FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 00070266 3 COMMITTEE NAME **OFFICE USE ONLY** Hays County Republican Party (CEC) Date Received **ELECTRONICALLY FILED** 10/06/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P O Box 1806 Date Hand-delivered or Date Postmarked Change of Address Kyle, TX 78640 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Guy NAME NICKNAME LAST **SUFFIX** Hennager STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 916 Mustang Lane STREET **ADDRESS** (Residence or Business) San Marcos, TX 78666 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 916 Mustang Lane MAILING **ADDRESS** San Marcos, TX 78666 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (952) 240-7279 PHONE REPORT January 15 30th day before election Final Report X **TYPE** 10th day after campaign treasurer 8th day before election July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 11/05/2024 χ General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)		
Hays County Republica	n Party (CEC)		000702	66	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican			
(Attach lists on plain paper to complete this report if necessary.)		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	PLEDGES, LOAN CONTRIBUTIONS	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR S MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	1,333.00	
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,000.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00	
	4. TOTAL POLITION	CAL EXPENDITURES	\$	91,600.82	
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	98,711.73	
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF EREPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT	•		•		
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.			
		Guy H	lennager		
		Signature of Ca	ımpaign Tre	asurer	
AFFIX NOTARY	STAMP / SEAL ABOV	E			
Sworn to and subscribed	before me, by the said	, t	his the	day	
		y which, witness my hand and seal of office.			
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of	officer administering oath	

SUBTOTALS - CEC

FORM CEC **COVER SHEET PG 3**

					3 01 33		
17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers							
На	ys Cou	00070266					
	HEDULI			SUBTOTAL AMOUNT			
NA	ME OF						
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,583.00		
2.	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				1,417.00		
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS						
4.	4. SCHEDULE E: LOANS						
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	91,600.82		
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS						
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.	9. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS						
10. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				\$			
				-			

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/33				
2	FILER NAME Hays County	ILER NAME Hays County Republican Party (CEC)			3	Filer ID (Ethics Commission 00070266	n Filers)	
4	Date 07/01/2024	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$500.00		
8	Principal occu	Wimberley, TX 78676 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)			
	Rancher			Self-Employed				
	Date Full name of contributor out-of-state PAC (ID#:) 07/23/2024 ADAMS, DEBBIE Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$50.00			
		Wimberley, TX 78676						
Principal occupation / Job title (See Instructions) Employer (See Instru Rancher Self-Employed			Employer (See Instructions Self-Employed	s)				
	Date 09/12/2024				Amount of Contribution (\$)	\$25.00		
		KYLE, TX 78640						
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 09/04/2024	Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$25.00	
	Dringing Loggy	Buda, TX 78610		Employer (Coo Instructions	<u></u>			
	Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instruction UHG				·)			
	Date Full name of contributor out-of-state PAC (ID#:) 08/30/2024 COLORMIX GRAPHICS & PRINTING Contributor address; City; State; Zip Code San Marcos, TX 78666			•	Amount of Contribution (\$)	\$375.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/33		
2	FILER NAME Hays County	LER NAME ays County Republican Party (CEC)			Filer ID (Ethics Commission 00070266	Filers)
4	Date 09/03/2024	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$375.00
8	Principal occu	DRIPPING SPRINGS, TX 78620 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 69/09/2024 FINCH, JOHNNY Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00	
	San Marcos, TX 78666 Principal occupation / Job title (See Instructions) BAR OWNER Employer (See Instruction SELF-EMPLOYED)		
	Date 09/23/2024	D9/23/2024 HALEY, SHARON Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
DRIFTWOOD, TX 78619 Principal occupation / Job title (See Instructions) RETIRED Employer (See Instruction			Employer (See Instructions)		
	Date 07/23/2024	Full name of contributor out-of-state PAC (ID#:_LEMKE, ANDRE Contributor address; City; State; Zip Code SAN MARCOS, TX 78666)		Amount of Contribution (\$)	\$200.00
	Principal occupation / Job title (See Instructions) RETIRED Employer (See Instructions))		
	Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: MCVEY, KEVIN Contributor address; City; State; Zip Code BUDA, TX 78610)		Amount of Contribution (\$)	\$25.00
	Principal occu TECHNICIA	pation / Job title (See Instructions)	Employer (See Instructions BULL CREEK MANAGE		ENT	
		-				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/33		
2	FILER NAME Hays County	ILER NAME Hays County Republican Party (CEC)			Filer ID (Ethics Commission 00070266	n Filers)
4	Date 07/01/2024	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$125.00
_		WIMBERLEY, TX 78676				
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/01/2024 NUNN, LAURA Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$175.00
	San Marcos, TX 78666) 		
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions)						
	Date 08/20/2024				Amount of Contribution (\$)	\$50.00
	Drincinal occu	San Marcos, TX 78666 pation / Job title (See Instructions)	Employer (See Instructions			
	Retired	oduon / Job title (See Instructions)	Employer (See manucuons	')		
	Date 07/01/2024	Full name of contributor out-of-state PAC (ID#: OSPINA, ENRIQUE Contributor address; City; State; Zip Code WIMBERLET, TX 78676)		Amount of Contribution (\$)	\$250.00
	Principal occupation / Job title (See Instructions) Retired Employer (See Instructions)					
	Date Full name of contributor out-of-state PAC (ID#:) 07/01/2024 TAYLOR, JULIE Contributor address; City; State; Zip Code DRIFTWOOD, TX 78619				Amount of Contribution (\$)	\$125.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	()		

