#### 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) 00015720 3 COMMITTEE NAME **OFFICE USE ONLY New Braunfels Conservatives** Date Received **ELECTRONICALLY FILED** 07/16/2023 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 310008 Date Hand-delivered or Date Postmarked Change of Address New Braunfels, TX 78131 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** John S. NAME NICKNAME LAST **SUFFIX** Sheppard STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1603 Beaujolais STREET **ADDRESS** (Residence or Business) New Braunfels, TX 78132 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1603 Beaujolais MAILING **ADDRESS** New Braunfels, TX 78132 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (707) 217-0555 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** 04/27/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** X Other Month Day Year Primary Runoff 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)
New Braunfels Conse	rvatives		00015720	
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 check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,640.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	5,206.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	29,705.64
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<u> </u>		·	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		John S.	Sheppard	
		Signature of Car		rer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of office	er administering oath

## **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

			_	3 of 19
17 COMMITT	EE NAME Infels Conservatives	<b>18</b> Filer ID 00015720	(Ethics Commission	n Filers)
		00010720	1	
19 SCHEDUL NAME OF	SUBTOTAL A	MOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,640.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	5,206.99
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	SCHEDULE A1		
The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/19	
2 FILER NAME New Braunfe	els Conservatives		3 Filer ID (Ethics Commission F 00015720	ilers)
4 Date 06/02/2023	5 Full name of contributor out-of-state PAC (ID#: Anderson, Lawrence 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$)	\$15.00
O Deire die alle a con	New Braunfels, TX 78130	De Faralance (Control landon dise	<u> </u>	
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	)	
Date Full name of contributor out-of-state PAC (ID#:)  05/15/2023 Bascon, Stephanie  Contributor address; City; State; Zip Code  New Braunfels, TX 78130		Amount of Contribution (\$)	\$135.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Judge		Gov		
Date 05/15/2023	Full name of contributor out-of-state PAC (ID#:_Calder, Sam  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	\$10.00
	New Braunfels, TX 78132			
Principal occu Sales	pation / Job title (See Instructions)	Employer (See Instructions Sales	)	
Date 06/19/2023	Full name of contributor out-of-state PAC (ID#:_ Carver, Derick Contributor address; City; State; Zip Code  New Braunfels, TX 78132		Amount of Contribution (\$)	\$35.00
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)	
Date 06/19/2023	Full name of contributor out-of-state PAC (ID#: Ceh, Steve Contributor address; City; State; Zip Code Caynon Lake, TX 78133		Amount of Contribution (\$)	\$50.00
Principal occu Pastor	pation / Job title (See Instructions)	Employer (See Instructions Pastor	)	
•	pation / Job title (See Instructions)	1 ' ' '	)	

