#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00059550 3 COMMITTEE NAME **OFFICE USE ONLY** Republican Club of Comal County Date Received **ELECTRONICALLY FILED** 07/07/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 265 Landa Drive Date Hand-delivered or Date Postmarked Change of Address New Braunfels, TX 78130 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Patrick J. NAME NICKNAME LAST **SUFFIX** Seiler STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5653 High Forest Drive STREET **ADDRESS** (Residence or Business) New Braunfels, TX 78132 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5653 High Forest Drive MAILING **ADDRESS** New Braunfels, TX 78132 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (612) 812-1150 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Republican Club of C	omal County		00059550	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M  X check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,555.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	10,946.81
OUTSTANDING LOAN TOTALS	-	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Patrick	J. Seiler	
		Signature of Ca	mpaign Treasur	rer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said	, tl	nis the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath

# **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

					3 of 15
<b>17</b> CO	MMITTE	E NAME	18 Filer ID	(Ethics Com	mission Filers)
l Re	publica	n Club of Comal County	00059550	•	,
	•	E SUBTOTALS		т —	
l		SCHEDULE		SUBTO	TAL AMOUNT
11/	IVIL OI .	SCHEDULE			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	150.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,650.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	4,555.68
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEE	OULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A. Sch: 1/1 Rpt: 4/15	1:
2	FILER NAME	Club of Comal County		3	Filer ID (Ethics Commit 00059550	ission Filers)
4	Date 02/16/2023	Full name of contributor	7	Amount of Contribution (	(\$) \$150.00	
8	Principal occu	New Braunfels, TX 78132 pation / Job title (See Instructions)	9 Employer (See Instructions RETIRED	s)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

# SCHEDULE A2

The Inetri	estion Cuido evaleino hou to complete this (	form	1 Total pages Schedule A2:
i ne instru	uction Guide explains how to complete this f	ioriii.	Sch: 1/1 Rpt: 5/15
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Republican	Club of Comal County		00059550
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
<b>5</b> Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution
01/24/2023	Chambers, Ruth (Mrs.)		contribution (\$) description \$750.00 I TOTAL OF UN-ITEMIZED
	7 Contributor address; City; State; Zip Code		IN-KIND
			CONTRIBUTIONS. Jan -
			ı May
	New Braunfels, TX 78130	1	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ Retired	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON RETIRED	I-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 contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Doto	Full name of contributor		Amount of In-kind contribution
Date 06/27/2023		)	Amount of In-kind contribution contribution (\$) description
00/21/2023	- Chambere, real (wile)		\$900.00 TOTAL OF UN-ITEMIZED
	Contributor address; City; State; Zip Code		IN-KIND
			CONTRIBUTIONS. Jun -
	New Braunfels, TX 78130		Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Retired	,	RETIRED	,
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	,	,	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
			,
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Le	gal Services ne Instruction Guide ex	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 1/10 Rpt: 6/15	Republican C	ub of Comal Count	у				00059550	
4 Date	<b>5</b> Payee name							
01/20/2023	1ST Protesta	nt Church						
6 Amount (\$)	7 Payee address	City;	State; Zip Co	ode				
\$150.00	172 W Coll St							
Expenditure from corporate funds	New Braunfel	s, TX 78130						
8 PURPOSE OF	(a) Category (See	Categories listed at the top of	this schedule)	(b)	Description			
EXPENDITURE	Office Overhe	ad/Rental Expense			_		de of Texas. Com officeholder living	
					Rent For use			
						٠.		an meeting
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Office	holder name	Office sou	<u>I</u> ught			Office he	eld
·								
Date	Payee name							
02/16/2023	1ST Protesta	nt Church						
Amount (\$)	Payee address	City;	State; Zip Co	ode				
\$150.00	172 W Coll St							
- Evananditura from								
Expenditure from corporate funds	New Braunfel	s, TX 78130						
PURPOSE	(a) Category (See	Categories listed at the top of	this schedule)	(b)	Description			
OF EXPENDITURE		ad/Rental Expense			<b>=</b>		de of Texas. Com	
EXI ENDITORE					_		officeholder living	
					Rent For use	OI	racility for r	eb Meeting
One of the ONE Wife disease	0	h - I - I	04:				Off: 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Office	noider name	Office sou	ugnt			Office he	eid
Date	Payee name							
03/21/2023	1ST Protesta	nt Church						
Amount (\$)	Payee address	•	State; Zip Co	ode				
\$150.00	172 W Coll St							
Expenditure from								
corporate funds	New Braunfel	s, TX 78130						
PURPOSE	(a) Category (See	Categories listed at the top of	this schedule)	(b)	Description			
OF EXPENDITURE		ad/Rental Expense			ш		de of Texas. Com	
LAI LINDITURE					ш		officeholder living	•
					Rent For use	OŤ	⊢acility for N	viar Meeting
0 1: 0:::::::::::::::::::::::::::::::::				<u> </u>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Office	noider name	Office sou	ught			Office he	eia
						_		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(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)

Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/10 Rpt: 7/15	Republican Club of Comal County	00059550
4 Date	5 Payee name	<b>I</b>
04/17/2023	1ST Protestant Church	
6 Amount (\$)	7 Payee address; City; State; Zip Code	?
\$150.00	172 W Coll St	
Expenditure from corporate funds	New Braunfels, TX 78130	
8 PURPOSE		Description
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Omoc Overnoud/Nemai Expense	Check if Austin, TX, officeholder living expense
		Rent For use of Facility for Apr Meeting
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O	<del>1</del>	
Date	Payee name	
05/03/2023	1ST Protestant Church	
Amount (\$)	Payee address; City; State; Zip Code	
\$150.00	172 W Coll St	
Expenditure from corporate funds	New Braunfels, TX 78130	
PURPOSE		Description
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	2.100 0.101	Check if Austin, TX, officeholder living expense
		Rent For use of Facility for May Meeting
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
experientare to benefit 6/61	'	
Date	Payee name	
06/05/2023	1ST Protestant Church	
Amount (\$)	Payee address; City; State; Zip Code	
\$900.00	172 W Coll St	
Expenditure from corporate funds	New Braunfels, TX 78130	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Rent For use of Facility for Jun - Nov Meetings
Oranglete Children	Constitute (Office healthouse	Office 1.11
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/10 Rpt: 8/15	Republican Club of Comal County 00059550
4 Date	5 Payee name
01/24/2023	Highfield, Al
6 Amount (\$) \$188.95	7 Payee address; City; State; Zip Code 1066 Fairway Dr
Ψ100.93	1000 Tallway Di
Expenditure from corporate funds	Canyon Lake, TX 77357
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Food and Beverages for club meeting
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	1
Date	Payee name
02/28/2023	Highfield, Al
Amount (\$)	Payee address; City; State; Zip Code
\$182.00	1066 Fairway Dr
Expenditure from corporate funds	Canyon Lake, TX 77357
•	To.
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Food and Beverages for club meeting
	. coa ana zovolageo io, ciaz mocanig
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payao namo
03/28/2023	Payee name Highfield, Al
Amount (\$)	Payee address; City; State; Zip Code
\$169.75	1066 Fairway Dr
Expenditure from corporate funds	Canyon Lake, TX 77357
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
LAI LINDITURE	Check if Austin, TX, officeholder living expense
	Food and Beverages for club meeting
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 4/10 Rpt: 9/15	Republican Club of Comal County 00059550
4 Date	5 Payee name
04/25/2023	Highfield, Al
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$158.75	1066 Fairway Dr
- Formani (Co. Co.	
Expenditure from corporate funds	Canyon Lake, TX 77357
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
D. LIBITORE	Check if Austin, TX, officeholder living expense
	Food and Beverages for club meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2	
Date	Payee name
05/23/2023	Highfield, Al
Amount (\$)	Payee address; City; State; Zip Code
\$160.42	1066 Fairway Dr
Expenditure from corporate funds	Canyon Lake, TX 77357
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Food and Beverages for club meeting
	Food and beverages for club meeting
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
06/27/2023	Highfield, Al
	-
Amount (\$)	Payee address; City; State; Zip Code
\$135.18	1066 Fairway Dr
Expenditure from	
corporate funds	Canyon Lake, TX 77357
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Food and Beverages for club meeting
Commission ONUV Editor	Candidate/Officeholder page
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
21.12.11.21.12.12.12.12.12.12.12.12.12.1	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services  The Instruction Guide ex	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 5/10 Rpt: 10/15	Republican	Club of Comal Coun	ty				00059550	
4 Date	5 Payee name							
01/14/2023	Highfield, A	<u> </u>						
6 Amount (\$)	7 Payee addres		State; Zip Co	ode				
\$756.67	1066 Fairwa	ay Dr						
Expenditure from								
corporate funds	Canyon Lak	e, TX 77357						
8 PURPOSE OF		ee Categories listed at the top o		(b)	Description			
EXPENDITURE	Office Over	nead/Rental Expense	е		므		de of Texas. Com officeholder living	
					Computer for			
9 Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	<u>l</u> ught			Office he	eld
expenditure to benefit C/O	<del></del>							
Date	Payee name							
05/19/2023	Lee, Donna							
Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode				
\$43.12	1542 Lakes	ide Dr W						
Expenditure from corporate funds	Canyon Lak	e, TX 78133						
PURPOSE OF		ee Categories listed at the top o		(b)	Description		d4.T-: 0	alata Calcadula T
EXPENDITURE	Solicitation/	Fundraising Expense	9		<b>=</b>		de of Texas. Com officeholder living	
					Fundraiser M			· - 1 · · · · · · · · ·
						-		
Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ught			Office he	eld
expenditure to benefit C/OI	4							
Date	Payee name							
01/17/2023	Montgomer	y, Cindi						
Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode				
\$45.87	394 Turkey	Cave	•					
Expenditure from corporate funds	New Braunf	els, TX 78132						
PURPOSE	(a) Category (Se	ee Categories listed at the top of	of this schedule)	(b)	Description			
OF EXPENDITURE	Printing Exp		•				de of Texas. Com	
Di Libiloit					ш		officeholder living	
					Name tags fo	ıı C	iub member	5.
Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	uabt			Office he	ald
expenditure to benefit C/OI		ocholaci Hailie	Onice Sui	agrit			Onice ne	Ju

