

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

<b>1</b> Filer ID (Ethics Commission Filers) 00015722		<b>2</b> Total pages filed: 12		<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 07/15/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
<b>3</b> COMMITTEE NAME Kendall County Republican Women					
<b>4</b> TREASURER NAME Kinney, Linda W. (Ms.)					
<b>5</b> ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____					
<b>6</b> ORIGINAL PERIOD COVERED Month Day Year 01/01/2024		THROUGH Month Day Year 06/30/2024			

**7 EXPLANATION OF CORRECTION**  
I mistakenly click on the button. I meant to click on the print tab.

**8 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Ms. Linda W. Kinney  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00015722	<b>2</b> Total pages filed: 12
<b>3</b> COMMITTEE NAME Kendall County Republican Women		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 07/15/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1244  Boerne, TX 78006		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Ms. Linda W.	
	NICKNAME LAST SUFFIX	Kinney	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	7311 Tall Cedar  San Antonio, TX 78249		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	158 Napa Ridge  Comfort, TX 78013		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(210)	392-5245	
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination		
<b>10</b> PERIOD COVERED	Month Day Year		Month Day Year
	01/01/2024		THROUGH 06/30/2024
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	03/05/2024

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12</b> COMMITTEE NAME Kendall County Republican Women	<b>13</b> Filer ID (Ethics Commission Filers) 00015722
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<b>14</b> COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15</b> CONTRIBUTION TOTALS	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 2,864.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,204.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 5,513.55
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 15,007.12
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**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.

Ms. Linda W. Kinney  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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 - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
4 of 12

<b>17 COMMITTEE NAME</b> Kendall County Republican Women		<b>18 Filer ID</b> (Ethics Commission Filers) 00015722
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,204.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,513.55
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 14.38

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/2 Rpt: 5/12
<b>2</b> FILER NAME Kendall County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00015722
<b>4</b> Date 01/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cashion, Elaine (Ms.)	<b>7</b> Amount of Contribution (\$) \$125.00
	<b>6</b> Contributor address; City; State; Zip Code  Boerne, TX 78006	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chapman, Debbie	Amount of Contribution (\$) \$155.00
	Contributor address; City; State; Zip Code  Boerne, TX 78006	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kinney, Linda	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Comfort, TX 78013	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poitevent, Pam	Amount of Contribution (\$) \$155.00
	Contributor address; City; State; Zip Code  Boerne, TX 78006	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberts, Carolyn	Amount of Contribution (\$) \$175.00
	Contributor address; City; State; Zip Code  Boerne, TX 78006	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/2 Rpt: 6/12
<b>2</b> FILER NAME Kendall County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00015722
<b>4</b> Date 03/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steubing, Anna	<b>7</b> Amount of Contribution (\$)  \$155.00
<b>6</b> Contributor address; City; State; Zip Code  Fair Oaks Ranch, TX 78015		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vileger, Ginger	Amount of Contribution (\$)  \$150.00
Contributor address; City; State; Zip Code  Boerne, TX 78006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wheeler, Michael	Amount of Contribution (\$)  \$175.00
Contributor address; City; State; Zip Code  Boerne, TX 78006		
Principal occupation / Job title (See Instructions) Property Management		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political 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: 1/5 Rpt: 7/12	<b>2</b> FILER NAME Kendall County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00015722
<b>4</b> Date 03/13/2024	<b>5</b> Payee name Square Capital LLC	
<b>6</b> Amount (\$) \$7.56  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1455 Market Street #600 MSC715  San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/10/2024	Candidate/Officeholder name Square Capital LLC	
Amount (\$) \$6.42  <input type="checkbox"/> Expenditure from corporate funds	Office sought 1455 Market Street #600 MSC715  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/15/2024	Candidate/Officeholder name Square Capital LLC	
Amount (\$) \$8.02  <input type="checkbox"/> Expenditure from corporate funds	Office sought 1455 Market Street #600 MSC715  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political 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: 2/5 Rpt: 8/12	<b>2</b> FILER NAME Kendall County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00015722
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<b>4</b> Date 06/28/2024	<b>5</b> Payee name Texas A&M University
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 30016  College Station, TX 77842-3016
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scholarship Fund
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/28/2024	Payee name Texas Christian University
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Amount (\$) \$750.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 297013  Fort Worth, TX 76129
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scholarship Fund
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/10/2024	Payee name Texas Federation of Republican Women
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Amount (\$) \$845.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 171146  Austin, TX 78717-0041
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political 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: 3/5 Rpt: 9/12	<b>2</b> FILER NAME Kendall County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00015722
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<b>4</b> Date 02/06/2024	<b>5</b> Payee name Texas Federation of Republican Women
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<b>6</b> Amount (\$) \$175.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P O Box 171146  Austin, TX 78717-0041
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues
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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 02/28/2024	Payee name Texas Federation of Republican Women
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Amount (\$) \$151.80  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 171146  Austin, TX 78717-0041
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
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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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Date 04/02/2024	Payee name Texas Federation of Republican Women
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Amount (\$) \$126.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 171146  Austin, TX 78717-0041
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
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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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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political 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: 4/5 Rpt: 10/12	<b>2</b> FILER NAME Kendall County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00015722
<b>4</b> Date 02/05/2024	<b>5</b> Payee name The Center	
<b>6</b> Amount (\$) \$790.23  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 17 Old San Antonio Road  Boerne, TX 78006	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/01/2024	Payee name The Center	
Amount (\$) \$741.51  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 17 Old San Antonio Road  Boerne, TX 78006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/20/2024	Payee name The Center	
Amount (\$) \$741.51  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 17 Old San Antonio Road  Boerne, TX 78006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(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                     |
| Credit Card Payment  | 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 F1: Sch: 5/5 Rpt: 11/12	<b>2</b> FILER NAME Kendall County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00015722
<b>4</b> Date 04/01/2024	<b>5</b> Payee name U.S. Postal Service	
<b>6</b> Amount (\$) \$170.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 607 East Blanco Road  Boerne, TX 78006	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Box Rental Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 12/12
<b>2</b> FILER NAME Kendall County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00015722
<b>4</b> Date	<b>5</b> Name of person from whom amount is received	<b>8</b> Amount (\$)
01/31/2024	Happy State Bank	\$2.92
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code	
	Happy , TX 79042	
	<b>7</b> Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Checking Interest	
Date	Name of person from whom amount is received	Amount (\$)
02/29/2024	Happy State Bank	\$2.77
	Address of person from whom amount is received; City; State; Zip Code	
	Happy , TX 79042	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Checking Interest	
Date	Name of person from whom amount is received	Amount (\$)
03/31/2024	Happy State Bank	\$2.94
	Address of person from whom amount is received; City; State; Zip Code	
	Happy , TX 79042	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Checking Interest	
Date	Name of person from whom amount is received	Amount (\$)
04/30/2024	Happy State Bank	\$2.77
	Address of person from whom amount is received; City; State; Zip Code	
	Happy , TX 79042	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Checking Interest	
Date	Name of person from whom amount is received	Amount (\$)
05/31/2024	Happy State Bank	\$2.98
	Address of person from whom amount is received; City; State; Zip Code	
	Happy , TX 79042	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Checking Interest	