FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 00018800 3 COMMITTEE NAME **OFFICE USE ONLY** Republican Executive Committee of Comal County Date Received **ELECTRONICALLY FILED** 01/30/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 265 LANDA 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** Vicki NAME NICKNAME LAST **SUFFIX** Highfield STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1066 Fairway Dr STREET **ADDRESS** (Residence or Business) Canyon Lake, TX 78133 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 265 Landa Street MAILING **ADDRESS** New Braunfels, TX 78130 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (830) 255-9155 PHONE REPORT January 15 30th day before election Final Report X **TYPE** 10th day after campaign treasurer 8th day before election July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 01/25/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Republican Executive C	Committee of Comal	County	0001880	0
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		
		в. Оррозец		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ZED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) Fort qualifies for the higher itemization threshold	\$	0.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,472.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES	\$	4,209.88
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	136,633.69
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LE REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		·	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Vicki H	lighfield	
		Signature of Car	mpaign Treas	surer
AFFIX NOTARY	STAMP / SEAL ABOV	E		
Sworn to and subscribed	before me, by the said	, th	nis the	day
		fy which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of of	ficer administering oath

SUBTOTALS - CEC

FORM CEC COVER SHEET PG 3

				7 V L I	3 of 14
	OMMITTE epublica	(Ethic	s Commission Filers)		
	HEDULI	Ş	SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,472.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	4,209.88
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
10	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/7 Rpt: 4/14		
2	FILER NAME Republican E	Executive Committee of Comal County			3	Filer ID (Ethics Commission 00018800	n Filers)	
4	Date 01/18/2024	_ `		7	Amount of Contribution (\$)	\$28.00		
8	Principal occu	NEW BRAUNFELS, TX 78132 pation / Job title (See Instructions)	9	Employer (See Instructions) i)			
Ĭ	RETIRED	patient, cop the (coc metasticity)		RETIRED	,,			
	Date Full name of contributor out-of-state PAC (ID#:) 01/10/2024 Brelfin, Alton Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00			
		Spring Branch, TX 78070						
	Principal occupation / Job title (See Instructions) Employer (See Instructions retired			5)				
	Date 01/18/2024				Amount of Contribution (\$)	\$20.00		
		New Braunfels, TX 78132						
	Principal occu SAHM	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/23/2024 Carswell, Charles Contributor address; City; State; Zip Code New Braunfels, TX 78130			Amount of Contribution (\$)	\$45.00			
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)			
	Date 01/18/2024				Amount of Contribution (\$)	\$150.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)			

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/7 Rpt: 5/14		
2	FILER NAME Republican E	Executive Committee of Comal County			3	Filer ID (Ethics Commission 00018800	n Filers)	
4	Date 01/08/2024			7	Amount of Contribution (\$)	\$100.00		
8	Principal occu	New Braunfels, TX 78130 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)			
	retired			retired				
	Date Full name of contributor out-of-state PAC (ID#:) 01/08/2024 Coleman, Yvonne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00			
		New Braunfels, TX 78130	_		Ĺ			
	retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/05/2024 Cox, Louise Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00			
		New Braunfels, TX 78130						
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/18/2024 Frisk, Belinda Contributor address; City; State; Zip Code New Braunfels, TX 78132			Amount of Contribution (\$)	\$100.00			
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)			
	Date 01/18/2024				Amount of Contribution (\$)	\$29.00		
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	s)			
			<u> </u>					

