor Organization name PNC ///bank .....  Corporation / Labor Organization address; City; State; Zip Code  Conroe, TX 77301	Amount of contribution (\$) \$0.03
Date 09/30/2025	Corporation / Labor Organization name PNC ///bank .....  Corporation / Labor Organization address; City; State; Zip Code  Conroe, TX 77301	Amount of contribution (\$) \$0.03
Date 08/31/2025	Corporation / Labor Organization name PNC ///bank .....  Corporation / Labor Organization address; City; State; Zip Code  Conroe, TX 77301	Amount of contribution (\$) \$0.03
Date 07/31/2025	Corporation / Labor Organization name PNC ///bank .....  Corporation / Labor Organization address; City; State; Zip Code  Conroe, TX 77301	Amount of contribution (\$) \$0.04

# 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: 1/2 Rpt: 5/6	2 FILER NAME Montgomery County Republican Party (P)	3 Filer ID (Ethics Commission Filers) 00024075
4 Date 10/16/2025	5 Payee name Aguilar, Art	
6 Amount (\$) \$800.00	7 Payee address; City; 18001 Hwy 105 west Suite 102 Montgomery, TX 77356	
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. partial rent for two months
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Aguilar, Art	Office sought Office held
Date 08/11/2025	Payee name Aguilar, Art	
Amount (\$) \$800.00	Payee address; City; 18001 Hwy 105 west Suite 102 Montgomery, TX 77356	
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. partial rent for two months
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Aguilar, Art	Office sought Office held
Date 11/28/2025	Payee name PNC Bank	
Amount (\$) \$15.00	Payee address; City; 1000 N Loop 336 W  Conroe, TX 77301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. bank fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Aguilar, Art	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: 2/2 Rpt: 6/6	2 FILER NAME Montgomery County Republican Party (P)	3 Filer ID (Ethics Commission Filers) 00024075	
4 Date 09/30/2025	5 Payee name PNC Bank		
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 1000 N Loop 336 W  Conroe, TX 77301		
<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  bank fees	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held