

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hoffman, William, Cline, ,

Signature of Treasurer Hoffman, William, Cline, , Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**GALVESTON COUNTY REPUBLICAN PARTY**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		<input type="text" value="33633.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="33633.66"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="19870.00"/>	<input type="text" value="19870.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="53503.66"/>	<input type="text" value="53503.66"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="51710.40"/>	<input type="text" value="51710.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1793.26"/>	<input type="text" value="1793.26"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**GALVESTON COUNTY REPUBLICAN PARTY**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18300.00	18300.00
(ii) Unitemized .....	1570.00	1570.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	19870.00	19870.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	19870.00	19870.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	19870.00	19870.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	19870.00	19870.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	15000.00	15000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	6380.00	6380.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	30200.00	30200.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	36580.00	36580.00
29. Other Disbursements (Including Non-Federal Donations).....	130.40	130.40
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	51710.40	51710.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51710.40	51710.40

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	19870.00	19870.00
34. Total Contribution Refunds (from Line 28(d)) .....	36580.00	36580.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	- 16710.00	- 16710.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Refunds provided to political candidates of donations made to the GCRP with campaigns not registered with the Federal Election Commission. Refund made of individual contributions to the GCRP that exceeded \$10,000.00 in calendar year. Funds transfered to the GCRP state account for operating expenses not involving any Federal Election activity.

Amendment filed in response to FEC Request for Information RQ-2 Dated September 4, 2023 due to negative balance at period ending June 30, 2023. The negative balance was an error due to a deposit made on May 19,2023. Once the individual deposit was entered, the balance was positive, as was tracked in the Committee Federal bank account. The error has been corrected in the amendment.

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**GALVESTON COUNTY REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Dugie, Hank, , ,</b>			Date of Receipt MM / DD / YYYY 03 / 11 / 2023 <b>Transaction ID : SA11AI.4835</b>		
Mailing Address 710 West Main Street			Amount of Each Receipt this Period 100.00		
City League City	State TX	Zip Code 77573	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00		
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) Business owner/real estate	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Dugie, Hank, , ,</b>			Date of Receipt MM / DD / YYYY 04 / 11 / 2023 <b>Transaction ID : SA11AI.4845</b>		
Mailing Address 710 West Main Street			Amount of Each Receipt this Period 100.00		
City League City	State TX	Zip Code 77573	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 400.00		
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) Business owner/real estate	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Dugie, Hank, , ,</b>			Date of Receipt MM / DD / YYYY 05 / 11 / 2023 <b>Transaction ID : SA11AI.4854</b>		
Mailing Address 710 West Main Street			Amount of Each Receipt this Period 100.00		
City League City	State TX	Zip Code 77573	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00		
Name of Employer (for Individual) Self-Employed		Occupation (for Individual) Business owner/real estate	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**GALVESTON COUNTY REPUBLICAN PARTY**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Dugie, Hank, , ,</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2023
Mailing Address 710 West Main Street		<b>Transaction ID : SA11AI.4903</b>
City League City	State TX	Zip Code 77573
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Business owner/real estate	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hoeg, Matthew, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2023
Mailing Address 707 Pine Hollow Drive		<b>Transaction ID : SA11AI.4841</b>
City Friendswood	State TX	Zip Code 77546
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer (for Individual) HungerRush, LLC	Occupation (for Individual) lawyer/business executive	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hoeg, Matthew, , ,</b>		Date of Receipt MM / DD / YYYY 04 / 16 / 2023
Mailing Address 707 Pine Hollow Drive		<b>Transaction ID : SA11AI.4849</b>
City Friendswood	State TX	Zip Code 77546
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer (for Individual) HungerRush, LLC	Occupation (for Individual) lawyer/business executive	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**GALVESTON COUNTY REPUBLICAN PARTY**