6 Contributor address; City; State; Zip Code AUSTIN, TX 78701 8 Principal occupation / Job title (See Instructions) Pate Full name of contributor		MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1	
Hays County Republican Party (CEC) 4 Date		The Instru	ction Guide explains how to complete this f	1	
09/12/2024 TRCCA/COALITION FOR/POR TEXAS 6 Contributor address; City; State; Zip Code AUSTIN, TX 78701 8 Principal occupation / Job title (See Instructions) Date 07/16/2024 ZIMMERMAN, KURT Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$50.00 \$50.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)	2			1	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	4	Date 5 Full name of contributor out-of-state PAC (ID#:) 09/12/2024 TRCCA/COALITION FOR/POR TEXAS		7 Amount of Contribution (\$) \$2,500.00	
Date Full name of contributor out-of-state PAC (ID#:			1	,	
07/16/2024 ZIMMERMAN, KURT Contributor address; City; State; Zip Code DRIPPING SPRINGS, TX 78620 Principal occupation / Job title (See Instructions) Employer (See Instructions)	8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		07/16/2024 ZIMMERMAN, KURT			Amount of Contribution (\$) \$50.00

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 8/33 3 Filer ID (Ethics Commission Filers) FILER NAME Hays County Republican Party (CEC) 00070266 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 07/12/2024 ADAMS, DEBBIE \$1,317.00 | Facility cleaning; property 7 Contributor address; City; State; Zip Code repair & maintenance Wimberley, TX 78676 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Rancher Self-Employed 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 08/08/2024 PARKS, BOB \$100.00 | Political signs Contributor address; City; State; Zip Code Driftwood, TX 78619 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Forms provided by Texas Ethics Commission

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

	Contributing 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: 1/25 Rpt: 9/33	Hays County Republican Party (CEC) 00070266
4	Date	5 Payee name
	07/30/2024	AMAZON.COM
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.12	PO BOX 81226
		SEATTLE, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		COMMITTEE EXPENSE - FLAG FOR WELCOME CENTER
		CLIVIEIX
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/26/2024	ANEDOT
	Amount (\$)	
	\$4.43	PO BOX 84314
		BATON ROUGE, LA 70884
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		SERVICE FEES 1JULY - 26 SEPTEMBER 2024
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experioration benefit C/Oi	
	Date	Payee name
	09/24/2024	CENTRO CULTURAL HISPANO DE SAN MARCOS
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	P O Box 1553
	, _,	211 Lee St.
		San Marcos, TX 78666
	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 TABLE SPONSOR - NOCHE DE GALA
		TABLE STONSON NOONE BE GALA
L	Complete ONLY !! -!!!	Condidate/Officeholder name Office accords
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
l		

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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