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/19	
2	FILER NAME	ala Camanyatiyaa		3	Filer ID (Ethics Commission	on Filers)
		els Conservatives		L	00015720	
4	Date 05/08/2023	5 Full name of contributor out-of-state PAC (ID#:_ Chambers, Ruth	_	7	Amount of Contribution (\$)	\$1,000.00
		6 Contributor address; City; State; Zip Code				
		New Braunfels, TX 78130				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>		Amount of Contribution (\$)	
	06/30/2023	Dalmas, Shirley				\$100.00
		Contributor address; City; State; Zip Code		1		
		New Braunfels, TX 78132				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Actress, Sin	ger	Self Employeed			
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	05/04/2023	Davis, Jennifer				\$35.00
		Contributor address; City; State; Zip Code				
		New Braunfels, TX 78130				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	:) 		
	Retired	pation 7 305 title (See Instructions)	Retired	"		
		Full page of contributor	1		Amount of Contribution (\$)	
	Date 06/07/2023	Full name of contributor out-of-state PAC (ID#:_ Drotts, Christine	)		Amount of Contribution (\$)	\$135.00
	00/01/2023			-		Ψ133.00
		Contributor address; City; State; Zip Code				
		New Braunfels, TX 78130				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Homemaker		Homemaker			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Г	Amount of Contribution (\$)	
	06/30/2023	Ferguson, Nancy				\$25.00
		Contributor address; City; State; Zip Code		1		
		New Braunfels, TX 78132				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/19	
2	FILER NAME New Braunfe	els Conservatives		3 Filer ID (Ethics Commission Filer 00015720	s)
4			7 Amount of Contribution (\$)	35.00	
_	<u> </u>	New Braunfels, TX 78132	10.5 1 (0.1 )		
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	ns)	
Date Full name of contributor out-of-state PAC (ID#:)  Furlong, Chris  Contributor address; City; State; Zip Code  New Braunfels, TX 78132		Amount of Contribution (\$) \$3	35.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	ns)	
	Date 06/22/2023	Full name of contributor out-of-state PAC (ID Haight, Kelly  Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	35.00
	Principal occu	Sattler, TX 78132 pation / Job title (See Instructions)	Employer (See Instructions	ne)	
	Director of C		Employer (See Instructions	10)	
	Date 06/11/2023	Contributor address; City; State; Zip Code	)	Amount of Contribution (\$)	35.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Retired		Retired		
	Date 06/11/2023	Full name of contributor out-of-state PAC (ID Hall, Bill  Contributor address; City; State; Zip Code  Schertz, TX 78154	)	Amount of Contribution (\$)	.0.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	ns)	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	INS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how t	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/19	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		els Conservatives	_			00015720	
4	Date 05/06/2023	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$35.00
8	Principal occu	New Braunfels, TX 78132 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Health Care	,			,		
	Date 06/19/2023	Full name of contributor Lee, Donna  Contributor address; City; Stat	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$35.00
		Canyon Lake, TX 78133					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/02/2023	Full name of contributor [ Lefever, Jennifer (Ms.)  Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
		New Braunfels, TX 78132					
	Principal occu Self Employe	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	i)		
Date Full name of contributor out-of-state PAC (ID#:)  06/02/2023 Lefever, Steven (Mr.)  Contributor address; City; State; Zip Code  New Braunfels, TX 78132			Amount of Contribution (\$)	\$15.00			
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/02/2023	Full name of contributor  McMillian, Amanda  Contributor address; City; Stat  New Braunfels, TX 78130	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$35.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONEI	ARY POLITICAL C	CONTRIBUTIO	)N:	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/19	
2	FILER NAME New Braunfe	els Conservatives				3	Filer ID (Ethics Commission 00015720	n Filers)
4	4 Date 05/15/2023  5 Full name of contributor out-of-state PAC (ID#:) Mesaros, Joeylynn  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$45.00			
8	Principal occu Free Speech	New Braunfels, TX 78130 pation / Job title (See Instructions n Defender			Employer (See Instructions Self	5)		
	Date 06/02/2023	Full name of contributor Mulholland, Dave Contributor address; City; St New Braunfels, TX 78130					Amount of Contribution (\$)	\$115.00
	Principal occu Retired	pation / Job title (See Instructions			Employer (See Instructions Retired	5)		
	Date 06/02/2023	Full name of contributor Mulholland, Katherine  Contributor address; City; St	·		)		Amount of Contribution (\$)	\$135.00
	Principal occu Retired	New Braunfels, TX 78130 pation / Job title (See Instructions			Employer (See Instructions Retired	<u> </u>		
	Date 06/19/2023	Full name of contributor Nishimuta, Diana Contributor address; City; St  New Braunfels, TX 78130	·				Amount of Contribution (\$)	\$100.00
	Principal occu Self Employe	pation / Job title (See Instructions ed	)		Employer (See Instructions Self Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  05/15/2023 Olney, Lynn  Contributor address; City; State; Zip Code  New Braunfels, TX 78132			Amount of Contribution (\$)	\$20.00			
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	)		
			<del></del>	_	<del></del>			

