#### 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) 00084016 3 COMMITTEE NAME **OFFICE USE ONLY** Wimberley Area Republicans Date Received **ELECTRONICALLY FILED** 08/22/2023 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 1763 Date Hand-delivered or Date Postmarked Change of Address WIMBERLEY, TX 78676 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Gay NAME NICKNAME LAST **SUFFIX** McDorman STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2 Lakewood Circle STREET **ADDRESS** (Residence or Business) Wimberley, TX 78676 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 1763 MAILING **ADDRESS** Wimberley, TX 78676 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 991-4002 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 χ Other Runoff 05/06/2023 General Special local **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)
Wimberley Area Repu	blicans		00084016	
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		
	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 IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	3,005.10
	2. TOTAL POLITICA  (OTHER THAN PLE	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,765.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,652.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	9,090.98
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mrs. Gay	McDorman	
		Signature of Ca	mpaign Treasur	er
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of office	er administering oath

### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

			;	3 of 21
17 COMMITT Wimberle	EE NAME y Area Republicans	<b>18</b> Filer ID 00084016	(Ethics Commission F	-ilers)
	E SUBTOTALS SCHEDULE		SUBTOTAL AMO	OUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,765.10
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$	
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	\$	4,652.04
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	\$	
1				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULI	E <b>A1</b>	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/21	
2	FILER NAME Wimberley A	rea Republicans		3	Filer ID (Ethics Commission 00084016	n Filers)
4			7	Amount of Contribution (\$)	\$40.00	
_	Deinsinal	WIMBERLEY, TX 78676				
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 02/19/2023	Full name of contributor out-of-state PAC (ID#:_ Boga, David Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$30.00
	Deinsinal assu	Woodcreek, TX 78676	Faralousy (Coolingtoustings)			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
Date Full name of contributor out-of-state PAC (ID#:)  03/05/2023 Britner, Nancye  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00		
		Woodcreek, TX 78676				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/17/2023	Full name of contributor out-of-state PAC (ID#:_ Brizendine, Judy Contributor address; City; State; Zip Code Wimberley, TX 78676			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 02/18/2023	Full name of contributor out-of-state PAC (ID#:_ Everleigh, Marti  Contributor address; City; State; Zip Code  Wimberley, TX 78676	)		Amount of Contribution (\$)	\$5.00
	Principal occu Shuttle Serv	pation / Job title (See Instructions) ice	Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		<b>■ A1</b>	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/21		
2	FILER NAME  Wimberley Area Republicans		3	Filer ID (Ethics Commission 00084016	ı Filers)		
4	Date 03/18/2023			7	Amount of Contribution (\$)	\$5.00	
_		Wimberley, TX 78676	1-				
8	Shuttle Servi	pation / Job title (See Instructions) ce	9	Employer (See Instructions	;)		
Date Full name of contributor out-of-state PAC (ID#:)  01/09/2023 Kristina, Sandifer  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00			
	Dringinal accu	Wimberley, TX 78676 pation / Job title (See Instructions)		Employer (See Instructions			
	Retired	adion 7 Job title (See Instructions)		Employer (See instructions	')		
	Date Full name of contributor out-of-state PAC (ID#:) 01/04/2023 Mark, McDonald  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00		
		Wimberley, TX 78676					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 01/18/2023	Marti, Everliegh		)		Amount of Contribution (\$)	\$5.00
	Principal occu Shuttle Servi	oation / Job title (See Instructions) ce		Employer (See Instructions	)		
	Date 03/02/2023	McDorman, Ann				Amount of Contribution (\$)	\$40.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
			•				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULI	E <b>A1</b>	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/21	
2	FILER NAME Wimberley A	rea Republicans		3	Filer ID (Ethics Commission 00084016	ı Filers)
4	Date 06/18/2023	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$40.00
0	Principal occu	Wimberley, TX 78676 pation / Job title (See Instructions)	9 Employer (See Instructions			
8	Retired	pation / Job title (See Instructions)	Retired	)		
Date Full name of contributor out-of-state PAC (ID#:)  02/14/2023 Monroe, Aubry  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00		
	Dein sin al a a a a	Wimberley, TX 78676	Frankrije (Ozakastinski			
	Realtor	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/23/2023 Moreno, Tennyson  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00	
		San Marcos, TX 78666				
	Principal occu student	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/04/2023	Full name of contributor out-of-state PAC (ID#:_Paul, Mary Pat  Contributor address; City; State; Zip Code  Dripping Springs, TX 78620			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/02/2023	Full name of contributor out-of-state PAC (ID#:_Peterson, Christin (Mrs.)  Contributor address; City; State; Zip Code  Wimberley, TX 78676			Amount of Contribution (\$)	\$30.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 4/5 Rpt: 7/21	
2	FILER NAME  Wimberley Area Republicans		3	Filer ID (Ethics Commission 00084016	ı Filers)	
4	Date 01/09/2023	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$40.00
		Wimberley, TX 78676				
8	Principal occu <sub>l</sub> Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 01/23/2023	Full name of contributor out-of-state PAC (ID#:_Strain, Christine  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occur	Wimberley, TX 78676 pation / Job title (See Instructions)	Employer (See Instructions	) )		
	Bookkeeper			,		
	Date Full name of contributor out-of-state PAC (ID#:)  02/02/2023 Tessaro, Patricia  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00	
		Wimberley, TX 78676				
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 04/02/2023	Full name of contributor out-of-state PAC (ID#:_Tessaro, Patricia  Contributor address; City; State; Zip Code  Wimberley, TX 78676			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/02/2023	Full name of contributor out-of-state PAC (ID#:_Tessaro, Patricia  Contributor address; City; State; Zip Code  Wimberley, TX 78676			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	)		
			1			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 5/5 Rpt: 8/21	
2	FILER NAME Wimberley A	Area Republicans		3	Filer ID (Ethics Commission 00084016	n Filers)
4	Date 06/02/2023  5 Full name of contributor out-of-state PAC (ID#:) Tessaro, Patricia  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$40.00	
•	Dringing ogg	Wimberley, TX 78676	Employer (See Instructions	<u>,,</u>		
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 01/02/2023	Full name of contributor out-of-state PAC (ID#: Tessaro, Patricia (Mrs.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Point in all and	Wimberley, TX 78676	Fundame (Contraction			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/09/2023	Full name of contributor out-of-state PAC (ID#: Tracie, Wright-Reneau  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$30.00
	Dringinal occu	New Braunfels, TX 78130  pation / Job title (See Instructions)	Employer (See Instructions	·/		
	Judge	pation / 300 title (See Instructions)	Employer (See Instructions	•)		