· ·	ains how to complete this forn	,
1: 2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	EC)	00070266
5 Payee name		
CITY OF KYLE		
7 Payee address; City; S	State; Zip Code	
700 Lehman Rd		
Kyle, TX 78640		
1		
Event Expense		travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		TTEE EXPENSE - GOTV / VOTER
		RATION RALLY - KYLE
	Office sought	Office held
OH		
Payee name		
COLOR MIX GRAPHICS AND PRI	INTING	
Payee address; City; S	State; Zip Code	
808 El Camino Way Dr., Ste. B		
SAN MARCOS, TX 78666		
(a) Category (See Categories listed at the top of th		
Printing Expense		travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		TTEE EXPENSE - PRINT HAYS COUNTY
	VOTER	GUIDE
Candidate/Officeholder name	Office sought	Office held
^{OH} Craddick, Cristi	Railroad Commission	er Railroad Commissioner
Pavee name		
	 State: Zip Code	
	nate, Ep Code	
(a) Cataman	(h) Description	
(a) Category (See Categories listed at the top of thi		ON travel outside of Texas. Complete Schedule T.
		Austin, TX, officeholder living expense
	_	
	Office sought	Office held
^{OH} Campbell, Donna	State Senator District	25 State Senator District 25
13 - (t/= t/= t	1: 2 FILER NAME	The Instruction Guide explains how to complete this form 1: 2 FILER NAME

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

	Candidate/Officeholder/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: 3/25 Rpt: 11/33	Hays County Republican Party (CEC) 00070266
4	Date	5 Payee name (see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Moreno, Tennyson State Representative District 45
	Date	Payee name (see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held State Representative District 73 State Representative District 73
	Date	Payee name (see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Blacklock, Jimmy Supreme Court Justice Place 2 Supreme Court Justice Place 2

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: 4/25 Rpt: 12/33	Hays County Republican Party (CEC)
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	Devine, John Supreme Court Justice Place 4 Supreme Court Justice Place 4
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	,	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
		Schenck, David Court of Criminal Appeals,
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes, Complete Schedule T
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Grook in reduit, 174 sinositotes ining superior
	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 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 e	xplains how to co	mplete this form.		
1	Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 5/25 Rpt: 13/33	Hays County Republican Party (CEC)		00070266	
4	Date	5 Payee name				
		(see previous)				
6	Amount (\$)	7 Payee address; City;	State; Zip Co	ode		
8	PURPOSE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description		
	OF EXPENDITURE	o y (ess sategories isted at the top t	51 a 110 00110 a a 10)	Check if travel of	outside of Texas. Com	
	LXI LINDITORE			Check if Austin,	TX, officeholder living	gexpense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	laht.	Office he	nid
9	expenditure to benefit C/OI			Criminal Appeals,		eiu
H	Data	-				
	Date	Payee name (see previous)				
	Amount (\$)		State; Zip Co	ndo.		
	Amount (\$)	Payee address; City;	State, Zip Ct	oue		
	DUDD005			las		
	PURPOSE OF	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description	outside of Texas. Com	nlete Schedule T
	EXPENDITURE			. 	TX, officeholder living	
				_		
	Complete ONLY if direct	Candidate/Officeholder name	Office sou		Office he	eld
	expenditure to benefit C/OI	¹ Messinger, John	Court Of	Appeals, Justice F	Place	
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City;	State; Zip Co	ode		
	PURPOSE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description		
	OF EXPENDITURE			l —	outside of Texas. Com	
				Check if Austin,	TX, officeholder living) expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name	Office sou	<u>l</u> ight	Office he	eld
	expenditure to benefit C/OI			udge District 22		Judge District 22