	MONEI	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/19	
2	FILER NAME	la Canaan eti ea		3	Filer ID (Ethics Commission	Filers)
		ls Conservatives		_	00015720	
4	Date 06/19/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$50.00
		New Braunfels, TX 78130				
8	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions     Retired	s)		
	Date Full name of contributor out-of-state PAC (ID#:)  04/27/2023 Paulette, Elizabeth  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00	
	Data disal assess	New Braunfels, TX 78130	Frankrika (Osas kratovski sva	<u></u>		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	S)		
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID#:_Pulpan, Clint  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$35.00
		Canyon Lake, TX 78133				
	Principal occu Government	pation / Job title (See Instructions)	Employer (See Instructions Government	s)		
Date Full name of contributor out-of-state PAC (ID#:)  05/15/2023 Rodriguez, Gilbert  Contributor address; City; State; Zip Code  New Braunfels, TX 78130			Amount of Contribution (\$)	\$35.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date 06/12/2023	Full name of contributor out-of-state PAC (ID#:_ Roth, Janice Contributor address; City; State; Zip Code  New Braunfels, TX 78132	)		Amount of Contribution (\$)	\$35.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	<u>I</u> S)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/19	
2	FILER NAME New Braunfe	els Conservatives		3	Filer ID (Ethics Commission 00015720	n Filers)
4	Date 05/14/2023	Full name of contributor	_	7	Amount of Contribution (\$)	\$50.00
		New Braunfels, TX 78133				
8	Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions Retired	5)		
	Date 05/15/2023	Full name of contributor out-of-state PAC (ID#:_ Stansbury, Diane Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$10.00
	Principal occu	New Braunfels, TX 78131 upation / Job title (See Instructions)	Employer (See Instructions Retired	<u> </u> s)		
	Date 06/19/2023	Full name of contributor out-of-state PAC (ID#:_ Webb, Kevin Contributor address; City; State; Zip Code	)	-	Amount of Contribution (\$)	\$10.00
		New Braunfels, TX 78131				
	Principal occu Commisione	upation / Job title (See Instructions) er	Employer (See Instructions Gov	s)		
	Date 06/19/2023	Full name of contributor out-of-state PAC (ID#:_ Wohl, Mary  Contributor address; City; State; Zip Code  New Braunfels, TX 78132		•	Amount of Contribution (\$)	\$35.00
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	5)		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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: 1/9 Rpt: 11/19	New Braunfels Conservatives 00015720
4 Date	5 Payee name
05/31/2023	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$47.40	1340 Poydras St
	Ste 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	credit card charge fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/30/2023	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$37.19	1340 Poydras St
	Ste 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
	Credit card charging fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/30/2023	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$36.54	1340 Poydras St
Ψ30.54	
Expenditure from	Ste 1770
corporate funds	New Orleans, LA 70112
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
	Credit card charging fees
	Greatt out a ortal gring rees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	•

#### 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	al Committee Legal Services Salaries/W  The Instruction Guide explains how to cor	ages/Contract Labor OTHER (enter a category not listed above)  nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/9 Rpt: 12/19	New Braunfels Conservatives	00015720
4 Date	5 Payee name	
06/19/2023	Columbus Club	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$400.00	111 Landa St	
Expenditure from corporate funds	New Braunfels, TX 78130	
8 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
		Hall rental for June general mtg.
		Train officer for ourse gorner at mig.
Complete ONLY if direct expenditure to benefit C/OI	I L Candidate/Officeholder name Office soug H	pht Office held
Dete		
Date	Payee name	
05/15/2023	Columbus Club	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$1,600.00	111 Landa St	
Expenditure from corporate funds	New Braunfels, TX 78130	
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.
		Club hall rental for Feb., March, April, and May
		general club meetings
Complete ONLY if direct	Candidate/Officeholder name Office soug	aht Office held
expenditure to benefit C/Ol		The Theu
Date	Payee name	
05/15/2023	Davidson, Donna	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$1,070.00	PO Boc 12131	
Expenditure from corporate funds	Austin, TX 78711	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Legal Services	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Consultation
		Constitution
Complete ONLY if direct	Candidate/Officeholder name Office soug	aht Office held
expenditure to benefit C/Ol		Jis Office Hold