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Stour out a trymone	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/10 Rpt: 11/15	Republican Club of Comal County 00059550
4 Date	5 Payee name
02/22/2023	Montgomery, Cindi
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$34.10	394 Turkey Cave
Expenditure from corporate funds	New Braunfels, TX 78132
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Name tags for Club members.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>-</del>
Date	Payee name
03/20/2023	Montgomery, Cindi
Amount (\$)	Payee address; City; State; Zip Code
\$79.56	394 Turkey Cave
Expenditure from corporate funds	New Braunfels, TX 78132
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Name tags for Club members.
Complete ONLY Station	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
04/17/2023	Montgomery, Cindi
Amount (\$)	Payee address; City; State; Zip Code
\$68.20	394 Turkey Cave
Evpanditura from	
Expenditure from corporate funds	New Braunfels, TX 78132
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Name tags for Club members.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/O	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Political Credit Card Payment		ges/Contract Labor OTHER (enter a category not listed above)
oreak oard r tryment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/10 Rpt: 12/15	Republican Club of Comal County	00059550
4 Date	5 Payee name	•
06/07/2023	Montgomery, Cindi	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e
\$68.20	394 Turkey Cave	
730.20	oo ao, oaro	
Expenditure from	Now Prountale TV 70122	
corporate funds	New Braunfels, TX 78132	
8 PURPOSE (	6 ) (est canagement and are rep or annotation)	b) Description
EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Name tags for Club members.
		· ·
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held
expenditure to benefit C/OH		
Date	Payon namo	
03/18/2023	Payee name Montgomery, Cindi	
	<u> </u>	
Amount (\$)	Payee address; City; State; Zip Cod	е
\$12.50	394 Turkey Cave	
Expenditure from		
corporate funds	New Braunfels, TX 78132	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Postage	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Postage
Complete ONLY if direct	Condidate/Officeholder name Office cours	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	nt Office held
· · · · · · · · · · · · · · · · · · ·		
Date	Payee name	
02/16/2023	Montgomery, Cindi	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$204.75	394 Turkey Cave	
Evpanditura from		
Expenditure from corporate funds	New Braunfels, TX 78132	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Postage	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		Postage for Mailers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	nt Office held
experience to belief 6/011		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Fil	lers)
Sch: 8/10 Rpt: 13/15	Republican Club of Comal County		00059550	
4 Date	5 Payee name		•	
05/15/2023	National Pens			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$141.20	342 Shelbyville Mills Road			
Expenditure from corporate funds	Shelbyville, TN 37160-0189			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	ı <u>—</u>	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense	
		. —	g Expense	
		, avortion	g Expense	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office held	
expenditure to benefit C/Ol		agrit	Office field	
Date				
Date	Payee name			
01/16/2023	National Pens			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$206.05	342 Shelbyville Mills Road			
Expenditure from				
corporate funds	Shelbyville, TN 37160-0189			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	l	
OF EXPENDITURE	Advertising Expense		avel outside of Texas. Complete Schedule T.	
		. —	ustin, TX, officeholder living expense	
		Pens with	our Clubs Name	
Commission ONII V if dispose	Condidate/Officeholder name		Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ugnt	Office held	
'				
Date	Payee name			
05/13/2023	Seiler, Maria			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$10.25	5653 High Forest Dr			
— Forest diture from				
Expenditure from corporate funds	New Braunfels, TX 78132			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1	
OF	Office Overhead/Rental Expense	I — :	avel outside of Texas. Complete Schedule T.	
EXPENDITURE	·		ustin, TX, officeholder living expense	
		Chalkboa	rds for membership	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held	
experialities to beliefft G/O				