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/Officeholder/Politica Credit Card Payment	al 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: 6/25 Rpt: 14/33	Hays County Republican Party (CEC) 00070266				
4	Date	5 Payee name				
		(see previous)				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OF	H Neidhardt, Tanner District Judge District 483 District Judge District 483				
	Date	Davida nama				
	Date	Payee name (see provious)				
		(see previous)				
	Amount (\$)	Payee address; City; State; Zip Code				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Check if Austria, 17, unicerolizer living expense				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	experialitate to bettern 6/01	Huys County Court-at-Law #3				
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City; State; Zip Code				
	γ unount (ψ)	Tayor address, Only, State, 219 South				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH Hipolito, Anthony Hays County Sheriff					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction (-	Contract Labor		OTHER (enter a	strict a category not listed	above)
		 		dude explains now to	onipieu	-				
1	Total pages Schedule F1:	l					3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 7/25 Rpt: 15/33	Hays C	ounty Republican F	Party (CEC)				00070266		
4	Date	5 Payee na	ame							
		(see pre	evious)							
6	Amount (\$)	7 Payee a	ddress; City;	State; Zip (ode:					
٠	γιποαπε (Φ)	r ayee a	daress, Oity,	State, Zip (ouc					
8	PURPOSE	(a) Category	y (See Categories listed at	the top of this schedule)	(b) [Description				
	OF EXPENDITURE				[=			nplete Schedule T.	
					L	Check if Austin,	TX,	officeholder living	g expense	
9	Complete ONLY if direct expenditure to benefit C/OH		e/Officeholder name	Office so				Office h	eld	
	experiulture to benefit C/Oi	[⊣] Muzzy, F	Philip	District	Clerk					
	Date	Payee n	ame							
		(see pre	evious)							
	Amount (\$)	Payee a	ddress; City;	State; Zip (Code					
	(+)	,	,							
	PURPOSE	(a) Category	y (See Categories listed at	the top of this schedule)	(b) [Description				
	OF EXPENDITURE				[=			nplete Schedule T.	
					L	Check if Austin,	TX,	officeholder living	g expense	
	Complete ONLY if direct expenditure to benefit C/O	1	e/Officeholder name	Office so				Office h	eld	
	experialitate to betterit eyes	¹ Hammer	, Morgan	County	Comm	nissioner Pred	cino	CT 3		
	Date	Payee n	ame							
		(see pre	evious)							
	Amount (\$)	Payee a	ddress; City;	State; Zip (Code					
	, ,		•	·						
	PURPOSE OF	(a) Category	y (See Categories listed at	the top of this schedule)	(b) [Description				
	EXPENDITURE					=		officeholder living	nplete Schedule T.	
						Check ii Austin,	۱۸,	onicendider livini	y expense	
	Computate ONU V If allow	Compellate t	Officebold	O# -				Office	ماما	
	Complete ONLY if direct expenditure to benefit C/O	1	e/Officeholder name	Office so		oinet 2		Office h	eid	
		Saenz Sı	r., David	Consta	vie Pre	cinct 2				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing Expense Event Expense Loan Repayment/Reimbu

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

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	I Committee Legal Services The Instruction Guide		Vages/Contrac Implete this		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission F	ilers)
	Sch: 8/25 Rpt: 16/33	Hays County Republican Party	y (CEC)			00070266	(,
4	Date	5 Payee name						
		(see previous)						
6	Amount (\$)	7 Payee address; City;	State; Zip Co	ode				
8	PURPOSE	(a) Category (See Categories listed at the to	op of this schedule)	(b) Descr	iption			
	OF EXPENDITURE					de of Texas. Com		
	EXI ENDITORE			Ch	eck if Austin, TX,	officeholder living	expense	
Ļ	Operation ONLY if dispert	0	O#:			O#: I	.1.4	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou		+ 2	Office he		
		Montague, Don	Constab	e Precinc		Constai	ole Precinct 3	
	Date	Payee name						
		(see previous)						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	DUDDOCE	(4) 0		(1-) -				
	PURPOSE OF	(a) Category (See Categories listed at the to	op of this schedule)	(b) Descr		de of Texas. Com	ploto Schodulo T	
	EXPENDITURE			. =		officeholder living		
						· ·		
_	Complete ONLY if direct	Candidate/Officeholder name	Office sou	l ıaht		Office he	eld	
	expenditure to benefit C/OI			e Precinc	t 4			
-	Doto							
	Date	Payee name						
		(see previous)						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	PURPOSE	(a) Category (See Categories listed at the to	on of this schedule)	(b) Descr	iption			
	OF	t i g y (est euregenee notes ut ine t	op or time contention	l —		de of Texas. Com	plete Schedule T.	
	EXPENDITURE			Ch	eck if Austin, TX,	officeholder living	expense	
	Complete ONLY if direct	Candidate/Officeholder name	Office sou			Office he		
	expenditure to benefit C/OI	H Ellen, John	Constab	e Precinc	t 5	Constal	ole Precinct 5	

