FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00059550 3 COMMITTEE NAME **OFFICE USE ONLY** Republican Club of Comal County Date Received **ELECTRONICALLY FILED** 07/01/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 265 Landa Drive Date Hand-delivered or Date Postmarked Change of Address New Braunfels, TX 78130 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Patrick J. NAME NICKNAME LAST **SUFFIX** Seiler STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5653 High Forest Drive STREET **ADDRESS** (Residence or Business) New Braunfels, TX 78132 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5653 High Forest Drive MAILING **ADDRESS** New Braunfels, TX 78132 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (612) 812-1150 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Republican Club of Cor	nal County			00059550	
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	I O POLITICAL CONTRIBU OR GUARANTEES OF L IADE ELECTRONICALLY qualifies for the higher itemiz	OANS, OR ')	\$	4,865.00
	2. TOTAL POLITICA	·		\$	7,305.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDIT	URES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	4,188.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN		TAINED AS OF THE LAST	DAY \$	14,588.96
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTS	TANDING LOANS AS OF 1	THE \$	0.00
6 AFFIDAVIT	<u> </u>				
		true and co	affirm, under penalty of pe orrect and includes all infor 15, Election Code.		
			Datriale	1 Coiler	
			Signature of Ca	J. Seiler	Iror
AFFIX NOTARY	STAMP / SEAL ABOVE		Signature or Car	npaign measu	ii ei
			, th	nis the	day
of	, 20, to certify v	which, witness my hand a	nd seal of office.		
Signature of officer ad	ministering oath	Printed name of officer a	dministering oath	Title of office	cer administering oath

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

				3 of 14	
17 COMMITT	EE NAME	18 Filer ID	(Ethics Co	ommission Filers)	
Republica	an Club of Comal County	00059550			
19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT					
NAME OF	SCHEDULE		306	TOTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,555.62	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	750.00	
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 CORPORAL LABOR 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.	9. SCHEDULE E: LOANS		\$		
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	4,188.81	
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	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/14
2	FILER NAME Republican	Club of Comal County		3 Filer ID (Ethics Commission Filers) 00059550
4	Date 04/03/2024	 Full name of contributor		7 Amount of Contribution (\$) \$1,690.6
		New Braunfels, TX 78132		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ns)

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/14 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Republican Club of Comal County 00059550 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/23/2024 Chambers, Ruth (Mrs.) \$750.00 paid 50% of our Rent to 7 Contributor address; City; State; Zip Code 1st Protestant Church of NB. for 5 months New Braunfels, TX 78130 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) Retired **RETIRED** 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