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	lete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer I	(Ethics Commission Filers)
Sch: 1/13 Rpt: 9/21	Wimberley Area Republicans	00084	1016
4 Date	5 Payee name	<u> </u>	
02/24/2023	AT&T		
6 Amount (\$)	7 Payee address; City; State; Zip Co		
\$41.92	PO Box 537104		
Expenditure from corporate funds	Atlanta, GA 30353		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description	
OF	Office Overhead/Rental Expense	Check if travel outside of Tex	as. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officehold	
		Recurring monthly tele	phone
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	t Of	fice held
experientare to benefit e/of	<u>'</u>		
Date	Payee name		
03/24/2023	AT&T		
Amount (\$)	Payee address; City; State; Zip Co		
\$41.94	PO Box 537104		
Expenditure from corporate funds	Atlanta, GA 30353		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Tex	
EXI ENDITORE		Check if Austin, TX, officehold	
		Recurring monthly Tel	ерноне
Complete ONLY if direct	Candidate/Officeholder name Office sou	t Ot	fice held
expenditure to benefit C/O		ı Oi	lice field
Dete			
Date	Payee name AT&T		
04/24/2023			
Amount (\$)	Payee address; City; State; Zip Co		
\$41.90	PO Box 537104		
Expenditure from			
corporate funds	Atlanta, GA 30353		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	) Description	
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Tex  Check if Austin, TX, officehold	·
		Recurring monthly Tel	
		<u> </u>	•
Complete ONLY if direct	Candidate/Officeholder name Office sou	t Of	fice held
expenditure 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