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		Legal Services The Instruction Guid	Salaries/\	Vages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAMI	<u> </u>				3	Filer ID	(Ethics Commission Filers)
	Sch: 9/25 Rpt: 17/33	l	ty Republican Part	ty (CEC)				00070266	
4	Date	5 Payee name							
		(see previo	us)						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode				
8	PURPOSE OF EXPENDITURE	(a) Category (s	ee Categories listed at the t	top of this schedule)	(b)	=		de of Texas. Com _l	
9	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office sou Supreme		urt Justice Pla	ace	Office he 6 Suprem	eld ne Court Justice Place 6
	Date	Payee name							
	07/26/2024	COSTCO							
	Amount (\$) \$44.85	Payee addre 19086 IH-3	5	State; Zip Co	ode				
		KYLE, TX	78640						
	PURPOSE OF EXPENDITURE		ee Categories listed at the t head/Rental Expe		(b)	Check if Austin,	, тх, Е Е Х		
	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office sou	ıght			Office he	eld
	Date 09/17/2024	Payee name DRIPPING	SPRINGS REPUE	BLICANS					
	Amount (\$) \$500.00	Payee addre 100 COMM STE 7 DRIPPING	•	State; Zip Co	ode				
	PURPOSE OF EXPENDITURE	(a) Category (s Event Expe	ee Categories listed at the t	top of this schedule)	(b)	<u></u>	, TX,	de of Texas. Composition officeholder living	
	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office sou	ight			Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
1	Sch: 10/25 Rpt: 18/33	2 FILER NAME Hays County Republican Party (CEC) 3 Filer ID (Ethics Commission Filers) 00070266	
4	Date	5 Payee name	
	07/12/2024	EBAY	
6	Amount (\$) \$774.95	7 Payee address; City; State; Zip Code 2145 Hamilton Avenue San Jose, CA 95125	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
١	OF	c , (cos sansgaras mass isp state sansaras)	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMMITTEE EXPENSE - SOUND / LIGHT SYSTEM FOR WELCOME CENTER	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	07/29/2024	HEB - KYLE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.85	5401 South FM 1626	
		KYLE, TX 78640	
	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	
		COMMITTEE EXPENSES - KITCHEN SUPPLIES FOR WELCOME CENTER	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/28/2024	HEB - KYLE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$74.04	5401 South FM 1626	
		KYLE, TX 78640	
	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 COMMITTEE EXPENSE - KITCHEN SUPPLIES	
		FOR WELCOME CENTER	
_	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committe	Gift/ ee Leg	d/Beverage Expense Awards/Memorials Ex al Services Enstruction Guio			xpens Vages	e /Contract Labor		Travel in District Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:	1								Filer ID	(Ethics Commission File	ers)
L	Sch: 11/25 Rpt: 19/33	Hay	ys County R	epublican Par	ty (CEC)					00070266		
4	Date	5 Pay	ree name									
	07/01/2024	HIL	L COUNTR	Y TROPHY LI	_C							
6	Amount (\$)	7 Pay	ee address;	City;	State;	Zip Co	de					
	\$300.55	210	00 Old Rand	h Rd. 12, Ste.	Α							
		Sar	n Marcos, T	X 78666								
8	PURPOSE	(a) Cate	egory (See Ca	ategories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			emorials Exper		,		Check if travel	outsio	de of Texas. Con	nplete Schedule T.	
	EXI ENDITORE							_	, TX,	officeholder living	g expense	
								3 PLAQUES				
_	Complete ONII V if allows:	0.7.7.1	lidate (Offi 1	oldor rosss		fficare	ماد د			O#!	ald	
9	Complete ONLY if direct expenditure to benefit C/O		lidate/Officeh	uider name	O	ffice sou	ynt 			Office h	eiu	
	Date	Pay	ee name					_				
	08/19/2024	НО	ME DEPOT	- DRIPPING	SPRINGS							
	Amount (\$)	Pay	ee address;	City;	State;	Zip Co	de					
	\$37.30	260	East Hwy	290								
		Drip	pping Spring	gs, TX 78620								
	PURPOSE	(a) Cate	egory (See Ca	ategories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			d/Rental Expe		7		Check if travel			nplete Schedule T.	
	EXI ENDITORE									officeholder living		505