**A. Hoeg, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 707 Pine Hollow Drive  
 City Friendswood State TX Zip Code 77546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HungerRush, LLC Occupation (for Individual) lawyer/business executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2023  
**Transaction ID : SA11AI.4858**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Hoeg, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 707 Pine Hollow Drive  
 City Friendswood State TX Zip Code 77546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HungerRush, LLC Occupation (for Individual) lawyer/business executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2023  
**Transaction ID : SA11AI.4907**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Lewis, Roxann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 Park Trail Lane  
 City League City State TX Zip Code 77573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2023  
**Transaction ID : SA11AI.4913**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 Donation to GCRP

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GALVESTON COUNTY REPUBLICAN PARTY**

**A. Long, Nicholas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2951 Marina Bay Drive  
 City League City State TX Zip Code 77573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthur J. Gallagher and Co. Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 19 / 2023  
**Transaction ID : SA11AI.4922**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Donation to GCRP

**B. McGinnis, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2010 Butler Drive  
 City Friendswood State TX Zip Code 77546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Humana Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7000.00

Date of Receipt 05 / 15 / 2023  
**Transaction ID : SA11AI.4912**  
 Amount of Each Receipt this Period 7000.00  
 Memo Item  
 Donation to GCRP

**C. West, Justin, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1708 Yucca Ct  
 City League City State TX Zip Code 77573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Galveston County Occupation (for Individual) Constable  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2023  
**Transaction ID : SA11AI.4852**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12050.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**GALVESTON COUNTY REPUBLICAN PARTY**

**A. West, Justin, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1708 Yucca Ct

City League City	State TX	Zip Code 77573
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Galveston County	Occupation (for Individual) Constable
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2023

**Transaction ID : SA11AI.4901**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. White, Brad, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Prairie Wilde

City Friendswood	State TX	Zip Code 77546
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RBWhite Industries llc.	Occupation (for Individual) Consulting
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2023

**Transaction ID : SA11AI.4840**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. White, Brad, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Prairie Wilde

City Friendswood	State TX	Zip Code 77546
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RBWhite Industries llc.	Occupation (for Individual) Consulting
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2023

**Transaction ID : SA11AI.4848**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:	PAGE 12 OF 18
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**GALVESTON COUNTY REPUBLICAN PARTY**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**White, Brad, , ,**

Mailing Address **200 Prairie Wilde**

City <b>Friendswood</b>	State <b>TX</b>	Zip Code <b>77546</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RBWhite Industries llc.</b>	Occupation (for Individual) <b>Consulting</b>
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**05 / 14 / 2023**

**Transaction ID : SA11AI.4857**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**White, Brad, , ,**

Mailing Address **200 Prairie Wilde**

City <b>Friendswood</b>	State <b>TX</b>	Zip Code <b>77546</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>RBWhite Industries llc.</b>	Occupation (for Individual) <b>Consulting</b>
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
**06 / 14 / 2023**

**Transaction ID : SA11AI.4906**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>18300.00</b>

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-28a, 22-28b, 23-28c, 26-29, 27-30b with checkboxes and an 'X' in box 22.

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NAME OF COMMITTEE (In Full)

GALVESTON COUNTY REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. GALVESTON COUNTY REPUBLICAN PARTY

Mailing Address P.O. BOX 3522

City GALVESTON State TX Zip Code 77552

Purpose of Disbursement Transfer to Galveston County Republican Party State Account

Candidate Name

Office Sought: House, Senate, President; State: District

Disbursement For: Primary, General, Other (specify)

Category/Type: 001

Date of Disbursement

Date: 02 / 01 / 2023

FEC Identification Number

C00764159

Transaction ID : SB22.4862

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GALVESTON COUNTY REPUBLICAN PARTY

Mailing Address P.O. BOX 3522

City GALVESTON State TX Zip Code 77552

Purpose of Disbursement Transfer to party for operating expenses

Candidate Name

Office Sought: House, Senate, President; State: District

Disbursement For: Primary, General, Other (specify)

Category/Type

Date of Disbursement

Date: 04 / 28 / 2023

FEC Identification Number

C00764159

Transaction ID : SB22.4921

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House, Senate, President; State: District

