#### 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** 06/29/2024 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** 2 Lakewood Circle 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** 10th day after campaign treasurer 8th day before election 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 11/05/2024 χ 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)
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	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	962.60
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	6,564.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	5,352.86
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	I		ı	
		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	d before me, by the said	, tl	his 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 29
		EE NAME y Area Republicans	<b>18</b> Filer ID 00084016	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 962.60
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	TION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 6,564.51
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 F TO FILER	RETURNED	\$
				,

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/29	
2	FILER NAME Wimberley A	rea Republicans		3	Filer ID (Ethics Commission 00084016	n Filers)
4	4 Date 01/21/2024 5 Full name of contributor out-of-state PAC (ID#:) 7 Cannon, Jeanie (Mrs.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$40.00	
		Wimberley, TX 78676				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:)  O3/30/2024 Cooper, Michael  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$32.60	
	Wimberley, TX 78676  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		3)			
Construction Self		۰)				
Date Full name of contributor out-of-state PAC (ID#:)  03/30/2024 Dailey, Dylan  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$6.50	
		Wimberley, TX 78676				
	Principal occu Self-Employe	pation / Job title (See Instructions)	Employer (See Instructions Self-Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/17/2024 Dewell, Leia  Contributor address; City; State; Zip Code  Wimberley, TX 78676			Amount of Contribution (\$)	\$40.00	
Principal occupation / Job title (See Instructions)  Self-Employed  Employer (See Instructions  Upright Builders		5)				
Date O1/19/2024 Ellen, Sandra & John  Contributor address; City; State; Zip Code  Buda, TX 78610			Amount of Contribution (\$)	\$40.00		
	Principal occu Sales/ Law E	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Za.so, Eury E					

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/29		
2	FILER NAME Wimberley A	Area Republicans		3	Filer ID (Ethics Commission 00084016	ı Filers)
4			7	Amount of Contribution (\$)	\$25.00	
_	Discipal	Wimberley, TX 78676	10. 5			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
Date Full name of contributor out-of-state PAC (ID#:)  04/13/2024 Hamilton, Sandra  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$30.00	
	Principal occu	Wimberley, TX 78676  pation / Job title (See Instructions)	Employer (See Instructions	)		
Self-Employed Self-Employed		,				
	Date Full name of contributor out-of-state PAC (ID#:)  03/26/2024 Isaac, Carrie  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
		Dripping Springs, TX 78620				
		pation / Job title (See Instructions) sentative D 73	Employer (See Instructions State pf Texas	)		
	Date Full name of contributor out-of-state PAC (ID#:)  04/21/2024 Jones, James  Contributor address; City; State; Zip Code  Wimberley, TX 78676			Amount of Contribution (\$)	\$40.00	
	Principal occu Military	pation / Job title (See Instructions)	Employer (See Instructions US Army	)		
Date Full name of contributor out-of-state PAC (ID#:)  02/26/2024 Koch, Janet  Contributor address; City; State; Zip Code  Wimberley, TX 78676			Amount of Contribution (\$)	\$30.00		
	Principal occuretired	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULI	E <b>A1</b>
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/29		
2	FILER NAME Wimberley A	Area Republicans		3	Filer ID (Ethics Commission 00084016	n Filers)
		7	Amount of Contribution (\$)	\$40.00		
8	Principal occu	Buda, TX 78610  upation / Job title (See Instructions)	9 Employer (See Instructions			
_	Hays Co GC		self employed	,		
Date Full name of contributor out-of-state PAC (ID#:)  03/30/2024 MGuire, Bruce  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$33.50	
	Dringing occu	Wimberley, TX 78676	Employer (See Instructions			
Principal occupation / Job title (See Instructions)  Self-Employed  Employer (See Instructions  Self-Employed		)				
	Date Full name of contributor out-of-state PAC (ID#:) 03/17/2024 Malone, Carissa  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00	
		Wimberley, TX 78676				
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions Dripping Springs ISD	)		
	Date 03/09/2024	Full name of contributor out-of-state PAC (ID#:_Malone, Patricia  Contributor address; City; State; Zip Code  Wimberley, TX 78676			Amount of Contribution (\$)	\$40.00
	Principal occuretired	ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/24/2024	Full name of contributor out-of-state PAC (ID#:_Munro, Douglas  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	)		