								WELCOME C			PAPER PRODUCTS	FUR
_	Commission ONE V. C. F.	<u> </u>	listate (Offi	alalau :		4 :	a.l- :				alal	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		lidate/Officeh	oluer name	O	ffice sou	gnt			Office h	eiu	
L		<u> </u>										
	Date	1	ree name									
	08/29/2024	1360										
	Amount (\$)	l '	ee address;	City;	State;	Zip Co	de					
	\$3,600.00	230	00 CLAREN	DON BLVD								
L		ARI	LINGTON, '	VA 22201								
	PURPOSE	(a) Cate	egory (See Ca	ategories listed at the	top of this sche	dule)	(b)	Description				
	OF EXPENDITURE	Offi	ice Overhea	d/Rental Expe	ense						nplete Schedule T.	
										officeholder living	DATABASE TOOL	
								JOIVIIVII I I LL	/	., LINOL - L	, , , , , , , , , , , , , , , , , , ,	
	Complete ONLY if direct	Cand	lidate/Officeh	older name		ffice sou	aht			Office h	eld	
	expenditure to benefit C/O			2.20	O		J. 11			200 11		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			ense ages/Contract Labor		Travel in District Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:	2 FILER NAM	IE				3	Filer ID	(Ethics Commission Filers)	
	Sch: 12/25 Rpt: 20/33		nty Republican Party	y (CEC)				00070266	·	
4	Date	5 Payee nam								_
	07/31/2024		OUS CULTURES IN:	STITUTF						
6	Amount (\$)	7 Payee addr			Zip Cod	<u> </u>				_
"	\$1,000.00	122 RIVIE	•	ડાતાર,	Διμ C00					
	Ψ1,000.00		10.01							
		San Marco	os, TX 78666							
8	PURPOSE	(a) Category (See Categories listed at the to	op of this sche	edule)	(b) Description				
	OF EXPENDITURE	Event Exp	ense						nplete Schedule T.	
	-							, officeholder livin	g expense - SAN MARCOS	
						D/ (CIC TO)		COL DAGIT	5, ((v (v)) ((CO5	
9	Complete ONLY if direct	Candidate/O	fficeholder name	0:	ffice soug	ht		Office h	eld	
	expenditure to benefit C/OI		mocnoider name		mec souy			Onice II	Olu .	
	Date	Payee nam								
	07/12/2024	KLEENWI	NDOWS							
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	le				
	\$6,300.00	136 ABER	NATHY AVENUE							
		SAN MAR	COS, TX 78666							
	PURPOSE	(a) Category	See Categories listed at the to	op of this sche	edule)	(b) Description				
	OF EXPENDITURE		erhead/Rental Exper						nplete Schedule T.	
								, officeholder living	g expense PAINT WELCOME	
						CENTER		AFEINSE - H	AIN I WELCOWE	
_	Complete ONLY if direct	Candidate/O	fficeholder name	0	ffice soug	ht		Office h	eld.	
	expenditure to benefit C/O		meenoluel haille	U	mue suug	iii.		Onice II	Ciu	
_	Data									_
	Date	Payee nam								
	08/23/2024	KRIZAN, J								
	Amount (\$)	Payee addr	•	State;	Zip Coo	le				
	\$5,225.00	2199 LIVC	INIA DR							
		BUDA, TX	78610							
	PURPOSE	(a) Category (See Categories listed at the to	op of this sche	edule)	(b) Description				
	OF EXPENDITURE	Office Ove	erhead/Rental Exper	nse					nplete Schedule T.	
						ш		, officeholder living	g expense WEBSITE RE-DESIGN	R.
						UPDATES		AL LINGL - V	LEGITE NE DESIGN	æ
	Complete ONLY if direct	Candidate/O	fficeholder name	O:	ffice soug	ıht		Office h	eld	_
	expenditure to benefit C/O			J		, .		000 11		
										_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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	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: 13/25 Rpt: 21/33	Hays County Republican Party (CEC) 00070266
4	Date	5 Payee name
	09/17/2024	MENICANIN DESIGN LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,925.81	4001 So 700 E
		Ste. 598
		Salt Lake City, UT 84107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
		Check if Austin, TX, officeholder living expense
		COMMITTEE EXPENSE - PRINT 30K RACK CARDS
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to belieff C/OI	¹ Craddick, Christi Railroad Commissioner Railroad Commissioner
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Check if Austin, 17, Unicertaider living expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	D :	
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H Moreno, Tennyson State Representative District 45

