

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) 00024021 | 2 Total pages filed 3 | | | | |
| 3 POLITICAL PARTY NAME | Fort Bend County Republican Party (P) | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/23/2026 Date Hand-delivered or Date Postmarked | | | | |
| 4 STATE OR COUNTY PARTY | <input type="checkbox"/> State <input checked="" type="checkbox"/> County: <u>Fort Bend</u> | | | | | | |
| 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 P.O. Box 461 Sugar Land, TX 77487-0461 | | Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____ | | | | |
| 7 POLITICAL PARTY CHAIR | TITLE | FIRST | MI | NICKNAME | LAST | SUFFIX | |
| | | Bobby | | | Eberle | | |
| 8 CHAIR MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 461 Sugar Land, TX 77487 | | | | | | |
| 9 CHAIR STREET ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 461 Sugar Land, TX 77487 | | | | | | |
| 10 CHAIR PHONE | AREA CODE | PHONE NUMBER | | | EXTENSION | | |
| | (281) | 773-9339 | | | | | |
| 11 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 8th day before primary election <input type="checkbox"/> July 15 <input type="checkbox"/> 50th day before general election | | | | | | |
| 12 PERIOD COVERED | Month | Day | Year | THROUGH | Month | Day | Year |
| | 01/01/2026 | | | | 02/21/2026 | | |

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**POLITICAL PARTY REPORT:
TOTALS AND AFFIDAVIT**

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

| | | |
|---|--|---|
| 13 POLITICAL PARTY NAME Fort Bend County Republican Party (P) | | 14 Filer ID (Ethics Commission Filers) 00024021 |
| 15 TOTALS | 1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS (OTHER THAN LOANS OR GUARANTEES OF LOANS) | \$ 0.00 |
| | 2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS | \$ 0.00 |
| | 3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 961.21 |

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.

Bobby Eberle

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**
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| | | |
|---|---|---|
| 17 POLITICAL PARTY NAME Fort Bend County Republican Party (P) | | 18 Filer ID (Ethics Commission Filers) 00024021 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input 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 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 | \$ |