

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

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| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00056766 | 2 Total pages filed: 20 |
| 3 COMMITTEE NAME Republican Club of Bexar County | | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/04/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 08019 Robin Hill San Antonio, TX 78230-5015 | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Patricia NICKNAME LAST SUFFIX Anders | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8719 Silver Quail Texas San Antonio, TX 78250-6215 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8719 Silver Quail San Antonio, TX 78250 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (210) 862-3938 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff | | |
| 10 PERIOD COVERED | Month Day Year 07/01/2024 THROUGH Month Day Year 09/30/2024 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11/05/2024 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

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| 12 COMMITTEE NAME Republican Club of Bexar County | | 13 Filer ID (Ethics Commission Filers) 00056766 |
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Ms. Lina Prado County Commissioner, PCT 1 |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | | |
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 13,362.98 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 5,600.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 2,162.61 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 1,000.00 |
| 16 AFFIDAVIT <div style="text-align: center; margin-top: 100px;">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.</div> <div style="text-align: center; margin-top: 50px;">Patricia Anders _____ Signature of Campaign Treasurer</div> <div style="margin-top: 50px;">AFFIX NOTARY STAMP / SEAL ABOVE</div> <div style="margin-top: 20px;">Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</div> <div style="margin-top: 50px; display: flex; justify-content: space-between;"><div>_____ Signature of officer administering oath</div><div>_____ Printed name of officer administering oath</div><div>_____ Title of officer administering oath</div></div> | | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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| | | |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 12 COMMITTEE NAME Republican Club of Bexar County | | 13 Filer ID (Ethics Commission Filers) 00056766 |
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Mr. Grant Moody County Commissioner, PCT 3 |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | | |
| COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Mr. Paul Canales County Constable, PCT 2 |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | | |
| COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Mr. Mark Vojvodich County Constable Pct 3 |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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| | | |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| 12 COMMITTEE NAME Republican Club of Bexar County | | 13 Filer ID (Ethics Commission Filers) 00056766 |
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Mr. Michael (Travis) Stevens Member, State Board of Education, District 1 |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) |
| B. Opposed | | |
| 2. Measures (Describe by date and location of election and nature of issue.) | | A. Supported |
| | | B. Opposed |
| 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | |
| COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | | 1. Candidates (Identify by name or, if applicable, classify by party.) |
| | B. Opposed | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 12 COMMITTEE NAME Republican Club of Bexar County | | 13 Filer ID (Ethics Commission Filers) 00056766 |
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported The Honorable John Lujan III State Representative |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | | |
| COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Mr. Brandon J. Grable State Representative |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | | |
| COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Ms. Sylvia Soto State Representative |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | | |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
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|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 12 COMMITTEE NAME Republican Club of Bexar County | | 13 Filer ID (Ethics Commission Filers) 00056766 |
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Mr. Todd McCray Court Of Appeals, Justice |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) |
| B. Opposed | | |
| 2. Measures (Describe by date and location of election and nature of issue.) | | A. Supported |
| | | B. Opposed |
| 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | |
| COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | | 1. Candidates (Identify by name or, if applicable, classify by party.) |
| | B. Opposed | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |

SUBTOTALS - GPAC**FORM GPAC**
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| | | |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 17 COMMITTEE NAME Republican Club of Bexar County | | 18 Filer ID (Ethics Commission Filers) 00056766 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 13,362.98 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 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 checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 1,000.00 |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 5,600.00 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 13. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0.00 |
| 14. | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 7,311.36 |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 8/20 |
| 2 FILER NAME Republican Club of Bexar County | | 3 Filer ID (Ethics Commission Filers) 00056766 |
| 4 Date 08/28/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RCBC AUG MEETING 6 Contributor address; City; State; Zip Code San Antonio, TX 78230 | 7 Amount of Contribution (\$) \$485.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 07/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RCBC JULY MEETING Contributor address; City; State; Zip Code San Antonio, TX 78230 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/29/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RCBC Reagan Event Contributor address; City; State; Zip Code San Antonio, TX 78230 | Amount of Contribution (\$) \$3,820.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RCBC SEP MEETING Contributor address; City; State; Zip Code San Antonio, TX 78230 | Amount of Contribution (\$) \$360.37 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 08/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RCBC balance brought forward Contributor address; City; State; Zip Code San Antonio, TX 78230 | Amount of Contribution (\$) \$7,697.61 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 9/20

2 FILER NAME

Republican Club of Bexar County

3 Filer ID (Ethics Commission Filers)
00056766

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

| | | |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 10/20 |
| 2 FILER NAME Republican Club of Bexar County | | 3 Filer ID (Ethics Commission Filers) 00056766 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan 08/28/2024 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Anders, Patricia (Mrs.) | 9 Loan Amount (\$) \$1,000.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code San Antonio, TX 78250 | 10 Interest Rate |
| | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) retired | | 13 Employer (See Instructions) N/A |
| 14 Description of Collateral <input checked="" type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> N/A |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal occupation | | 21 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.