#### SCHEDULE F1

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

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

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

Travel Out of District
OTHER (onto a extension part listed above)

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: 3/9 Rpt: 13/19	New Braunfels Conservatives  00015720
4 Date	5 Payee name
06/30/2023	First Commercial Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.00	1336 E Court St
Expenditure from corporate funds	Seguin, TX 78155
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Monthly service charge
	Within y service charge
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Davido namo
04/28/2023	Payee name First Commercial Bank
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	1336 E Court St
Expenditure from corporate funds	Seguin, TX 78155
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Monthly service charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/31/2023	First Commercial Bank
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	1336 E Court St
Expenditure from corporate funds	Seguin, TX 78155
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Monthly service charge
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ical 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 IC	) (Ethics Commission Filers)	
Sch: 4/9 Rpt: 14/19	New Braunfels Conservatives 00015	5720	
4 Date	5 Payee name		
05/15/2023	Georgatos, Debbie		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	6531 Waggoner Dr		
Expenditure from corporate funds	Dallas, TX 75230		
8 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.		
EXPENDITORE	Check if Austin, TX, officehold	der living expense	
	Speaker fees		
Complete ONLY if direct expenditure to benefit C/OI		fice held	
experience to benefit 6/61	O11		
Date	Payee name		
06/01/2023	Google GSuite		
Amount (\$)	Payee address; City; State; Zip Code		
\$79.42	2 675 Ponce DeLeon		
Expenditure from corporate funds	Atlanta, GA 30308		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Fees Categories instead at the top of this schedule)	as. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officehold	der living expense	
	Software expense		
Complete ONLY if direct	Candidate/Officeholder name Office sought Of	fice held	
expenditure to benefit C/OI			
Data	D. D. C.		
Date	Payee name		
05/02/2023	Google GSuite		
Amount (\$)	Payee address; City; State; Zip Code		
\$70.36	675 Ponce DeLeon		
Expenditure from corporate funds	Atlanta, GA 30308		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Tex	as. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officehold	der living expense	
	Software		
Complete ONLY if direct	<b>U</b>	fice held	
expenditure to benefit C/OH			

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/9 Rpt: 15/19	New Braunfels Conservatives	00015720
4 Date	5 Payee name	
05/15/2023	HEB	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$19.42	2965 IH 35 North	
Expenditure from corporate funds	New Braunfles, TX 78130	
8 PURPOSE OF	, , ,	Description
EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		May general meeting
		., 3
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Since Hold
Data		
Date	Payee name	
05/15/2023	HEB	
Amount (\$)	Payee address; City; State; Zip Code	
\$31.37	2965 IH 35 North	
Expenditure from		
corporate funds	New Braunfles, TX 78130	
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  May general meeting
		may general meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
06/02/2023	Harris, Luke	
Amount (\$)	Payee address; City; State; Zip Code	
\$120.00	322 Beverly Dr.	
,	3 2,	
Expenditure from corporate funds	Corpus Christie, TX 78411	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Software services
Complete CNU V if all	Condidate/Officeholder neg -	Office hald
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
,		
Forms provided by Texas F	thics Commission www.ethics.state.tx.us	Version V3 5 1 a18ea2ca

### 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	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: 6/9 Rpt: 16/19	New Braunfels Conservatives 00015720		
4 Date	5 Payee name		
05/02/2023	Luke.Work		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$120.00	322 Beverly Drive		
·	, and the second se		
Expenditure from corporate funds	Corpus Christi, TX 78411		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Consulting Expense		
EXI ENDITORE	Check if Austin, TX, officeholder living expense		
	General software support		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experiulture to beriefft C/O			
Date	Payee name		
06/12/2023	Mailchimp		
Amount (\$)	Payee address; City; State; Zip Code		
\$21.32	675 Ponce DeLeon		
Ψ21.32	073 T Office Delectri		
Expenditure from			
corporate funds	Atlanta, GA 30308		
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		
	Software		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experialiture to beliefit C/O	1		
Date	Payee name		
05/10/2023	Mailchimp		
Amount (\$)	Payee address; City; State; Zip Code		
\$21.32	675 Ponce DeLeon		
<del>+</del>			
Expenditure from	Atlanta CA 20200		
corporate funds	Atlanta, GA 30308		
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  Software		
	Soliware		
Occupation Children	Ora didata (Office hadden granne		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
onponduction of one			

