

**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)		
4 STATE OR COUNTY PARTY	<input type="checkbox"/> State <input checked="" type="checkbox"/> County: Dallas		
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		
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"/> 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> 01/15/2026			
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 Dallas County Republican Party (P)	<b>14</b> Filer ID (Ethics Commission Filers) 00023868
<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>
	\$ 1,000.00
	\$ 28.00
	\$ 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 - PTYCOPR****FORM PTY-CORP****COVER SHEET PG 3**

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<b>17</b> POLITICAL PARTY NAME Dallas County Republican Party (P)	<b>18</b> FILER ID (Ethics Commission Filers) 00023868
<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 Dallas County Republican Party (P)		<b>3</b> Filer ID (Ethics Commission Filers) 00023868
<b>4</b> Date 12/15/2025	<b>5</b> Corporation / Labor Organization name Bluebonnet Insurance Solutions, LLC	<b>7</b> Amount of contribution (\$) \$1,000.00
	<b>6</b> 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	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 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; P.O. Box 27459  Houston, TX 77227	State; Zip Code	
<input checked="" type="checkbox"/> Expenditure from corporate funds	(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 11/28/2025	Payee name Amegy Bank of Texas		
Amount (\$) \$2.00	Payee address; City; P.O. Box 27459  Houston, TX 77227	State; Zip Code	
<input checked="" type="checkbox"/> Expenditure from corporate funds	(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
Date 11/28/2025	Payee name Amegy Bank of Texas		
Amount (\$) \$8.00	Payee address; City; P.O. Box 27459  Houston, TX 77227	State; Zip Code	
<input checked="" type="checkbox"/> Expenditure from corporate funds	(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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
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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 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; P.O. Box 27459  Houston, TX 77227	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(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
Date 12/31/2025	Payee name Amegy Bank of Texas	Office held
Amount (\$) \$2.00	Payee address; City; P.O. Box 27459  Houston, TX 77227	State; Zip Code
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held