	MONETARY POLITICAL CONTRIBUTIONS				<b>A1</b>		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/29		
2	FILER NAME Wimberley A	rea Republicans			3	Filer ID (Ethics Commission 00084016	Filers)
4	Date 01/03/2024  5 Full name of contributor out-of-state PAC (ID#:) Payton, Jeff & Cindy  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$40.00		
_		Wimberley, TX 78676	_				
8	Principal occu Owner	pation / Job title (See Instructions)	9	Employer (See Instructions Payton Design	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/31/2024 Peterson, Christin (Mrs.)  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00	
	Deinsinal assu	Wimberley, TX 78676			<u></u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  03/30/2024 Scudder, Tracy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
		Wimberley, TX 78676					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Oldies Burgers & More	5)		
Date Full name of contributor out-of-state PAC (ID#:)  03/20/2024 Sopicki, Leo  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
Wimberley, TX 78676  Principal occupation / Job title (See Instructions)  Retired  Employer (See Instruction Retired		<u>l</u> s)					
	Date 01/02/2024	Full name of contributor out-of-state PAC (ID#:_ Tessaro, Patricia (Mrs.)  Contributor address; City; State; Zip Code  Wimberley, TX 78676				Amount of Contribution (\$)	\$40.00
	Principal occu Business Ma	pation / Job title (See Instructions) nager		Employer (See Instructions Tessaro Enterprises. Inc			
	2.2330 1/10		<u> </u>				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A				
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/29	
2	Priler NAME Wimberley Area Republicans		3	Filer ID (Ethics Commission 00084016	r Filers)		
4			7	Amount of Contribution (\$)	\$40.00		
Ω	Principal occu	Wimberley, TX 78676 pation / Job title (See Instructions)	la	Employer (See Instructions	·/_		
0	Business Ma			Tessaro Enterprises. Inc			
	Date Full name of contributor out-of-state PAC (ID#:)  03/02/2024 Tessaro, Patricia (Mrs.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00		
	Delegale al acces	Wimberley, TX 78676		Faralas en (Caralas de Maria	$\overline{\Gamma}$		
	Business Ma	pation / Job title (See Instructions)		Employer (See Instructions Tessaro Enterprises. Inc			
	Date Full name of contributor out-of-state PAC (ID#:)  04/02/2024 Tessaro, Patricia (Mrs.)  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$40.00	
		Wimberley, TX 78676			Ĺ		
	Principal occu Business Ma	pation / Job title (See Instructions) anager		Employer (See Instructions Tessaro Enterprises. Inc			
Date Full name of contributor out-of-state PAC (ID#:)  05/02/2024 Tessaro, Patricia (Mrs.)  Contributor address; City; State; Zip Code  Wimberley, TX 78676			Amount of Contribution (\$)	\$40.00			
	Principal occu Business Ma	pation / Job title (See Instructions) anager		Employer (See Instructions Tessaro Enterprises. Inc			
Date Full name of contributor out-of-state PAC (ID#:)  Tessaro, Patricia (Mrs.)  Contributor address; City; State; Zip Code  Wimberley, TX 78676			Amount of Contribution (\$)	\$40.00			
		pation / Job title (See Instructions)		Employer (See Instructions			
	Business Ma	anager		Tessaro Enterprises. Inc	C.		

