

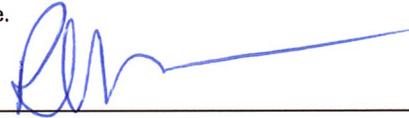


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Rebecca McCullough		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,340.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,499.96
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,840.04
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

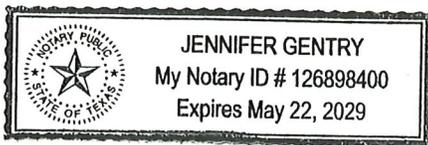
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

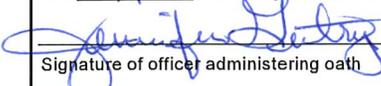
**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rebecca McCullough this the 13 day of January, 2021, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

Jennifer Gentry  
Printed name of officer administering oath

Tax Assessor-Collector  
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 Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Rebecca McCullough		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,340.00
2. ■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3,499.96
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:	
2 FILER NAME Rebecca McCullough		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/31/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damon Cote	8 Amount of Contribution \$	9 In-kind contribution description Troy Aikman card for silent auction
7 Contributor address; City; State; Zip Code Weatherford Tx		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) retired		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anna Rae Markalonis	Amount of Contribution \$	In-kind contribution description Hair basket donation for silent auction
Contributor address; City; State; Zip Code Weatherford Tx		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Hair Dresser and Weatherford College		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1: 6
2 FILER NAME Rebecca McCullough		3 Filer ID (Ethics Commission Filers)
4 Date 07/31/2025	5 Full name of contributor Samantha Nemeth out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code unknown	7 Amount of contribution (\$) <b>225.00</b>
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions)
Date 07/31/2025	Full name of contributor Jill Shoush out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code unknown	Amount of contribution (\$) <b>125.00</b>
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 07/31/2025	Full name of contributor Travis Fowler out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Weatherford TX	Amount of contribution (\$) <b>650.00</b>
Principal occupation / Job title (See Instructions) land management		Employer (See Instructions)
Date 07/31/2025	Full name of contributor Michael Gentry out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Weatherford Tx	Amount of contribution (\$) <b>180.00</b>
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Rebecca McCullough		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/31/2025	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Jeremy Briggs <hr/> <b>6</b> Contributor address; City; State; Zip Code Poolville TX	<b>7</b> Amount of contribution (\$)  <b>600.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Titan Ready Mix		<b>9</b> Employer (See Instructions)
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Mike Morris <hr/> <b>Contributor address;</b> City; State; Zip Code Weatherford TX	<b>Amount of contribution (\$)</b>  <b>250.00</b>
<b>Principal occupation / Job title (See Instructions)</b> retired		<b>Employer (See Instructions)</b>
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Brandon Bearden <hr/> <b>Contributor address;</b> City; State; Zip Code Granbury Tx	<b>Amount of contribution (\$)</b>  <b>300.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Bosque Ranch		<b>Employer (See Instructions)</b>
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Amari Canafax <hr/> <b>Contributor address;</b> City; State; Zip Code Weatherford Tx	<b>Amount of contribution (\$)</b>  <b>200.00</b>
<b>Principal occupation / Job title (See Instructions)</b> Parker County Co-Op Services		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Rebecca McCullough		3 Filer ID (Ethics Commission Filers)
4 Date 07/31/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Jodi Strasbourg 6 Contributor address; City; State; Zip Code unknown	7 Amount of contribution (\$)  <b>20.00</b>
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions)
Date 07/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Buff Danner Contributor address; City; State; Zip Code Weatherford TX	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 07/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Shannon Clemons Contributor address; City; State; Zip Code unknown	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 07/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Hayden Head Contributor address; City; State; Zip Code unknown	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) student		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1:
2 FILER NAME Rebecca McCullough		3 Filer ID (Ethics Commission Filers)
4 Date 07/31/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Amber Robertson 6 Contributor address; City; State; Zip Code Sunrise Trail Weatherford TX	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions) Parker County co-op		9 Employer (See Instructions)
Date 07/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Donna Couch Contributor address; City; State; Zip Code unknown	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Susan Hudson Contributor address; City; State; Zip Code unknown	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 07/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Carrie Duer Contributor address; City; State; Zip Code Weatherford Tx	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1:
2 FILER NAME Rebecca McCullough		3 Filer ID (Ethics Commission Filers)
4 Date 07/31/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Michael Davis	7 Amount of contribution (\$)  <b>15.00</b>
6 Contributor address; City; State; Zip Code unknown		
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions)
Date 07/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Annette Sledge	Amount of contribution (\$)  <b>50.00</b>
Contributor address; City; State; Zip Code Weatherford Tx		
Principal occupation / Job title (See Instructions) sale		Employer (See Instructions)
Date 07/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Sarah Seeton	Amount of contribution (\$)  <b>50.00</b>
Contributor address; City; State; Zip Code Weatherford TX		
Principal occupation / Job title (See Instructions) Cram CPA firm		Employer (See Instructions)
Date 08/01/2025	Full name of contributor out-of-state PAC (ID#: _____) Russ Authier	Amount of contribution (\$)  <b>250.00</b>
Contributor address; City; State; Zip Code Weatherford TX		
Principal occupation / Job title (See Instructions) Sheriff		Employer (See Instructions) Parker County
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Rebecca McCullough		3 Filer ID (Ethics Commission Filers)
4 Date 07/31/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Bryan Bass 6 Contributor address; City; State; Zip Code Weatherford TX	7 Amount of contribution (\$)  <b>25.00</b>
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions)
Date 07/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Steven Dugan Contributor address; City; State; Zip Code Weatherford Tx	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 07/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Larry Walden Contributor address; City; State; Zip Code 6100 Greenwood RD Millsap Tx 76066	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Parker County
Date 07/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Mark Arnett Contributor address; City; State; Zip Code Perrin Tx	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) Chief Deputy		Employer (See Instructions) PCSO
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1:
2 FILER NAME Rebecca McCullough		3 Filer ID (Ethics Commission Filers)
4 Date 07/31/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Tanya Hodges 6 Contributor address; City; State; Zip Code Weatherford TX	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions) Plains Capital Bank		9 Employer (See Instructions)
Date 07/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Michael Hale Contributor address; City; State; Zip Code 213 N Front St Aledo TX 76008	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Parker County
Date 07/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Megan Hutton Contributor address; City; State; Zip Code Poolville Tx	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions) Peaster ISD		Employer (See Instructions)
Date 07/31/2025	Full name of contributor out-of-state PAC (ID#: _____) Linda Harris Contributor address; City; State; Zip Code Poolville TX	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME Rebecca McCullough		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  07/31/2025	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Trudie Stone <hr/> <b>6</b> Contributor address; City; State; Zip Code Weatherford TX	<b>7</b> Amount of contribution (\$)  <b>1,000.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) self employed		<b>9</b> Employer (See Instructions)
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <hr/> <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <hr/> <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <hr/> <b>Contributor address;</b> City; State; Zip Code	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL 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	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME Rebecca McCullough	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 07/16/2025	<b>5</b> Payee name Hobby Lobby
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<b>6</b> Amount (\$) 22.01	<b>7</b> Payee address; Weatherford Tx	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) gift	<b>(b)</b> Description door prize
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rebecca McCullough	Office sought	Office held Treasurer
---	---	---------------	--------------------------