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|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 1/5 Rpt: 11/20 | 2 FILER NAME Republican Club of Bexar County | 3 Filer ID (Ethics Commission Filers) 00056766 |
| 4 Date 08/16/2024 | 5 Payee name Brandon Grable for State Rep | |
| 6 Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 7603 Cold Mtn. Converse, TX 78109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RCBC Contribution to Grable for State Rep, District 119 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/24/2024 | Payee name Campbell, Donna (The Honorable) | |
| Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1308 Common St. Ste 205, Box 719 New Braunfels, TX 78130 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RCBC contribution to Donna Campbell campaign for State Senator, District 25 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/25/2024 | Payee name Crain for State Representative | |
| Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 319 Lakeridge San Antonio, TX 78229 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RCBC Contribution to Crain for State Representative, District 116 |
| Complete <u>ONLY</u> 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
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.

| | | |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 2/5 Rpt: 12/20 | 2 FILER NAME Republican Club of Bexar County | 3 Filer ID (Ethics Commission Filers) 00056766 |
| 4 Date 07/26/2024 | 5 Payee name Grant Moody for Cty Commissioner | |
| 6 Amount (\$) \$600.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2101 NW Military Hwy San Antonio, TX 78231 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RCBC contribution to Moody for County Commission, PCT 3 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/12/2024 | Payee name John Lujan forState Representative Dist. 118 | |
| Amount (\$) \$600.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 20003 FM 1937 San Antonio, TX 78221 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RCBC contribution to Lujan for State Rep. campaign |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/26/2024 | Payee name Lina Prado for County Commissioner | |
| Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code P.O. Box 14591 San Antonio, TX 78214 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RCBC Contribution to Prado campaign |
| Complete <u>ONLY</u> 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
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.

| | | |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 3/5 Rpt: 13/20 | 2 FILER NAME Republican Club of Bexar County | 3 Filer ID (Ethics Commission Filers) 00056766 |
| 4 Date 08/07/2024 | 5 Payee name Lina Prado for County Commissioner | |
| 6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code P.O. Box 14591 San Antonio, TX 78214 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RCBC donation to Lina Prado Campaign for County Commissioner |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/19/2024 | Payee name Lori Massey Brissette for 4th Court of Appeals | |
| Amount (\$) \$600.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2400 McCullough PO Box 15038 San Antonio, TX 78212 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 600.00 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/24/2024 | Payee name Paul Canales for County Constable, PCT 2 | |
| Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 10143 Mill Path San Antonio, TX 78254 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RCBC contribution to Paul Canales campaign for Count Constable, PCT 2 |
| Complete <u>ONLY</u> 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
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.

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| 1 Total pages Schedule F1: Sch: 4/5 Rpt: 14/20 | 2 FILER NAME Republican Club of Bexar County | 3 Filer ID (Ethics Commission Filers) 00056766 |
| 4 Date 07/24/2024 | 5 Payee name Stevens for State Board of Education | |
| 6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 7007 Anaqua Crk San Antonio, TX 78253 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RCBC contribution to Michael (Travis) Stevens for Member, State Board of Education, District 1 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/24/2024 | Payee name Todd McCray for Justice 4th Court of Appeals | |
| Amount (\$) \$600.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO BOX 830804 San Antonio, TX 78283 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RCBC Contribution to Todd McCray campaign for Justice, 4th Court of Appeals District, Place 3 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/24/2024 | Payee name Vojvodich for County Constable, PCT # | |
| Amount (\$) \$600.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 320 Interpark Blvd. San Antonio, TX 78216 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RCBC contribution to Mark Vojvodich for County Constable, PCT 3 |
| Complete <u>ONLY</u> 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
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.