Disbursement For: Primary, General, Other (specify)

Category/Type

Date of Disbursement

Date

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

15000.00

15000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GALVESTON COUNTY REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial) <b>A. Suchmor, Thomas, , Dr.,</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2023	
Mailing Address 3016 Marina Bay Dr.		FEC Identification Number C [ ]	
City League City	State TX	Zip Code 77573	Transaction ID : <b>SB28A.4865</b> Amount of Each Disbursement this Period [ ] 6380.00
Purpose of Disbursement Refund of contribution over \$10000.00		Category/ Type [ ]	
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]
Purpose of Disbursement		Category/ Type [ ]	
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]
Purpose of Disbursement		Category/ Type [ ]	
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 6380.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 6380.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**GALVESTON COUNTY REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

### A. Friends of Dr. Greg Bonnen PAC

Mailing Address 405 David Street

City Friendswood

State TX

Zip Code 77546

Purpose of Disbursement

Refund of contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB28C.4890

Amount of Each Disbursement this Period

[REDACTED] 8500.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Friends of Larry Taylor

Mailing Address P.O. Box 1208

City Friendswood

State TX

Zip Code 77549

Purpose of Disbursement

Refund of contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB28C.4892

Amount of Each Disbursement this Period

[REDACTED] 5500.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Henry A Trochet Campaign Account

Mailing Address P.O. Box 126

City Santa Fe

State TX

Zip Code 77510

Purpose of Disbursement

Refund of contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB28C.4893

Amount of Each Disbursement this Period

[REDACTED] 700.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

[REDACTED] 14700.00

**TOTAL** This Period (last page this line number only).....▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**GALVESTON COUNTY REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. Jack Ewing for Judge Campaign**

Mailing Address 6551 Gable Hollow Ln

City  
Dickinson

State  
TX

Zip Code  
77539

Purpose of Disbursement

Refund of contribution

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB28C.4886**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jack Rody Campaign Account**

Mailing Address 1933 FM 646 N

City  
Santa Fe

State  
TX

Zip Code  
77510

Purpose of Disbursement

Refund of contribution

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB28C.4899**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Jeth Jones Campaign**

Mailing Address 4179 Pirates Bch

City  
Galveston

State  
TX

Zip Code  
77554

Purpose of Disbursement

Refund of contribution

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB28C.4895**

Amount of Each Disbursement this Period

3500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**GALVESTON COUNTY REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. Kim Sullivan Campaign**

Mailing Address 2302 Donna Lane

City  
Santa Fe

State  
TX

Zip Code  
77510

Purpose of Disbursement

Refund of contribution

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB28C.4894**

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mark Henry for County Judge**

Mailing Address 12900 FM 3436 Rd

City  
Dickinson

State  
TX

Zip Code  
77539

Purpose of Disbursement

Refund of contribution

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB28C.4897**

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Nick Long Campaign**

Mailing Address 919 Davis Street

City  
League City

State  
TX

Zip Code  
77573

Purpose of Disbursement

Refund of contribution

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB28C.4884**

Amount of Each Disbursement this Period

2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

5600.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**GALVESTON COUNTY REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. Terri Leo Wilson Campaign**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2023

Mailing Address 29 Pirates Bch W

FEC Identification Number

C [ ]

**Transaction ID : SB28C.4880**

Amount of Each Disbursement this Period

[ ] 3500.00

Memo Item

City  
Galveston

State  
TX

Zip Code  
77554

Purpose of Disbursement

Refund of contribution

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Tommy Cones Campaign**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		17		2023

Mailing Address 2505 Kaibab Rd

FEC Identification Number

C [ ]

**Transaction ID : SB28C.4878**

Amount of Each Disbursement this Period

[ ] 1400.00

Memo Item

City  
League City

State  
TX

Zip Code  
77573

Purpose of Disbursement

Refund of contribution

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

Mailing Address

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 4900.00

**TOTAL** This Period (last page this line number only)..... ▶

[ ] 30200.00