

**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) 00023868	2 Total pages filed 6				
3 POLITICAL PARTY NAME	Dallas County Republican Party (P)		OFFICE USE ONLY				
4 STATE OR COUNTY PARTY	<input type="checkbox"/> State <input checked="" type="checkbox"/> County: <u>Dallas</u>		Date Received ELECTRONICALLY FILED 01/15/2026 Date Hand-delivered or Date Postmarked				
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 11617 N. Central Expy, Ste. 240 Dallas, TX 75243		Receipt #	Amount			
			Date Processed				
			Date Imaged				
7 POLITICAL PARTY CHAIR	TITLE	FIRST	MI	NICKNAME	LAST	SUFFIX	
		Allen			West		
8 CHAIR MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11617 N. Central Expy, Ste. 240 Dallas, TX 75243						
9 CHAIR STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11617 N. Central Expy, Ste. 240 Dallas, TX 75243						
10 CHAIR PHONE	AREA CODE	PHONE NUMBER			EXTENSION		
	(214)	369-9555					
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 Dallas County Republican Party (P)		14 Filer ID (Ethics Commission Filers) 00023868
15 TOTALS	1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS (OTHER THAN LOANS OR GUARANTEES OF LOANS)	\$ 1,000.00
	2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	\$ 28.00
	3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,972.00

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.

Mr. Allen West

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 6

17 POLITICAL PARTY NAME Dallas County Republican Party (P)		18 Filer ID (Ethics Commission Filers) 00023868
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 1,000.00
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	\$ 28.00
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: 4/6

2 FILER NAME

Dallas County Republican Party (P)

3 Filer ID (Ethics Commission Filers)
00023868

4 Date

12/15/2025

5 Corporation / Labor Organization name

Bluebonnet Insurance Solutions, LLC

7 Amount of contribution (\$)

\$1,000.00

6 Corporation / Labor Organization address; City; State; Zip Code

Flower Mound, TX 75028

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: 1/2 Rpt: 5/6	2 FILER NAME Dallas County Republican Party (P)	3 Filer ID (Ethics Commission Filers) 00023868
4 Date 11/28/2025	5 Payee name Amegy Bank of Texas	
6 Amount (\$) \$8.00	7 Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Monthly Service Charge
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/28/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$2.00	Payee name Amegy Bank of Texas	
<input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Paper Statement Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/28/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$8.00	Payee name Amegy Bank of Texas	
<input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227	
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

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Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
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Credit Card Payment

Event Expense
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Gift/Awards/Memorials Expense
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Loan Repayment/Reimbursement
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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: 2/2 Rpt: 6/6		2 FILER NAME Dallas County Republican Party (P)		3 Filer ID (Ethics Commission Filers) 00023868	
4 Date 12/31/2025		5 Payee name Amegy Bank of Texas			
6 Amount (\$) \$8.00		7 Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227			
<input checked="" type="checkbox"/> Expenditure from corporate funds					
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Monthly Service Charge	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/31/2025		Payee name Amegy Bank of Texas			
Amount (\$) \$2.00		Payee address; City; State; Zip Code P.O. Box 27459 Houston, TX 77227			
<input checked="" type="checkbox"/> Expenditure from corporate funds					
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Paper Statement Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	