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|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 5/5 Rpt: 15/20 | 2 FILER NAME Republican Club of Bexar County | 3 Filer ID (Ethics Commission Filers) 00056766 |
| 4 Date 07/25/2024 | 5 Payee name VoteSpears- Adrian Spears | |
| 6 Amount (\$) \$600.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 411 S Presa San Antonio, TX 78205 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RCBC Contribution to Adrian Spears campaign for Justice, 4th Court of Appeals District, Place 5 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule I: Sch: 1/5 Rpt: | 2 FILER NAME Republican Club of Bexar County | 3 Filer ID (Ethics Commission Filers) 00056766 |
| 4 Date 07/03/2024 | 5 Payee name Academy | |
| 6 Amount (\$) 129.89 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip 11650 Bandera Rd San Antonio, TX 78250 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Event Expense | (b) Description (See instructions regarding type of information required.) Canopy for Bexar GOP Car Rally Event July 6, 2024 |
| Date 08/29/2024 | Payee name Alamo Drafthouse | |
| Amount (\$) 5,039.98 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 618 NW Loop 410 San Antonio, TX 78218 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Event Expense | (b) Description (See instructions regarding type of information required.) Pre-Release Special Event showing of "REAGAN" movie (Fundraiser) |
| Date 07/25/2024 | Payee name Lubys Cafeterias | |
| Amount (\$) 338.73 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 911 N. Main San Antonio, TX 78201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense | (b) Description (See instructions regarding type of information required.) Monthly RCBC Meeting & Lunch |
| Date 07/25/2024 | Payee name Lubys Cafeterias | |
| Amount (\$) 162.38 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 911 N. Main San Antonio, TX 78201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) Room fee for August Monthly meeting |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule I: Sch: 2/5 Rpt: | 2 FILER NAME Republican Club of Bexar County | 3 Filer ID (Ethics Commission Filers) 00056766 |
| 4 Date 08/28/2024 | 5 Payee name Lubys Cafeterias | |
| 6 Amount (\$) 162.38 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip 911 N. Main San Antonio, TX 78201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) Room fee for September meeting |
| Date 08/28/2024 | Payee name Lubys Cafeterias | |
| Amount (\$) 142.21 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 911 N. Main San Antonio, TX 78201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense | (b) Description (See instructions regarding type of information required.) Monthly RCBC meeting/Lunch |
| Date 09/26/2024 | Payee name Lubys Cafeterias | |
| Amount (\$) 226.33 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 911 N. Main San Antonio, TX 78201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense | (b) Description (See instructions regarding type of information required.) RCBC Monthly Meeting/ Lunch September |
| Date 09/26/2024 | Payee name Lubys Cafeterias | |
| Amount (\$) 162.38 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 911 N. Main San Antonio, TX 78201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) Room fee for October monthly meeting |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule I: Sch: 3/5 Rpt: | 2 FILER NAME Republican Club of Bexar County | 3 Filer ID (Ethics Commission Filers) 00056766 |
| 4 Date 07/03/2024 | 5 Payee name Republican Party Of Bexar County | |
| 6 Amount (\$) 50.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip 909 E LOOP 410 STE 801 San Antonio, TX 78209 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Event Expense | (b) Description (See instructions regarding type of information required.) RCBC Table at Car Rally Event July 6, 2024 |
| Date 07/24/2024 | Payee name Square | |
| Amount (\$) 25.17 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 1955 Broadway Oakland, CA 94612-2205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) Square usage fee for July |
| Date 08/21/2024 | Payee name Square | |
| Amount (\$) 80.14 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 1955 Broadway Oakland, CA 94612-2205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) Square fees for August |
| Date 09/28/2024 | Payee name Square | |
| Amount (\$) 5.63 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 1955 Broadway Oakland, CA 94612-2205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) Square usage fee for September |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule I: Sch: 4/5 Rpt: | 2 FILER NAME Republican Club of Bexar County | 3 Filer ID (Ethics Commission Filers) 00056766 |
| 4 Date 08/01/2024 | 5 Payee name Stanko, Marian | |
| 6 Amount (\$) 307.88 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip 8019 Robin Hill San Antonio, TX 78230 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Advertising Expense | (b) Description (See instructions regarding type of information required.) Constant Contact Fees Feb/Mar |
| Date 08/01/2024 | Payee name Stanko, Marian | |
| Amount (\$) 307.80 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 8019 Robin Hill San Antonio, TX 78230 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Advertising Expense | (b) Description (See instructions regarding type of information required.) Constant Contact Fees May, June, July, Aug |
| Date 08/01/2024 | Payee name Stanko, Marian (Mrs.) | |
| Amount (\$) 153.90 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 8019 Robin Hill San Antonio, TX 78230 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Advertising Expense | (b) Description (See instructions regarding type of information required.) Facebook Fees |
| Date 08/06/2024 | Payee name US Postal Service | |
| Amount (\$) 16.55 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 6825 Huebner Rd San Antonio, TX 78338 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Postage | (b) Description (See instructions regarding type of information required.) Mailing/Postage of contributions to candidates |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule I: Sch: 5/5 Rpt: | 2 FILER NAME Republican Club of Bexar County | 3 Filer ID (Ethics Commission Filers) 00056766 |
| 4 Date 08/20/2024 | 5 Payee name Walmart | |
| 6 Amount (\$) 0.01 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip 8030 BANDERA RD San Antonio, TX 78250 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) online order fee |