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/14	
2	FILER NAME Republican E	Executive Committee of Comal County			3	Filer ID (Ethics Commission 00018800	n Filers)
4	Date 01/19/2024			7	Amount of Contribution (\$)	\$80.00	
8	Principal occu	Canyon Lake, TX 78133 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Date Full name of contributor out-of-state PAC (ID#:) Hart, Haskell Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$200.00		
	Canyon Lake, TX 78133 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired			<u> </u> s)			
	Date 01/18/2024	Full name of contributor out-of-state PAC (ID#:) Hensz, Genevieve (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
		New Braunfels, TX 78130 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
Retired Date Full name of contributor out-of-state PAC (ID#:) Hernandez, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$70.00			
New Braunfels, TX 78130 Principal occupation / Job title (See Instructions) retired Employer (See Instruction retired		Employer (See Instructions retired	<u>l</u> s)				
	Date Full name of contributor out-of-state PAC (ID#:) 01/02/2024 Hiles, Martin Contributor address; City; State; Zip Code New Braunfels, TX 78130			Amount of Contribution (\$)	\$100.00		
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/14		
2	FILER NAME Republican E	Executive Committee of Comal County			3	Filer ID (Ethics Commission 00018800	n Filers)	
4	Date 01/18/2024			7	Amount of Contribution (\$)	\$20.00		
8	Principal occu	Spring Branch, TX 78070 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>			
	Retired	,		Retired	,			
	Date Full name of contributor out-of-state PAC (ID#:) 01/03/2024 Johnson, Andrew Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
		New Braunfels, TX 78130	<u> </u>					
	Principal occupation / Job title (See Instructions) Employer (See Instructions retired retired			s)				
	Date 01/24/2024				Amount of Contribution (\$)	\$40.00		
		New Braunfels, TX 78130						
	Principal occu handy man	pation / Job title (See Instructions)		Employer (See Instructions self	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/17/2024 Johnson, Don Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$30.00			
Canyon Lake, TX 78133 Principal occupation / Job title (See Instructions) retired Employer (See Instruction retired		Employer (See Instructions retired	<u> </u> 5)					
	Date 01/04/2024				Amount of Contribution (\$)	\$100.00		
	Principal occuretired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 5/7 Rpt: 8/14	
2	FILER NAME Republican E	Executive Committee of Comal County			3	Filer ID (Ethics Commission 00018800	Filers)
4	Date 01/22/2024			7	Amount of Contribution (\$)	\$20.00	
•	Dringing oggu	Spring Branch, TX 78070	_	Employer (See Instructions	<u> </u>		
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/08/2024 Meares, Jeff Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$55.00		
	Seguin, TX 78155 Principal occupation / Job title (See Instructions) Employer (See Instructions)			s)			
	plumber self		•				
	Date Full name of contributor out-of-state PAC (ID#:) 01/22/2024 Newman, Ron Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		New Braunfels, TX 78132					
	Principal occu real estate	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
Date Full name of contributor out-of-state PAC (ID#:) O1/17/2024 Ott, Sherry Contributor address; City; State; Zip Code New Braunfels, TX 78132			Amount of Contribution (\$)	\$50.00			
			Employer (See Instructions Retired	5)			
	Date Full name of contributor out-of-state PAC (ID#:) O1/17/2024 Ott Jr., Dennis Contributor address; City; State; Zip Code Canyon Lake, TX 78133		•	Amount of Contribution (\$)	\$40.00		
	Principal occu stocker	pation / Job title (See Instructions)		Employer (See Instructions Walmart	s)		
		·					

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 6/7 Rpt: 9/14		
2	FILER NAME Republican B	Executive Committee of Comal Cou	unty		3	Filer ID (Ethics Commission 00018800	on Filers)	
4	Date 01/22/2024			7	Amount of Contribution (\$)	\$1,000.00		
0	Dringing Loggy	New Braunfels, TX 78130	lo-	Employer (Coo Instructions				
8	retired	pation / Job title (See Instructions)		Employer (See Instructions retired)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/22/2024 Peters, Edward Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00			
	Dringing! goog	New Braunfels, TX 78132		Employer (See Instructions				
	Principal occupation / Job title (See Instructions) retired Employer (See Instructions retired)			
	Date 01/08/2024				Amount of Contribution (\$)	\$500.00		
		New Braunfels, TX 78130						
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)			
	Date Full name of contributor out-of-state PAC (ID#:) O1/17/2024 Staiger, Timothy Contributor address; City; State; Zip Code Jamestown, ND 58401			Amount of Contribution (\$)	\$20.00			
Principal occupation / Job title (See Instructions) retired Employer (See Instruction retired		Employer (See Instructions retired)					
	Date Full name of contributor out-of-state PAC (ID#:) 01/06/2024 Stone, MARY Contributor address; City; State; Zip Code New Braunfels, TX 78132			Amount of Contribution (\$)	\$10.00			
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED)			
			•					