Candidate/Officeholder/Politica Credit Card Payment		, , , , ,
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/13 Rpt: 10/21	Wimberley Area Republicans	00084016
4 Date	5 Payee name	
05/22/2023	AT&T	
6 Amount (\$) \$41.90	7 Payee address; City; State; Zip Code PO Box 537104	
Expenditure from corporate funds	Atlanta, GA 30353	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
OF EXPENDITURE	Since Overnous Expense	ravel outside of Texas. Complete Schedule T.
-	l —	sustin, TX, officeholder living expense
	Recurring	monthly Telephone
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
01/24/2023	AT&T	
Amount (\$)	Payee address; City; State; Zip Code	
\$42.01	PO Box 537104	
Expenditure from corporate funds	Atlanta, GA 30353	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
OF EXPENDITURE	Office Overfiedd/Nerflat Experise	ravel outside of Texas. Complete Schedule T.
	I	uustin, TX, officeholder living expense monthly telephone
	Recurring	monthly telephone
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
02/27/2023	Canva	
Amount (\$)	Payee address; City; State; Zip Code	
\$119.99	200 E 6th St	
Expenditure from	200 2 001 00	
corporate funds	Camden, DE 19934	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Compater rogiani	avel outside of Texas. Complete Schedule T.
	I	austin, TX, officeholder living expense
	Graphics	
Operation Children	Constitute (Office helder name	Office hald
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held

#### SCHEDULE F1

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

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 3/13 Rpt: 11/21	Wimberley Area Republicans 00084016
4 Date	5 Payee name
03/02/2023	Constant Contact
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$249.51	11801 Mississippi Avenue
	Suite 200
Expenditure from corporate funds	Los Angeles , CA 90025
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Program
	i Togram
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>-</del>
Date	Payee name
01/12/2023	Dollar General
Amount (\$)	Payee address; City; State; Zip Code
\$40.04	125 Carney Ln
Expenditure from corporate funds	Wimberley, TX 78676
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Misc decorations
	Wilde decorations
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	D
Date 01/15/2023	Payee name  Dollar General
Amount (\$)	Payee address; City; State; Zip Code
\$56.03	125 Carney Ln
Expenditure from corporate funds	Wimberley, TX 78676
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Marti Eveleigh
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>

#### 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

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

Candidate/Officeholder/Politica Credit Card Payment	I 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: 4/13 Rpt: 12/21	Wimberley Area Republicans 00084016
4 Date	5 Payee name
02/27/2023	File 990 .Org
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$84.99	P O Box 2277
Expenditure from	
corporate funds	Columbus, GA 31902
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Filing
	T ming
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
5.	
Date	Payee name
01/01/2023	J N J Stow Away
Amount (\$)	Payee address; City; State; Zip Code
\$65.00	16901 Ranch Road 12
Evnanditura from	
Expenditure from corporate funds	Wimberley, TX 78676
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Recurring Monthly Rental
Commission ONLY if dispose	Condidate/Office helds name Office accepts
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
02/01/2023	J N J Stow Away
Amount (\$)	Payee address; City; State; Zip Code
\$65.00	16901 Ranch Road 12
- Evpanditura from	
Expenditure from corporate funds	Wimberley, TX 78676
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Recurring Monthly Rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponential to belieff 0/01	•

#### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/13 Rpt: 13/21	Wimberley Area Republicans	00084016
4 Date	5 Payee name	•
03/01/2023	J N J Stow Away	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$65.00	16901 Ranch Road 12	
Expenditure from corporate funds	Wimberley, TX 78676	
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.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		Recurring Monthly Rental
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
Data		
Date 04/01/2023	Payee name	
	J N J Stow Away	
Amount (\$)	Payee address; City; State; Zip Code	
\$65.00	16901 Ranch Road 12	
Expenditure from		
corporate funds	Wimberley, TX 78676	
PURPOSE OF	5 ) (eee earligemen and are top or and constant)	Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Recurring Monthly Rental
		,
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
05/01/2023	J N J Stow Away	
Amount (\$)	Payee address; City; State; Zip Code	
\$65.00	16901 Ranch Road 12	
Expenditure from corporate funds	Wimberley, TX 78676	
PURPOSE		Description
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Recurring Monthly Rental
		200
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
- p - 1.13.12 12 20.10.11 3701		