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

Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officenoider/Politica Credit Card Payment		ns how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	•		3 Filer ID (Ethics Commission Filers)
	Sch: 14/25 Rpt: 22/33	Hays County Republican Party (CE0	C)	00070266
4	Date	5 Payee name (see previous)		
6	Amount (\$)	· · · ·	ate; Zip Code	
	, ancara (4)		, <u></u>	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OI	1 Isaac, Carrie	State Representative Distr	rict 73 State Representative District 73
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; Sta	ate; Zip Code	
	PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
	OF EXPENDITURE			outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OI	H Blacklock, Jimmy	Supreme Court Justice Pla	ace 2 Supreme Court Justice Place 2
	Date	Payee name (see previous)		
	Amount (\$)	Payee address; City; Sta	ate; Zip Code	
	PURPOSE	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
	OF EXPENDITURE			outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Devine, John	Office sought Supreme Court Justice Pla	Office held ace 4 Supreme Court Justice Place 4

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 Salarice Magnet/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 15/25 Rpt: 23/33	Hays County Republican Party (CEC) 00070266
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
Ŭ	OF	(a) Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit 6/6/	¹ Bland, Jane Supreme Court Justice Place 6 Supreme Court Justice Place 6
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	A (A)	(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Parker, Gina Court Of Criminal Appeals,

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fer Consulting Expense For Contributions/ Ontations Made By - Gif

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 Salarice Magnet/Contract Labor

	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: 16/25 Rpt: 24/33	Hays County Republican Party (CEC) 00070266
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Finley, Lee Court Of Criminal Appeals,
_	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
		Mossinger, com
	Date	Payee name
		(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Boyer, Bruce District Judge District 22 District Judge District 22

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 (order a category pet listed above)

	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: 17/25 Rpt: 25/33	Hays County Republican Party (CEC) 00070266	
4	Date	5 Payee name	_
		(see previous)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	,		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Neidhardt, Tanner District Judge District 483 District Judge District 483	
	Date	Payee name	=
		(see previous)	
	Amount (¢)		_
	Amount (\$)	Payee address; City; State; Zip Code	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Dete		=
	Date	Payee name	
		(see previous)	
	Amount (\$)	Payee address; City; State; Zip Code	
	PURPOSE	(b) Description	_
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
		Hipolito, Anthony Hays County Sheriff None	_

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 18/25 Rpt: 26/33	Hays County Republican Party (CEC) 00070266
4	Date	5 Payee name
		(see previous)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	· ,	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H Muzzy, Philip District Clerk
H	Date	
	Date	Payee name (see previous)
_	Amount (\$)	Payee address; City; State; Zip Code
	Amount (ϕ)	rayee address, City, State, Zip Code
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Hammer, Morgan County Commissioner Precinct 3
	Date	Payee name
	- 40	(see previous)
	Amount (\$)	Payee address; City; State; Zip Code
	5,155,055	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPERIUITUIE TO DEFIERT C/OF	Saenz Sr., David Constable Precinct 2

SCHEDULE F1

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	l Committee Legal Services The Instruction Guide explains	Salaries/Wages/Contract Labor s how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	1	3 Filer ID (Ethics Commission Filers)
_	Sch: 19/25 Rpt: 27/33	Hays County Republican Party (CEC)		00070266
4	Date	5 Payee name		
		(see previous)		
6	Amount (\$)		e; Zip Code	
•	Amount (4)	r rayee address, Gity, Stati	e, Zip Code	
8	PURPOSE	(a) Category (See Categories listed at the top of this so	(b) Description	
	OF EXPENDITURE		Check if travel of	outside of Texas. Complete Schedule T.
	2/11/2/10/12		Check if Austin,	TX, officeholder living expense
9	Complete ONLY if direct		Office sought	Office held
	expenditure to benefit C/OI	⁻¹ Montague, Don	Constable Precinct 3	Constable Precinct 3
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City; State	e; Zip Code	
	7 uno dine (4)		s, =.p =====	
	PURPOSE	(a) Category (See Categories listed at the top of this so	thedule) (b) Description	
	OF EXPENDITURE		· I —	outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin,	TX, officeholder living expense
	Complete ONLY if direct		Office sought	Office held
	expenditure to benefit C/OI	^H Graham, David	Constable Precinct 4	
	Date	Payee name		
		(see previous)		
	Amount (\$)		e; Zip Code	
	Amount (\$)	Payee address; City; State	e, Zip Code	
	PURPOSE	(a) Category (See Categories listed at the top of this so	thedule) (b) Description	
	OF EXPENDITURE			outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin,	TX, officeholder living expense
	Complete ONLY if direct		Office sought	Office held
	expenditure to benefit C/OI	^H Ellen, John	Constable Precinct 5	Constable Precinct 5