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/29	
2	FILER NAME Wimberley A	Area Republicans		3	Filer ID (Ethics Commission 00084016	ı Filers)
4	<u> </u>		7	Amount of Contribution (\$)	\$25.00	
		Wimberley , TX 78676				
8	Principal occu retired	upation / Job title (See Instructions)	9 Employer (See Instructions Home Depot	s) 		
	Date 01/24/2024	Full name of contributor out-of-state PAC (ID#:_YOWELL, CHRISTI  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$40.00
		WIMBERLEY, TX 78676				
	Principal occu RETIRED	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:YOWELL, CHRISTI Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Deignainal annu	WIMBERLEY, TX 78676	Familia de la Constitución de la charactione	<u></u>		
	RETIRED	upation / Job title (See Instructions)	Employer (See Instructions	»)		

### SCHEDULE F1

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/20 Rpt: 10/29	Wimberley Area Republicans  00084016
4 Date	5 Payee name
04/22/2024	AMAZON
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$76.82	440 TERRY AVE N
Expenditure from corporate funds	SEATTLE, WA 98109
8 PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	flags, pins, banners, etc
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/29/2024	Barchfeld, Martha
Amount (\$)	Payee address; City; State; Zip Code
\$118.15	500 Flite Acres
Φ110.15	500 I IIIC AGICS
Expenditure from	Maria de TV 70070
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  Reimbursement for phone expense
	Tellibulsement for phone expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/26/2024	Brookshire Bros
Amount (\$)	Payee address; City; State; Zip Code
\$21.64	14100 Ranch Road 12
Evnenditure from	
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
EAFENDITUKE	Check if Austin, TX, officeholder living expense
	Hospitality
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft C/OI	•

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consuling 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: 2/20 Rpt: 11/29	Wimberley Area Republicans 00084016
4	Date	5 Payee name
	02/26/2024	Brookshire Brothers
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.62	14100 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	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Hospitality
_	Complete ONLY if direct	Candidata/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/07/2024	Brookshire Brothers
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.22	14100 Ranch Road 12
	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
		Ποσριαιίτ
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiantive to benefit 6/01	'
	Date	Payee name
	03/29/2024	Buckley, Linda
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.35	361 South River
	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  Reimbursement for March Hospitality
		Tellibursement for material tospitality
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_		

### 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: 3/20 Rpt: 12/29	Wimberley Area Republicans 00084016
4 Date	5 Payee name
02/21/2024	Chills on the Creek
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$93.15	14004 Ranch Rd 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	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Meeting with prospective Treasurer
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beriefit C/Or	1
Date	Payee name
02/02/2024	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$182.00	11801 Mississippi Avenue
Ψ102.00	Suite 200
Expenditure from	
corporate funds	Los Angeles , CA 90025
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff 6/01	'
Date	Payee name
01/05/2024	Consumer Cellular
Amount (\$)	Payee address; City; State; Zip Code
\$76.38	12447 SW 69th St
<b>4.0.00</b>	
Expenditure from	Doubland OD 07222
corporate funds	Portland, OR 97223
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 Cell Phone
	Reculting Monthly Cell Filotie
Occupation Objective "	Openhalte Office health and a second of the
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to beliefit 6/01	•
<u></u>	

### 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/Officenoider/Politica 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: 4/20 Rpt: 13/29	Wimberley Area Republicans 00084016
4 Date	5 Payee name
01/23/2024	Consumer Cellular
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$21.11	12447 SW 69th St
Expenditure from corporate funds	Portland, OR 97223
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 Cell Phone
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/27/2024	Consumer Cellular
Amount (\$)	Payee address; City; State; Zip Code
\$33.14	12447 SW 69th St
φ33.14	12447 3W 09th 3t
Expenditure from corporate funds	Portland, OR 97223
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  Recurring Cell Phone
	recurring cent none
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Dougo namo
03/25/2024	Payee name  Consumer Cellular
Amount (\$)	Payee address; City; State; Zip Code 12447 SW 69th St
\$33.14	12447 SW 69111 St
Expenditure from corporate funds	Portland, OR 97223
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  Recurring Cell Phone
	Necuring Cell Phone
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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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: 5/20 Rpt: 14/29	Wimberley Area Republicans  00084016
4 Date	5 Payee name
04/23/2024	Consumer Cellular
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$33.10	12447 SW 69th St
Expenditure from corporate funds	Portland, OR 97223
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 Cell Phone
	Reculting Cell Filotie
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/29/2024	Consumer Cellular
Amount (\$)	Payee address; City; State; Zip Code
\$33.10	12447 SW 69th St
Expenditure from corporate funds	Portland, OR 97223
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 cell phone
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/24/2024	Consumer Cellular
Amount (\$)	Payee address; City; State; Zip Code
\$33.10	12447 SW 69th St
Expenditure from corporate funds	Portland, OR 97223
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Recuring cell phone
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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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: 6/20 Rpt: 15/29	Wimberley Area Republicans 00084016	
4 Date	5 Payee name	
02/20/2024	HEB Wimberley	
6 Amount (\$) \$119.91	7 Payee address; City; State; Zip Code 14501 RR12	
Expenditure from corporate funds	Wimberley, TX 78676	
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  Hospitality	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/27/2024	HEB Wimberley	
Amount (\$)	Payee address; City; State; Zip Code	_
\$6.39	14501 RR12	
Expenditure from corporate funds	Wimberley, TX 78676	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Hospitality	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	=
03/15/2024	HEB Wimberley	
Amount (\$)	Payee address; City; State; Zip Code	
\$64.95	14501 RR12	
Expenditure from corporate funds	Wimberley, TX 78676	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hospitality	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Forms provided by Toyas F	thics Commission www.athics.state.tv.us Version V4.1.0.d278ab	_