#### SCHEDULE F1

**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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/13 Rpt: 14/21	Wimberley Area Republicans	00084016
4 Date	5 Payee name	<u> </u>
06/01/2023	J N J Stow Away	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$65.00	16901 Ranch Road 12	
Expenditure from corporate funds	Wimberley, TX 78676	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Recurring Monthly Rental
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		giil Oilide Heid
Data		
Date	Payee name	
06/21/2023	Judy, Brizendine	
Amount (\$)	Payee address; City; State; Zip Co	de
\$581.17	41 Doolittle	
Expenditure from		
corporate funds	Wimberely, TX 78676	
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.
LA LIBITORE		Check if Austin, TX, officeholder living expense
		Computer
		0.00
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
Date	Payee name	
01/17/2023	Locke, Cathy	
Amount (\$)	Payee address; City; State; Zip Co	de
\$92.99	90 Ridgewood Circle	
Expenditure from corporate funds	Wimberley, TX 78676	
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.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Hospitality
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
experiorare to benefit C/Of	1	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Candidate/Officeholder/Politica Credit Card Payment	I 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: 7/13 Rpt: 15/21	Wimberley Area Republicans 00084016
4 Date	5 Payee name
02/21/2023	Locke, Cathy
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$35.92	90 Ridgewood Circle
— Foresedit ve from	
Expenditure from corporate funds	Wimberley, TX 78676
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  Hospitality
	riospitality
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Dougo nomo
03/22/2023	Payee name
	Locke, Cathy
Amount (\$)	Payee address; City; State; Zip Code
\$80.42	90 Ridgewood
Expenditure from	
corporate funds	Wimberley, TX 78676
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  Hospitality
	, isopitally
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/14/2023	Locke, Cathy
Amount (\$)	Payee address; City; State; Zip Code
\$462.47	90 Ridgewood Cir
Ψ402.47	30 Mugewood Cii
Expenditure from	Wimberley, TX 78676
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Fivent Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	College Event w/Turning Point USA
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

#### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/13 Rpt: 16/21	Wimberley Area Republicans	00084016
4 Date	5 Payee name	
04/18/2023	National Pen Company	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$393.92	342 Shelbyville Mills Road	
Expenditure from corporate funds	Shelbyville, TN 37160-0189	
8 PURPOSE OF	, , ,	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Pens
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		S
Date	Davis name	
01/15/2023	Payee name PETERSON, JEFFERIS	
Amount (\$)	Payee address; City; State; Zip Co	de
\$78.23	2251 WINDMILL RUN	
Expenditure from corporate funds	WIMBERLEY, TX 78676	
PURPOSE		(b) Description
OF	Technology	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	166111.0.099	Check if Austin, TX, officeholder living expense
		Webdesign
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
04/16/2023	REVES, WILLA	
Amount (\$)	Payee address; City; State; Zip Co	de
\$61.12	110 LIBERTY LANE	
Expenditure from corporate funds	WIMBERLEY, TX 78676	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Gifts & Decor
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held

#### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 9/13 Rpt: 17/21	Wimberley Area Republicans  00084016
4 Date	5 Payee name
01/01/2023	Union Insurance
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$49.58	Starr Agency
Expenditure from	PO Box 2550
corporate funds	Wimberley, TX 78676
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Insurance Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  D&O
	Date:
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>-</del>
Date	Payee name
03/01/2023	Union Insurance
Amount (\$)	Payee address; City; State; Zip Code
\$49.58	Starr Agency
	PO Box 2550
Expenditure from corporate funds	Wimberley, TX 78676
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Insurance companies Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	D&O
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
05/01/2023	Union Insurance
Amount (\$)	Payee address; City; State; Zip Code
\$49.58	Starr Agency
Expenditure from	PO Box 2550
corporate funds	Wimberley, TX 78676
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Insurance Companies Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  D&O
Complete ONLY 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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/13 Rpt: 18/21	Wimberley Area Republicans 00084016
4 Date	5 Payee name
06/01/2023	Union Insurance
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$49.58	Starr Agency
Expenditure from	PO Box 2550
corporate funds	Wimberley, TX 78676
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Insurance companies Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  D&O
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/15/2023	VFW POST 6441
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	401 JACOBS WELL ROAD
Expenditure from corporate funds	WIMBERLEY, TX 78676
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Monthly Recurring
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/19/2023	VFW POST 6441
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	401 JACOBS WELL ROAD
Expenditure from corporate funds	WIMBERLEY, TX 78676
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  Monthly Recurring
	monthly resuming
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiorale to belief C/O	'