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

Great State Layment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1: Sch: 1/9 Rpt: 6/14	FILER NAME Republican Club of Comal County	3 Filer ID (Ethics Commission Filers) 00059550
4 Date 01/23/2024	5 Payee name 1ST Protestant Church	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Co 172 W Coll St	de
Expenditure from corporate funds	New Braunfels, TX 78130	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rent for use of Facility for Jan Meeting Ck # 1132
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght Office held
Date 02/27/2024	Payee name 1ST Protestant Church	
Amount (\$) \$150.00	Payee address; City; State; Zip Co	de
Expenditure from corporate funds	New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rent for use of Facility February Ck # 1135
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
Date 03/06/2024	Payee name 1ST Protestant Church	
Amount (\$) \$150.00	Payee address; City; State; Zip Co 172 W Coll St	de
Expenditure from corporate funds	New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rent for use of Facility March Ck # 1136
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/9 Rpt: 7/14	Republican Club of Comal County 00059550
4 Date	5 Payee name
04/09/2024	1ST Protestant Church
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.00	172 W Coll St
Expenditure from corporate funds	New Braunfels, TX 78130
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Rent for use of Facility April Ck # 1143
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/O	'
Date	Payee name
06/18/2024	1ST Protestant Church
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	172 W Coll St
Expenditure from corporate funds	New Braunfels, TX 78130
PURPOSE	(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
	Rent for use of Facility May Ck # 1147
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	U
Data	
Date 03/20/2024	Payee name Comal County Republican Club
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	265 Landa St.
Expenditure from	
corporate funds	New Braunfels, TX 78132
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Food For May Republican convention. Ck # 1137
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete	this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/9 Rpt: 8/14	Republican Club of Comal County	00059550
4 Date	5 Payee name	
01/23/2024	Highfield, Al (Mr.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$208.59	1066 Fairway Dr	
Expenditure from		
corporate funds	Canyon Lake, TX 77357	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
LXI LIBITORE		Check if Austin, TX, officeholder living expense
	M	lonthly Club Meeting (Snacks, Water, Cake)
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
Dete	_	
Date	Payee name	
01/31/2024	Highfield, Al (Mr.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$95.38	1066 Fairway Dr	
Expenditure from		
corporate funds	Canyon Lake, TX 77357	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	 	ood for Candidate Forum
	'`	ood for Sandade Fordin
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		
Date	Payee name	
01/31/2024	Highfield, Al (Mr.)	
	<u> </u>	
Amount (\$) \$72.66	Payee address; City; State; Zip Code 1066 Fairway Dr	
\$72.00	1000 Fallway Di	
Expenditure from	Occurred Labor TV 77057	
corporate funds	Canyon Lake, TX 77357	
PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	escription
EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	L In	sk for printer
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials 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: 4/9 Rpt: 9/14	Republican Club of Comal County 00059550	
4 Date	5 Payee name	
02/27/2024	Highfield, Al (Mr.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$143.55	1066 Fairway Dr	
- "		
Expenditure from corporate funds	Canyon Lake, TX 77357	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Snacks for Candidate Forum	
	Stracks for Carididate Forum	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to belieff of of		
Date	Payee name	
06/17/2024	Highfield, Al (Mr.)	
Amount (\$)	Payee address; City; State; Zip Code	_
\$110.42	1066 Fairway Dr	
,		
Expenditure from	Conventate TV 772F7	
corporate funds	Canyon Lake, TX 77357	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Black ink for Printer. CC	
	Black link for 1 linker. GG	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
•		
Date	Payee name	
03/24/2024	Highfield, Al (Mr.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$25.94	1066 Fairway Dr	
Expenditure from corporate funds	Canyon Lake, TX 77357	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Office Supplies Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Home Depot	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	Н	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
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	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: 5/9 Rpt: 10/14	Republican Club of Comal County 00059550
4 Date	5 Payee name
04/03/2024	Highfield, Al (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$166.52	1066 Fairway Dr
Expenditure from corporate funds	Canyon Lake, TX 77357
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Food/Snacks/Water for April Club meeting
	1 Sour Strucks, Water 161 7 thin Club meeting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/23/2024	Highfield, Al (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$201.43	1066 Fairway Dr
Expenditure from corporate funds	Canyon Lake, TX 77357
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Food/Snacks/Water for April Club meeting
	Pood/Stracks/Water for April Club meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Power name
Date 06/25/2024	Payee name
	Highfield, Al (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$138.19	1066 Fairway Dr
Expenditure from	
corporate funds	Canyon Lake, TX 77357
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Food for monthly Club meeting
	1 334 to monthly state massing
Complete ONLY 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