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 9/10 Rpt: 14/15	Republican Club of Comal County 00059550	
4 Date	5 Payee name	
01/02/2023	Seiler, Patrick	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$57.76	5653 High Forest Dr	
Expenditure from corporate funds	New Braunfels, TX 78132	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Folders	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
Date	Payee name	
01/02/2023	Seiler, Patrick	
Amount (\$)	Payee address; City; State; Zip Code	
\$12.40	5653 High Forest Dr	
Ψ12.40	Social ringing of each bit	
Expenditure from corporate funds	New Braunfels, TX 78132	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Avery Dividers	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
experioritare to benefit 6/6/1		
Date	Payee name	
01/05/2023	Seiler, Patrick	
Amount (\$)	Payee address; City; State; Zip Code	
\$16.08	5653 High Forest Dr	
Ψ10.00	3033 Filgri Folest Di	
Expenditure from corporate funds	New Braunfels, TX 78132	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	6 Paper writing tablets	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(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)

Credit Card Payment  The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/10 Rpt: 15/15	Republican Club of Comal County	00059550
4 Date	5 Payee name	
01/14/2023	Seiler, Patrick	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$13.94	5653 High Forest Dr	
Expenditure from corporate funds	New Braunfels, TX 78132	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Wireless mouse
		05.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt Office held
·		
Date	Payee name	
01/19/2023	UZ Marketing	
Amount (\$)	Payee address; City; State; Zip Code	
\$139.98	5900 Bingle Rd.	
Expenditure from		
corporate funds	Houston, TX 77092	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Advertising Expense	Check if Avetic TV, officeholder living average
		Check if Austin, TX, officeholder living expense  Advertising Expense
		haverdoing Expense
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/OH		