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 11/13 Rpt: 19/21	Wimberley Area Republicans	00084016
4 Date	5 Payee name	
03/19/2023	VFW POST 6441	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$150.00	401 JACOBS WELL ROAD	
Expenditure from		
corporate funds	WIMBERLEY, TX 78676	
8 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.
		Check if Austin, TX, officeholder living expense  Monthly Recurring
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	office held
expenditure to benefit C/O		
Date	Payee name	
04/16/2023	VFW POST 6441	
Amount (\$)	Payee address; City; State; Zip Code	
\$150.00	401 JACOBS WELL ROAD	•
<b>\$155.55</b>	TOTO NOODO WELL NO. 15	
Expenditure from corporate funds	WIMBERLEY, TX 78676	
PURPOSE OF	, , ,	Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Monthly Recurring
Complete ONLY if direct	Candidate/Officeholder name Office sough	ot Office held
expenditure to benefit C/O	+	
Date	Payee name	
05/21/2023	VFW POST 6441	
Amount (\$)	Payee address; City; State; Zip Code	2
\$150.00	401 JACOBS WELL ROAD	
Expenditure from corporate funds	WIMBERLEY, TX 78676	
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.
		Check if Austin, TX, officeholder living expense  Monthly Recurring
		Monany
Complete ONLY if direct	Candidate/Officeholder name Office sough	office held
expenditure to benefit C/O	•	Cinico non

#### SCHEDULE F1

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

Candidate/Officeholder/Politica Credit Card Payment	Al 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: 12/13 Rpt: 20/21	Wimberley Area Republicans 00084016	
4 Date	5 Payee name	
02/19/2023	VFW POST 6441	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$130.00	401 JACOBS WELL ROAD	
Expenditure from corporate funds	WIMBERLEY, TX 78676	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
	Check if Austin, TX, officeholder living expense  Monthly Recurring	
	Worlding Recurring	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	
Date	Payee name	=
04/16/2023	Villapando, Eric (Officer)	
Amount (\$)	Payee address; City; State; Zip Code	_
\$200.00	1 Main Street	
Expenditure from corporate funds	Wimberley, TX 78676	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Security from an off duty officer	
	Security from an on daty officer	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Davies warms	_
05/02/2023	Payee name WIMBERLEY CHAMBER OF COMMERCE	
		_
Amount (\$)	Payee address; City; State; Zip Code	
\$145.00	PO BOX 121	
Expenditure from		
corporate funds	WIMBERLEY, TX 78676	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Membership	
	Membership	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/Ol	<b>o</b>	
		_

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 13/13 Rpt: 21/21	Wimberley Area Republicans  00084016
4 Date	5 Payee name
06/02/2023	WIMBERLEY CHAMBER OF COMMERCE
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$80.00	PO BOX 121
Expenditure from	
corporate funds	WIMBERLEY, TX 78676
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Parade Entry
	T drade Lindy
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/23/2023	Yowell, Christie
Amount (\$)	Payee address; City; State; Zip Code
\$36.07	137 Stoney Creek Vista
Expenditure from	
corporate funds	Wimberley, TX 78676
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
	Hospitality
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	Para a sana
Date 04/16/2023	Payee name Yowell, Christie
Amount (\$)	Payee address; City; State; Zip Code
\$176.18	137 Stoney Circle
Expenditure from	
corporate funds	Wimberley, TX 78676
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  Hospitality
	Ποοριαπιγ
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	