



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Red Stiletto Republican Women	<b>13 Filer ID</b> (Ethics Commission Filers) 00088607
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<b>14 COMMITTEE ACTIVITY</b>  (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 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 450.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 47.00
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. Minerva Cuvillier  
\_\_\_\_\_  
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 - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 7

<b>17 COMMITTEE NAME</b> Red Stiletto Republican Women		<b>18 Filer ID</b> (Ethics Commission Filers) 00088607
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 350.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 100.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 925.20
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 4/7
<b>2</b> FILER NAME Red Stiletto Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00088607
<b>4</b> Date 09/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bennett, Rhonda (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Seguin, TX 78155	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowe, Richard (Mr.) <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schycker, Nicholas (Mr.) <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 1/1 Rpt: 5/7
<b>2</b> FILER NAME Red Stiletto Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00088607
<b>4</b> Date 09/09/2024	<b>5</b> Corporation / Labor Organization name Mothers for Liberty	<b>7</b> Amount of contribution (\$) \$100.00
	<b>6</b> Corporation / Labor Organization address; City; State; Zip Code  TX	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt: 6/7	2 FILER NAME Red Stiletto Republican Women	3 Filer ID (Ethics Commission Filers) 00088607
4 Date 09/03/2024	5 Payee name Fouts, Sarah (Mrs.)	
6 Amount (\$)  150.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip  TX	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Decorations	(b) Description (See instructions regarding type of information required.) Centerpieces
Date 09/10/2024	Payee name Guadalupe Printing Solutions	
Amount (\$)  31.88 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 107 N. Camp St.  Seguin, TX 78155	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Copies
Date 09/20/2024	Payee name H.E.B.	
Amount (\$)  35.37 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip  Seguin, TX 78155	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Snacks
Date 09/03/2024	Payee name Star Awards	
Amount (\$)  497.95 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1500 IH 35 South  New Braunfels, TX 78130	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Name Tags	(b) Description (See instructions regarding type of information required.) Name Tags

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt: 7/7	2 FILER NAME Red Stiletto Republican Women	3 Filer ID (Ethics Commission Filers) 00088607
4 Date 09/10/2024	5 Payee name The Bandit	
6 Amount (\$)  20.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip  New Braunfels, TX 78130	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Meal for guest
Date 09/03/2024	Payee name The UPS Store	
Amount (\$)  190.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 562 S. St. Hwy 123  Seguin, TX 78155	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Mail Box