Date 07/16/2025	Payee name Amazon
--------------------	----------------------

Amount (\$) 79.72	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) event expense	Description troll dolls, door prizes, labels, pens
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rebecca McCullough	Office sought	Office held Treasurer
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Date 07/27/2025	Payee name Walmart
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Amount (\$) 85.38	Payee address; weatherford Texas	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) food expense	Description food
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> 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

**POLITICAL EXPENDITURES MADE FROM POLITICAL 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                        | 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Rebecca McCullough	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 07/27/2025	<b>5</b> Payee name Costco
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<b>6</b> Amount (\$) 65.80	<b>7</b> Payee address; Weatherford Tx	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) food/beverage expense	<b>(b)</b> Description drinks
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rebecca McCullough	Office sought	Office held Treasurer
---	---	---------------	--------------------------

Date 07/29/2025	Payee name Walmart
--------------------	-----------------------

Amount (\$) 72.09	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) food - beverage expense	Description drinks
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rebecca McCullough	Office sought	Office held Treasurer
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Date 07/30/2025	Payee name HEB
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Amount (\$) 106.63	Payee address; Hudson Oaks Texas	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) food expense	Description food
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> 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**

# POLITICAL EXPENDITURES MADE FROM POLITICAL 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	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Rebecca McCullough	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/03/2025	<b>5</b> Payee name Home Depot	
<b>6</b> Amount (\$)  64.93	<b>7</b> Payee address; City; State; Zip Code Weatherford Tx	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) event expense	<b>(b)</b> Description storage containers
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rebecca McCullough	Office sought Office held Treasurer
Date 07/29/2025	Payee name Mary Belle Gomez	
Amount (\$) 300.00	Payee address; City; State; Zip Code Weatherford Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description koozies
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rebecca McCullough	Office sought Office held Treasurer
Date 08/08/2025	Payee name USPS	
Amount (\$) 23.40	Payee address; City; State; Zip Code Weatherford Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fundraising expense	Description stamps
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL 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	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Rebecca McCullough	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/19/2025	<b>5</b> Payee name Tracy Soldan	
<b>6</b> Amount (\$)  100.00	<b>7</b> Payee address; City; State; Zip Code Kerrville Tx	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) gift	<b>(b)</b> Description silent auction
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rebecca McCullough	Office sought <span style="float:right">Office held Treasurer</span>
Date 09/04/2025	Payee name Parker County Republican Women	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code Weatherford Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) donation	Description sponsor table for event
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rebecca McCullough	Office sought <span style="float:right">Office held Treasurer</span>
Date 09/04/2025	Payee name Weatherford Chamber of Commerce	
Amount (\$) 100.00	Payee address; City; State; Zip Code Weatherford Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description membership
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# POLITICAL EXPENDITURES MADE FROM POLITICAL 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	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Rebecca McCullough	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/06/2025	<b>5</b> Payee name PARKER COUNTY CPS	
<b>6</b> Amount (\$)  500.00	<b>7</b> Payee address; City; State; Zip Code WEATHERFORD TX	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) DONATION	<b>(b)</b> Description SPONSOR TABLE
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rebecca McCullough	Office sought Office held Treasurer
Date 11/07/2025	Payee name PARKER COUNTY REPUBLICAN PARTY	
Amount (\$) 750.00	Payee address; City; State; Zip Code Weatherford Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN EXPENSE	Description FILING FEE
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rebecca McCullough	Office sought Office held Treasurer
Date 11/12/2025	Payee name JEFF BENNETT	
Amount (\$) 65.00	Payee address; City; State; Zip Code Weatherford Tx	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description PICTURES
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Rebecca McCullough	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 11/21/2025	<b>5</b> Payee name PARKER COUNTY REPUBLICAN WOMEN
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<b>6</b> Amount (\$)  165.00	<b>7</b> Payee address; City; State; Zip Code WEATHERFORD TX
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<b>8</b>  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  DONATION	(b) Description  AUCTION
	(c) Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right;">Check if Austin, TX, officeholder living expense</span>	

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