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: 6/9 Rpt: 11/14	Republican Club of Comal County 00059550
4 Date	5 Payee name
06/25/2024	Highfield, Al (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$84.75	1066 Fairway Dr
Expenditure from corporate funds	Canyon Lake, TX 77357
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Black Ink for President printer.
	Black lilk for Freshaerit printer.
O Commission ONLY if allowed	Our did to 10 ff as had done as many
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/25/2024	Howard Payne University
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2164 Oak Run Pkwy Split
	Suite 103
Expenditure from corporate funds	New Braunfels, TX 78132
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	2 Scholarships for Local High School Students,
	Picked out by the University selection Committee.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
04/24/2024	Lee, Donna (Mrs.)
	Payee address; City; State; Zip Code
Amount (\$)	1542 Lakeside Dr. W.
\$184.03	1342 Lakeside Dr. W.
Expenditure from	
corporate funds	Canyon Lake, TX 78133
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	☐ Check if Austin, TX, officeholder living expense Star Awards Plaque for Outgoing Party Chair Sue
	Piner. ck # 1144
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee	Gift/Awards/Memorials Exp Legal Services	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)
Credit Card r dyment		The Instruction Guide	e explains how to co	mple	ete this form.			
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 7/9 Rpt: 12/14	Republican	Club of Comal Co	unty				00059550	
4 Date	5 Payee name							
02/27/2024	New Braunf	els Civic Center						
6 Amount (\$)	7 Payee addres	s; City;	State; Zip Co	ode				
\$200.00	375 S Caste	l Avenue						
Expenditure from corporate funds	New Braunf	els, TX 78130						
8 PURPOSE	(a) Category (Se	e Categories listed at the to	on of this schedule)	(b)	Description			
OF EXPENDITURE	Event Exper				Check if travel of	outsi	de of Texas. Com	plete Schedule T.
EXPENDITURE	•				_		officeholder living	
					Conference/C	Con	vention 3-6	People for class
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Office sou	ıght			Office he	eld
experialitie to beliefit C/OI	'							
Date	Payee name							
05/31/2024	Scheper, Au	drey (Mrs.)						
Amount (\$)	Payee addres	s; City;	State; Zip Co	ode				
\$40.87	645 Ridge N	laze						
Expenditure from corporate funds	New Braunf	els, TX 78130						
PURPOSE	(a) Category (Se	e Categories listed at the to	op of this schedule)	(b)	Description			
OF EXPENDITURE	Office Supp	es			_			plete Schedule T.
					Pens for club		officeholder living	g expense
					rens ioi ciub			
Complete ONLY if direct	Candidate/Offic	echoldor namo	Office sou	ıaht			Office he	nld
expenditure to benefit C/OI		enoluei name	Office soc	igni			Office file	aiu
Date	Payee name							
02/13/2024	Seiler, Maria	l						
Amount (\$)	Payee addres	•	State; Zip Co	ode				
\$87.14	5653 High F	orest Drive						
Expenditure from								
corporate funds	New Braunf	els, TX 78132						
PURPOSE	(a) Category (Se	e Categories listed at the to	op of this schedule)	(b)	Description			
OF EXPENDITURE	Printing Exp				ш			plete Schedule T.
EXI ENDITORE					_		officeholder living	
					Star Awards I	ıvai	ne rags Cl	(# 1133
Complete CNU V if all	Canalists (C.	ahaldau n	Off:	ا داده			O#:!	stat
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Office	enolaer name	Office sou	ignt			Office he	eiu
,								

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 8/9 Rpt: 13/14	Republican Club of Comal County 00059550
4 Date	5 Payee name
03/26/2024	Seiler, Maria
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$49.80	5653 High Forest Drive
Expenditure from corporate funds	New Braunfels, TX 78132
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Star Awards Name Tags Ck # 1140
	Stal / Wards Name Tags St // 1140
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/09/2024	Seiler, Maria
Amount (\$)	Payee address; City; State; Zip Code
\$124.49	5653 High Forest Drive
Expenditure from corporate funds	New Braunfels, TX 78132
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Star Awards Name Tags
	Stal / Wards Name Tags
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/31/2024	Seiler, Maria
Amount (\$)	
\$100.13	5653 High Forest Drive
Expenditure from corporate funds	New Braunfels, TX 78132
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
LA LABITORL	Check if Austin, TX, officeholder living expense
	Star Awards Name Tags. Ck # 1146
Complete ONLY if direct	Condidate/Officeholder name Office cought
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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense
Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/9 Rpt: 14/14	Republican Club of Comal County 00059550
4 Date	5 Payee name
03/24/2024	Seiler, Maria
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.96	5653 High Forest Drive
Expenditure from corporate funds	New Braunfels, TX 78132
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Blank Labels for Visitors to club. Ck $\#$ 1139
	Didn't Labels for Visitors to Glub. Ck # 1135
O Complete CNII V if alia	Condidate/Officeholder name Office cought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
02/27/2024	Seiler, Patrick
Amount (\$)	Payee address; City; State; Zip Code
\$7.99	5653 High Forest Dr
Expenditure from corporate funds	New Braunfels, TX 78132
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
	Snacks for Feb Meeting, sweets. ck # 1134
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to belieff Gree	
Date	Payee name
03/20/2024	Seiler, Patrick
Amount (\$)	Payee address; City; State; Zip Code
\$80.97	5653 High Forest Dr
Expenditure from corporate funds	New Braunfels, TX 78132
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Ink for club printing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	y