

# POLITICAL PARTY REPORT REGARDING FUNDS FROM CORPORATIONS AND LABOR ORGANIZATIONS

FORM **PTY-CORP**  
COVER SHEET PG 1

<b>The Form PTY-CORP Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00023785	<b>2</b> Total pages filed 5				
<b>3</b> POLITICAL PARTY NAME	Hays County Republican Party (P)		<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 07/15/2024  Date Hand-delivered or Date Postmarked				
<b>4</b> STATE OR COUNTY PARTY	<input type="checkbox"/> State <input checked="" type="checkbox"/> County: <u>Hays</u>						
<b>5</b> POLITICAL PARTY TYPE	<input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Other: _____ (Party name)						
<b>6</b> POLITICAL PARTY MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 1806  Kyle, TX 78640		Receipt #				
			Amount				
			Date Processed				
			Date Imaged				
<b>7</b> POLITICAL PARTY CHAIR	TITLE	FIRST	MI	NICKNAME	LAST	SUFFIX	
		Michelle M.			Lopez		
<b>8</b> CHAIR MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 797 West Bartlett Drive  Buda, TX 78610						
<b>9</b> CHAIR STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 797 West Bartlett Drive  Buda, TX 78610						
<b>10</b> CHAIR PHONE	AREA CODE	PHONE NUMBER			EXTENSION		
	(512)	750-0630					
<b>11</b> REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> 8th day before primary election				
	<input checked="" type="checkbox"/> July 15		<input type="checkbox"/> 50th day before general election				
<b>12</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	02	25	2024		06	30	2024

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**POLITICAL PARTY REPORT:  
TOTALS AND AFFIDAVIT**

**FORM PTY-CORP  
COVER SHEET PG 2**

<b>13 POLITICAL PARTY NAME</b> Hays County Republican Party (P)		<b>14 Filer ID</b> (Ethics Commission Filers) 00023785
<b>15 TOTALS</b>	<b>1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS</b>  (OTHER THAN LOANS OR GUARANTEES OF LOANS)	\$ 0.00
	<b>2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS</b>	\$ 1,385.56
	<b>3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</b>	\$ 2,093.04

**A political party must file a report on FORM PTY-CORP for any reporting period during which the party accepts corporate or labor organization contributions, maintains corporate or labor organization contributions, or makes expenditures from corporate or labor organization contributions.**

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Michelle M. Lopez

\_\_\_\_\_  
Signature of Political Party Chair

AFFIX NOTARY STAMP / SEAL

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - PTYCORP****FORM PTY-CORP  
COVER SHEET PG 3**  
3 of 5

<b>17</b> POLITICAL PARTY NAME Hays County Republican Party (P)		<b>18</b> Filer ID (Ethics Commission Filers) 00023785
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
2.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
3.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	\$ 963.06
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 422.50
7.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 4/5	<b>2</b> FILER NAME Hays County Republican Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00023785
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<b>4</b> Date 03/26/2024	<b>5</b> Payee name Atchley & Associates LLP
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<b>6</b> Amount (\$) \$307.50	<b>7</b> Payee address; City; State; Zip Code 1005 La Posada Dr  AUSTIN, TX 78752
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Expenditure from corporate funds

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Party accounting and reporting services
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/15/2024	Payee name TAPCO Underwriters Inc.
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Amount (\$) \$655.56	Payee address; City; State; Zip Code PO Box 286  Burlington, NC 27216
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Expenditure from corporate funds

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Party insurance expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# UNPAID INCURRED OBLIGATIONS

**SCHEDULE F2**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: Sch: 1/1 Rpt: 5/5	<b>2</b> FILER NAME Hays County Republican Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00023785
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		<b>\$</b>
<b>5</b> Date 06/26/2024	<b>6</b> Payee name Atchley & Associates LLP	
<b>7</b> Amount (\$) \$422.50	<b>8</b> Payee address; City; State; Zip Code 1005 La Posada Dr  AUSTIN, TX 78752	
<input checked="" type="checkbox"/> Expenditure from corporate funds	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political                      Not Applicable for Form PTY-CORP	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Party accounting and reporting services
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held