POLITICAL PARTY REPORT REGARDING FUNDS FROM CORPORATIONS AND LABOR ORGANIZATIONS

**FORM PTY-CORP
COVER SHEET PG 1**

Form PTY-CORP Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 POLITICAL PARTY NAME	

4 STATE OR COUNTY PARTY

☐ State

☐ County _____

5 POLITICAL PARTY TYPE

☐ Democratic

☐ Republican

☐ Other: _____
(Party name)

6 POLITICAL PARTY MAILING ADDRESS

ADDRESS / PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE

☐ Change of Address

7 POLITICAL PARTY CHAIR

TITLE   FIRST   MI   NICKNAME   LAST   SUFFIX

8 CHAIR MAILING ADDRESS

ADDRESS / PO BOX;   APT / SUITE #;   CITY;   STATE;   ZIP CODE

☐ Change of Address

9 CHAIR STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);   APT / SUITE #;   CITY;   STATE;   ZIP CODE

10 CHAIR PHONE

AREA CODE   PHONE NUMBER   EXTENSION

(   )

11 REPORT TYPE

☐ January 15   ☐ 8th day before primary election

☐ July 15   ☐ 50th day before general election

12 PERIOD COVERED

Month   Day   Year   Month   Day   Year

___ / ___ / ___   THROUGH   ___ / ___ / ___

GO TO PAGE 2

POLITICAL PARTY REPORT: TOTALS AND SIGNATURE

13 POLITICAL PARTY NAME

14 Filer ID (Ethics Commission Filers)

15 TOTALS

1. **TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS** (OTHER THAN LOANS OR GUARANTEES OF LOANS)	$	
2. **TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS**	$	
3. **TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD**	$	

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 SIGNATURE

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.

_____
Signature of Political Party Chair (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
                                (street)   (city)   (state)   (zip code)   (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
                                                         (month)   (year)

_____
Signature of Political Party Chair (Declarant)

SUBTOTALS - PTYCORP

17 POLITICAL PARTY NAME	**18** Filer ID (Ethics Commission Filers)

19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
2.	☐ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
3.	☐ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	$
4.	☐ SCHEDULE E: LOANS	$
5.	☐ SCHEDULE F1: EXPENDITURES MADE FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	$
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule C1:

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Corporation / Labor Organization name	**7** Amount of contribution ($)
	6 Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution ($)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution ($)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution ($)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution ($)
	Corporation / Labor Organization address; City; State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule C2:
2 FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Corporation / Labor Organization name	**7** Amount of Contribution $	**8** In-kind contribution description
	6 Corporation / Labor Organization address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution $	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution $	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution $	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution $	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE D

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule D:
2 FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Corporation / Labor Organization name	**7** Amount of Contribution $	**8** In-kind contribution description
	6 Corporation / Labor Organization address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution $	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution $	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution $	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.
Date	Corporation / Labor Organization name	Amount of Contribution $	In-kind contribution description
	Corporation / Labor Organization address; City; State; Zip Code		☐ Check if travel outside of Texas. Complete Schedule T.

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LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule E:

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS	$

5 Date of loan	**7** Name of lender ☐ out-of-state PAC (ID#:_____)	**9** Loan Amount ($)
6 Is lender a financial Institution? Y N	**8** Lender address; City; State; Zip Code	**10** Interest rate **11** Maturity date

12 Principal occupation / Job title (See Instructions)	**13** Employer (See Instructions)

14 Description of Collateral ☐ none	**15** ☐ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION ☐ not applicable	**17** Name of guarantor .... **18** Guarantor address; City; State; Zip Code	**19** Amount Guaranteed ($)

20 Principal Occupation (See Instructions)	**21** Employer (See Instructions)

Date of loan	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Description of Collateral ☐ none	☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION ☐ not applicable	Name of guarantor .... Guarantor address; City; State; Zip Code	Amount Guaranteed ($)

Principal Occupation (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

EXPENDITURES MADE FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)

4 Date	5 Payee name

6 Amount ($)

7 Payee address;   City;   State;   Zip Code

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date   Payee name

Amount ($)   Payee address;   City;   State;   Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)   Description

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date   Payee name

Amount ($)   Payee address;   City;   State;   Zip Code

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)   Description

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee

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 F2:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS $

5 Date

6 Payee name

7 Amount ($)

8 Payee address;   City;   State;   Zip Code

☐ Check if individual's residence address.

9 TYPE OF EXPENDITURE   ☐ Political   ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

---

Date

Payee name

Amount ($)

Payee address;   City;   State;   Zip Code

☐ Check if individual's residence address.

TYPE OF EXPENDITURE   ☐ Political   ☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH   Candidate / Officeholder name   Office sought   Office held

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

If the requested information is not applicable, **DO NOT include this page in the report.**

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
   Candidate/Officeholder/Political Committee

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.   **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$

5 CREDIT CARD ISSUER	Name of financial institution

6 PAYMENT	(a) Amount Charged $	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid

7 PAYEE
(a) Payee name | (b) Payee address;   City,   State,   Zip Code
☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE
☐ Political
☐ Non-Political
(a) Category (See Categories listed at the top of this schedule) | (b) Description
(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name   Office Sought   Office Held

PAYMENT	(a) Amount Charged $	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid

PAYEE
(a) Payee name | (b) Payee address;   City,   State,   Zip Code
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE
☐ Political
☐ Non-Political
(a) Category (See Categories listed at the top of this schedule) | (b) Description
(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name   Office Sought   Office Held

PAYMENT	(a) Amount Charged $	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid

PAYEE
(a) Payee name | (b) Payee address;   City,   State,   Zip Code
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE
☐ Political
☐ Non-Political
(a) Category (See Categories listed at the top of this schedule) | (b) Description
(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name   Office Sought   Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule T:

2 FILER NAME

3 Filer ID   (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A2   ☐ Schedule B   ☐ Schedule B(J)   ☐ Schedule C2   ☐ Schedule D   ☐ Schedule F1

☐ Schedule F2   ☐ Schedule F4   ☐ Schedule G   ☐ Schedule H   ☐ Schedule COH-UC   ☐ Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2   ☐ Schedule B   ☐ Schedule B(J)   ☐ Schedule C2   ☐ Schedule D   ☐ Schedule F1

☐ Schedule F2   ☐ Schedule F4   ☐ Schedule G   ☐ Schedule H   ☐ Schedule COH-UC   ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A2   ☐ Schedule B   ☐ Schedule B(J)   ☐ Schedule C2   ☐ Schedule D   ☐ Schedule F1

☐ Schedule F2   ☐ Schedule F4   ☐ Schedule G   ☐ Schedule H   ☐ Schedule COH-UC   ☐ Schedule B-SS

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

AFFIDAVIT FOR POLITICAL PARTY: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026 the chair of a political party that has accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.

Chair Name	Filer ID #

1. I swear or affirm that the political party of which I am the chair has not accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in a calendar year.

2. I further swear or affirm that the political party of which I am the chair does not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the party.

3. I further swear or affirm that no person acting as the party's agent or consultant, and no person with whom the party contracts, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the party.

4. I further swear or affirm that I understand that I am required to file the party's campaign finance reports electronically if the party, the party's agent or consultant, or a person with whom the party contracts exceeds $34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the party.

5. I am filing this affidavit with the _____ report due on _____. I understand that this affidavit is required to be filed with each campaign finance report for which the party is claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

_____
Signature of Chair

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
          (street)   (city)   (state)   (zip code)   (country)

Executed in _____ County, State of _____ , on the _____ day of _____, 20_____.
                                                       (month)   (year)

_____
Signature of Chair (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**