### SCHEDULE F1

dvertising Expense Event Expense Event Expense Loan Repayment/Reimbur

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	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: 7/20 Rpt: 16/29	Wimberley Area Republicans 00084016
4 Date	5 Payee name
03/25/2024	HEB Wimberley
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$75.00	14501 RR12
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/O	
5.	
Date	Payee name
05/20/2024	HEB Wimberley
Amount (\$)	Payee address; City; State; Zip Code
\$42.22	14501 RR12
— Foresaditus from	
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 Austin, TX, officeholder living expense
	Hospitality
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
02/01/2024	Hays County Republican Women
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1450 West US Highway 290 #1697
Expenditure from	
corporate funds	Dripping Springs, TX 78620
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	Donation for Trucker Rally
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	•

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage 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: 8/20 Rpt: 17/29	Wimberley Area Republicans  00084016
4 Date	5 Payee name
01/02/2024	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 OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Storage Space
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
02/02/2024	J N J Stow Away
Amount (\$)	Payee address; City; State; Zip Code
\$65.00	16901 Ranch Road 12
Ψ03.00	10001 Nullit Nodu 12
Expenditure from	
corporate funds	Wimberley, TX 78676
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVERNING	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Recurrring monthly expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/02/2024	J N J Stow Away
Amount (\$)	Payee address; City; State; Zip Code
\$65.00	16901 Ranch Road 12
400.00	10001114101111044 12
Expenditure from	
corporate funds	Wimberley, TX 78676
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Recurring Storage Rental
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 Git/Awards/Memorials Expense