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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 compl	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/9 Rpt: 17/19	New Braunfels Conservatives	00015720
4 Date	5 Payee name	
06/05/2023	Petals To Go	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$105.00	1515 N Walnut	
Expenditure from		
corporate funds	New Braunfels, TX 78130	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	GIT/AWards/Memorials Expense	Check if Austin, TX, officeholder living expense
		Flowers
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
5.		
Date 05/31/2023	Payee name Square	
	Square  Payee address; City; State; Zip Code	
Amount (\$) \$2.74	Payee address; City; State; Zip Code 1455 Market St.	
Ψ2.14	1400 Market St.	
Expenditure from corporate funds	San Francisco, CA 94103	
PURPOSE OF	.,	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		credit card charging fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experience to belief cycl		
Date	Payee name	
06/30/2023	Square	
Amount (\$) \$3.81	Payee address; City; State; Zip Code 1455 Market St.	
Φ3.01	1455 Market St.	
Expenditure from corporate funds	San Francisco, CA 94103	
PURPOSE OF	, -	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		credit card charging fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

### 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

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

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: 8/9 Rpt: 18/19	New Braunfels Conservatives 00015720		
4 Date	5 Payee name		
04/30/2023	Square		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$7.60	1455 Market St.		
Expenditure from corporate funds	San Francisco, CA 94103		
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.		
	Credit card charging fees		
	Credit Card Charging lees		
Complete CNI V if direct	Candidate/Officeholder name Office cought Office hold		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
06/26/2023	Star Awards Inc		
Amount (\$)	Payee address; City; State; Zip Code		
\$52.50	1500 IH35 S		
Expenditure from corporate funds	New Braunfels, TX 78130		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Name tag expense Check if travel outside of Texas. Complete Schedule T.		
EXI ENDITORE	Check if Austin, TX, officeholder living expense		
	Name tags for members		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
experience to serious eye			
Date	Payee name		
05/15/2023	Star Awards Inc		
Amount (\$)	Payee address; City; State; Zip Code		
\$63.00	1500 IH35 S		
Expenditure from corporate funds	New Braunfels, TX 78130		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Nametags		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Member name tags		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
experience to benone of or i			

#### 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

Candidate/Officeholder/Politica Credit Card Payment	I Committee Le	egal Services  he Instruction Guide expla		ages/Contract Labor		OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
Sch: 9/9 Rpt: 19/19		s Conservatives				00015720	,
4 Date	5 Payee name						
06/27/2023	US Liability Ir	surance					
6 Amount (\$)	7 Payee address	; City; S	tate; Zip Cod	de			
\$558.00	1190 Devon I	Park Dr.					
Expenditure from corporate funds	Wayne, PA 1	9087					
8 PURPOSE	(a) Category (See	Categories listed at the top of thi	s schedule)	(b) Description			
OF EXPENDITURE	Insurance			ш		de of Texas. Comp	
				_		officeholder living	expense
				Premium for o	OIIIC	er liability	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	holder name	Office soug	jht		Office he	ld
Date	Payee name						
06/30/2023	US Postal Se	rvices					
Amount (\$)	Payee address	; City; S	tate; Zip Cod	de			
\$210.00	Postmaster	, - 5,	,				
Ψ210.00	rostmaster						
Expenditure from corporate funds	New Braunfel	s, TX 78131					
PURPOSE	(a) Category (See	Categories listed at the top of thi	s schedule)	(b) Description			
OF EXPENDITURE	Fees			Check if travel of	outsi	de of Texas. Comp	olete Schedule T.
EXPENDITORE				ш		officeholder living	expense
				PO Box yearl	ly re	ental fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Office H	holder name	Office soug	jht		Office he	ld