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/14
2	FILER NAME Republican Executive Committee of Comal County	3 Filer ID (Ethics Commission Filers) 00018800
4	Date 01/05/2024 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$10.0
	New Braunfels, TX 78132	
8	Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) retired	uctions)
	Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$100.0
	New Braunfels, TX 78132	
	Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired	uctions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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
TTHER (output a colorograph and 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 Commiss	ion Filers)
Sch: 1/4 Rpt: 11/14 Republican Executive Committee of Comal County 00018800	
4 Date 5 Payee name	
01/03/2024 AT&T	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$214.90 P.O. Box 5014	
Carol Stream, IL 60197	
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, 1X, officenoider living expense	
u-verse	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Opportunition to bottom Opport	
Date Payee name	
01/03/2024 Bremer Management LLC	
Amount (\$) Payee address; City; State; Zip Code	
\$2,400.00 267 Landa St	
New Braunfels, TX 78130	
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 office rent	
Office refit	
Complete ONLY if direct Candidate/Officeholder name Office cought Office hold	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Data Bourses	
Date Payee name	
01/22/2024 Fast Signs	
Amount (\$) Payee address; City; State; Zip Code	
\$235.79 884 Haven Point Loop	
Suite 306	
New Braunfels, TX 78132	
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, 1X, officeholder living expense	
signs	
Complete ONLY if direct Condidate/Officeholder name Office sought	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 2/4 Rpt: 12/14	Republican Executive Committee of Comal County 00018800
4	Date	5 Payee name
	01/18/2024	NBU
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$214.38	263 Main Plaza
		New Braunfels, TX 78130
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 utilities
		duntes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	01/25/2024	Raise The Money
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$13.88	P.O. Box 26466
	Ψ10.00	1.10.1 Box 20.100
		Little Rock, AR 72221
	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 fees
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/23/2024	The Maga Mall
H	Amount (\$)	Payee address; City; State; Zip Code
	\$482.00	4480 Delancey Dr. Ste 14
	,	
		Las Vegas, NV 89103
	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 Hats
		riais
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

	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: 3/4 Rpt: 13/14	Republican Executive Committee of Comal County 00018800
4	Date	5 Payee name
	01/23/2024	The Maga Mall
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$234.00	4480 Delancey Dr. Ste 14
		Las Vegas, NV 89103
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 Hats
		Tidis
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Programme
		Payee name
	01/11/2024	WEBFILE
	Amount (\$)	Payee address; City; State; Zip Code
	\$295.68	1000 CONGRESS
		AUSTIN, TX 78447
	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 sales tax
		Sales lax
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	01/24/2024	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.25	1209 S Interstate 35
		New Braunfels, TX 78130
	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 office supplies
		office supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
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POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services			Polling Expense Printing Expense Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)			
The Instruction Guide explains how to complete this form.											
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Fil	ers)
l	Sch: 4/4 Rpt: 14/14		Republican	Executive Commi	ittee of Co	omal Cour	nty		00018800		
┰	Date	5	Payee name	<u> </u>							
ľ	01/04/2024	ľ	XEROX	•							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code	9				
l	\$95.00		POBOX 20	5354							
l											
	DALLAS, TX 75320										
Ļ		<u> </u>				1					
8	PURPOSE OF	(a)		See Categories listed at the		edule) (k	Description				
l	EXPENDITURE Unice Overnead/Rental Expense										
l	Cneck if Austin, 1x, officender living expense										
l	copy machine rental										
L											
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Off	ficeholder name	C	Office sough	nt		Office h	ield	
	experialitate to benefit of of										
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