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Se		·		Wages	se s/Contract Labor ete this form.			Out of Dis R (enter a	strict category not listed	above)
_	Tatal manage Cabadula F1.	1-	EII ED NAME			- CAPIC		Ompi		1_	- Files	<u> </u>	(Ethias Cammi	ooion Filoro)
1	Total pages Schedule F1:				<b>.</b>					3	Filer		(Ethics Commi	SSION FIIEIS)
	Sch: 9/20 Rpt: 18/29		Wimberley .	Area R	epublicai	ns ———					3000	34016		
4	Date	5	Payee name											
	05/02/2024		J N J Stow	Away										
6	Amount (\$)	7	Payee addre	SS:	City;	St	tate; Zip C	ode						
	\$65.00		16901 Rand		-		, ,							
	Ψ00.00		1000111411	0111100										
г	Expenditure from													
<u> </u>	corporate funds		Wimberley,	1X 78	6/6									
8	PURPOSE	(a)	Category (S	ee Catego	ories listed at t	the top of this	s schedule)	(b)	Description					
	OF EXPENDITURE		Office Over	head/F	Rental Ex	pense							plete Schedule T.	
	EXI ENDITORE								Check if Austin				g expense	
									Recurring Sto	ora	ge Re	ental		
9	Complete ONLY if direct		Candidate/Offi	iceholde	er name		Office so	ught			(	Office h	eld	
	expenditure to benefit C/OI	Н												
	Date	Т	Dayoo nama											
	06/03/2024		Payee name	Δινισιν										
		╙	J N J Stow	Away										
	Amount (\$)		Payee addre	SS;	City;	St	tate; Zip C	ode						
	\$65.00		16901 Rand	ch Roa	ເd 12									
	Expenditure from corporate funds		Wimberley,	TX 78	676									
	PURPOSE	(2)						(h)	Description					
	OF	(a)	Category (S				s schedule)	(0)	Description  Check if travel	outei	ide of Te	ovae Com	plete Schedule T.	
	EXPENDITURE		Office Over	nead/F	≀entai Ex	pense			Check if Austin					
									Recurring Sto				, . ,	
										,	9			
	Complete ONLY if direct	<u></u>	Candidata/Offi	iooboldi			Office co	uabt				Office by	ald.	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenoiae	er name		Office so	ugnı			(	Office h	eia	
	Date		Payee name											
	02/28/2024		National Pe	n Com	ıpany									
	Amount (\$)	H	Payee addre	SS:	City;	St	tate; Zip C	ode						
	\$353.88		342 Shelby	•	-		, ,							
	4000.00		O IZ OHOLOY	VIII 0 1VII	no rtoda									
_	Expenditure from													
L	corporate funds		Shelbyville,	TN 37	160-0189	9								
	PURPOSE	(a)	Category (S	ee Catego	ories listed at t	the top of this	s schedule)	(b)	Description					
	OF EXPENDITURE		Advertising	Expen	ise								plete Schedule T.	
	EXI ENDITORE								Check if Austin		, officeh	older livinç	g expense	
									Pens for WA	K				
	Complete ONLY if direct		Candidate/Offi	ceholde	er name		Office so	ught			(	Office h	eld	
	expenditure to benefit C/OI	H												

### 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: 10/20 Rpt: 19/29	Wimberley Area Republicans 00084016
4 Date	5 Payee name
03/26/2024	Olive Garden
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$68.98	13730 San Pedro Ave
Expenditure from corporate funds	San Antonio, TX 78232
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  Meeting with potential speakers
	Meeting with potential speakers
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/03/2024	Pair Networks
Amount (\$)	Payee address; City; State; Zip Code
\$87.77	2403 Sidney St. Suite 210
Evanditure from	
Expenditure from corporate funds	Pittsburgh, PA 15203
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Technology Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Webdesign
One make the ONII Wife diagram	Our did to 10 ff as had done as many
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
03/01/2024	Pair Networks
Amount (\$)	Payee address; City; State; Zip Code
\$19.00	2403 Sidney St. Suite 210
- Evpanditura from	
Expenditure from corporate funds	Pittsburgh, PA 15203
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Website Domain
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	•

### 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 cor	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 11/20 Rpt: 20/29	Wimberley Area Republicans	00084016
4 Date	5 Payee name	·
04/02/2024	Pair Networks	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$12.00	2403 Sidney St. Suite 210	
Expenditure from corporate funds	Pittsburgh, PA 15203	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Websight	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense recurring Fee
		recurring rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/OI	•	Jiit Office field
Date	Payee name	
06/03/2024	Postmaster	
Amount (\$)	Payee address; City; State; Zip Co	de
\$182.00	111 Joe Wimberley Blvd	
Evnondituro 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 travel outside of Texas. Complete Schedule T.
LAPENDITORE		Check if Austin, TX, officeholder living expense
		P O Box Rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght Office held
experientare to benefit 6/61		
Date	Payee name	
06/13/2024	REVES, WILLA	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$225.00	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	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	, taveralening Experies	Check if Austin, TX, officeholder living expense
		Reimbursement for annual dues \$\$150, plus float
		\$75.
Complete ONLY if direct	Candidate/Officeholder name Office sout	ht Office held
expenditure to benefit C/OI	1	

### 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
Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	·	3 Filer ID (Ethics Commission Filers)
Sch: 12/20 Rpt: 21/29	Wimberley Area Republicans	00084016
4 Date	5 Payee name	·
03/14/2024	Sam's	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$251.99	1350 Leah Ave	
Expenditure from corporate funds	San Marcos, TX 78666	
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
		1 to spirality
9 Complete ONLY if direct	Candidate/Officeholder name Office s	cought Office held
expenditure to benefit C/O		ought Onloc Held
Date	Payee name	
06/27/2024	Sam's	
Amount (\$)	Payee address; City; State; Zip	Code
\$119.00	1350 Leah Ave	
Expenditure from		
corporate funds	San Marcos, TX 78666	
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
Complete ONLY if direct	Candidate/Officeholder name Office s	cought Office held
expenditure to benefit C/OI		-
Date	Payee name	
03/27/2024	Payee name Sam's	
		Code
Amount (\$)	Payee address; City; State; Zip	Code
\$68.10	1350 Leah Ave	
Expenditure from		
corporate funds	San Marcos, TX 78666	
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
		1 to spirality
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office s	cought Office held
expenditure to benefit C/OI		ought Onice Held

### 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		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 13/20 Rpt: 22/29	Wimberley Area Republicans 00084016	
4 Date	5 Payee name	
05/02/2024	Sam's	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$90.55	1350 Leah Ave	
Expenditure from corporate funds	San Marcos, TX 78666	
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	
	Ποεριαιίν	
		_
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/02/2024	Sam's	
Amount (\$)	Payee address; City; State; Zip Code	_
\$629.68	1350 Leah Ave	
·		
Expenditure from	San Marcos, TX 78666	
corporate funds		_
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	
	Texas State University	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
		_
Date	Payee name	
01/10/2024	Starr Agency	
Amount (\$)	Payee address; City; State; Zip Code	
\$100.00	P O Box 2550	
Expenditure from corporate funds	Wimberley, TX 78676	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
OF	Insurance   Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Surety Bond for Board Members	
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 Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services 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: 14/20 Rpt: 23/29	Wimberley Area Republicans 00084016
4 Date	5 Payee name
03/15/2024	TMobile
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$277.75	P O Box 37380
Expenditure from corporate funds	Albuquerque, NM 87101
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  Cell phone
	Gen priorie
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/14/2024	TMobile
Amount (\$)	Payee address; City; State; Zip Code
\$176.55	P O Box 37380
Expenditure from	
corporate funds	Albuquerque, NM 87101
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
	half month charge. Now cancelled.
Complete Chill V if all a	Condidate/Officeholder name Office pourth
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/02/2024	Union Insurance
Amount (\$)	Payee address; City; State; Zip Code
\$69.20	Starr Agency
Evnonditure from	P O Box 2550
Expenditure from corporate funds	Wimberley, TX 78676
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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	D & O
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	
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### 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

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: 15/20 Rpt: 24/29	Wimberley Area Republicans 00084016
4 Date	5 Payee name
02/02/2024	Union Insurance
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$69.18	Starr Agency
	P O Box 2550
Expenditure from corporate funds	Wimberley, TX 78676
<u> </u>	<u> </u>
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Insurance  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Insurance Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	D&O
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/05/2024	Union Insurance
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$69.18	Starr Agency
Expenditure from	P O Box 2550
corporate funds	Wimberley, TX 78676
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	D & O
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/12/2024	Union Insurance
Amount (\$)	Payee address; City; State; Zip Code
\$69.18	Starr Agency
	P O Box 2550
Expenditure from corporate funds	Wimberley, TX 78676
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Insurance  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	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	1

### 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/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/20 Rpt: 25/29	Wimberley Area Republicans 00084016
4 Date	5 Payee name
05/02/2024	Union Insurance
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$69.19	Starr Agency
	P O Box 2550
Expenditure from 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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
06/03/2024	Union Insurance
Amount (\$)	Payee address; City; State; Zip Code
\$69.18	Starr Agency
	P O Box 2550
Expenditure from corporate funds	Wimberley, TX 78676
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
0 1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
01/21/2024	VFW POST 6441
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	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	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Recurring Rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/O	1

### SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Git Consulting Expense Fo Contributions/ Doffenbalder/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

The Instruction Guide explains how to co	omplete this form.		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Wimberley Area Republicans	00084016		
5 Payee name			
VFW POST 6441			
7 Payee address; City; State; Zip Co	ode		
401 JACOBS WELL ROAD			
WIMBERLEY, TX 78676			
(a) Category (See Categories listed at the top of this schedule)	(b) Description		
Event Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	Audio Deposit		
	, tadio Beposit		
Candidate/Officeholder name Office sou	ught Office held		
	ugnit Onice neiu		
Payee name			
VFW POST 6441			
Payee address; City; State; Zip Co	ode		
401 JACOBS WELL ROAD			
WIMBERLEY, TX 78676			
(a) Category (See Categories listed at the top of this schedule)	(b) Description		
Event Expense	Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense		
	Recurring Meeting Rental		
	ught Office held		
Payee name			
VFW POST 6441			
Payee address; City; State; Zip Co	ode		
401 JACOBS WELL ROAD			
WIMBERLEY, TX 78676			
(a) Category (See Categories listed at the top of this schedule)	(b) Description		
Event Expense	Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense		
	Recurring Meeting Rental		
	ught Office held		
expenditure to benefit C/OH			
•	The Instruction Guide explains how to complete the complete to the complete the com		

### 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
OTHER (onter a extension pat listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	,	
Sch: 18/20 Rpt: 27/29	Wimberley Area Republicans 00084016	
4 Date	5 Payee name	
03/23/2024	VFW POST 6441	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$300.00	401 JACOBS WELL ROAD	
, , , , , ,		
Expenditure from	MIMPERI EV TV 70676	
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  Rental for Bunko Fundraiser	
	Nental for Bulko Fundialsei	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
SAPORANCIO TO DOTTONE O/OI		
Date	Payee name	
05/17/2024	VFW POST 6441	
Amount (\$)	Payee address; City; State; Zip Code	
\$200.00	401 JACOBS WELL ROAD	
Ψ200.00	401 0/100BO WELL NO/1B	
Expenditure from	1444 AD EDI EV EV EV EVE	
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 Austin, TX, officeholder living expense	
	Rental for monthly meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
expenditure to benefit 6/01	'	
Date	Payee name	
04/21/2024	VFW POST 6441	
Amount (\$)	Payee address; City; State; Zip Code	
\$200.00	401 JACOBS WELL ROAD	
Ψ200.00	.02 0.10 000 11 11 11 11 11 11 11 11 11 11 11	
Expenditure from	WINDERLEY TV 70070	
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	
	Monthly meeting rental	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiorate to benefit 0/011		

### 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: 19/20 Rpt: 28/29	Wimberley Area Republicans 00084016		
4 Date	5 Payee name		
02/13/2024	Vista Print		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$80.00	275 Wyman Street		
Expenditure from corporate funds	Waltham, ME 02451		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Advertising Expense		
_/	Check if Austin, TX, officeholder living expense		
	Business Cards		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
04/11/2024	Walmart		
Amount (\$)	Payee address; City; State; Zip Code		
\$159.54	1015 Hwy 80		
Expenditure from corporate funds	San Marcos, TX 78666		
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		
	Office supplies		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
02/29/2024	Wimberley Ace Hardware		
Amount (\$)	Payee address; City; State; Zip Code		
\$9.00	14307 Ranch Road 12		
,,,,,			
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		
	Supplies		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
·			

# SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Git/Jawards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

y - Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/Contract Lab	
	,
Wimberley Area Republicans	00084016
5 Payee name	
137 Stoney Creek Vista	
Wimberley, TX 78676	
1 courseverage Expense	f travel outside of Texas. Complete Schedule T.
	f Austin, TX, officeholder living expense
Reimbur	rsement for Feb. Hospitality
Candidate/Officeholder name Office sought	Office held
H	
a	The Instruction Guide explains how to complete this form  Files NAME Wimberley Area Republicans  Payee name Yowell, Christie  Payee address; City; State; Zip Code 137 Stoney Creek Vista  Wimberley, TX 78676  (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  Candidate/Officeholder name  Office sought