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 Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 20/25 Rpt: 28/33	Hays County Republican Party (CEC) 00070266
4	Date	5 Payee name
	08/13/2024	OFFICE DEPOT - SAN MARCOS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$178.59	201 Springtown Way
		San Marcos, TX 78666
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
		COMMITTEE EXPENSE - PRINTER SUPPLIES
		FOR WELCOME CENTER
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/16/2024	OFFICE DEPOT - SAN MARCOS
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.35	201 Springtown Way
		San Marcos, TX 78666
	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
		COMMITTEE EXPENSE - BANNER FOR
		WELCOME CENTER
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/24/2024	PEDERNALES ELECTRIC COOP
	Amount (\$)	Payee address; City; State; Zip Code
	\$149.84	P O Box 1
	,	
		Johnson City, TX 78636
	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 COMMITTEE EXPENSE - UTILITIES
		CONNINT TEE EXILENCE CHEFTLES
	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 -

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

sement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
abor OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Service				/ages	/Contract Labor		Travel Out of OTHER (ente		ct ategory not listed above)	
L		_			tion Guide (explains	now to co	mple	ete this form.	_				_
1	Total pages Schedule F1:	2								3			(Ethics Commission Filers)	
	Sch: 21/25 Rpt: 29/33		Hays Coun	ty Republi	can Party	(CEC)					0007026	6		_
4	Date	5	Payee name											
L	08/26/2024	L	PEDERNAI	ES ELEC	TRIC CO	OP								
6	Amount (\$)	7	Payee addre	ss; City	,	State;	; Zip Co	de						
	\$162.27		P O Box 1											
			Johnson Ci	ty, TX 786	36									
8	PURPOSE	(a)	Category (S	ee Categories I	sted at the top	of this sch	edule)	(b)	Description					_
	OF EXPENDITURE		Office Over				ŕ		Check if travel					
	LAFLINDITURE								Check if Austin					
									COMMITTEE	: E)	XPENSÉ -	- UT	ILITIES	
9	Complete ONLY if direct		Candidate/Offi	ceholder na	ıme	C	Office sou	ght			Office	helc	<u></u>	
L	expenditure to benefit C/OI	н												
	Date		Payee name											1
	09/24/2024		PEDERNAI	LES ELEC	TRIC CO	OP								
	Amount (\$)	Г	Payee addre	ss; City		State;	; Zip Co	de						_
	\$310.72		P O Box 1											
			Johnson Ci	ty, TX 786	36									
	PURPOSE	(a)	Category (S				edule)	(b)	Description					
	OF EXPENDITURE		Office Over	head/Ren	al Expens	se			Check if travel					
	-								COMMITTEE					
									COMMINITIEE	= =,	VLENOE .	- 01	ILITIES	
<u> </u>	Complete ONLY if direct	Ц,	Candidata/O#	coholdor	ımo		Office com	ab+			Office	hola	1	4
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenoluer na	une	C	Office sou	yııl			Office	Heic	ı	
L	Dete	1												4
	Date		Payee name	ID 4110=	INI # 4700									
	07/12/2024		SAM'S CLU		IIN #4720									
	Amount (\$)		Payee addre		,	State;	; Zip Co	de						
	\$2,597.57		4970 US-29	00 Hwy										
			Austin, TX	78735										
	PURPOSE	(a)	Category (S	ee Categories I	sted at the top	of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Office Over	head/Ren	al Expens	se			Check if travel					
									COMMITTEE					اے
									CENTER	= =/	VLEN2F .	- CH	IAIRS FOR WELCOM	-
	Commission ONE V. C. P.	L	2 a m ali -l - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	a a la c l -l)tti = -	aul- d			0"	la - '		_
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenolder na	ıme	C	Office sou	gnt			Office	nelo	1	
	The straight of the straight of the													

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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:	
	Sch: 22/25 Rpt: 30/33	Hays County Republican Party (CEC) 00070266
4	Date	5 Payee name
	08/01/2024	SHEILA & JERRY KOENIG LIVING TRUST
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	6330 West FM 150
		Kyle, TX 78640
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		RENT
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/30/2024	SHEILA & JERRY KOENIG LIVING TRUST
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	6330 West FM 150
		Kyle, TX 78640
_	PURPOSE	
	OF	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		RENT
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/01/2024	SHEILA & JERRY KOENIG LIVING TRUST
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	6330 West FM 150
	Ψ±,230.00	5555 1155(1 m ±00
		K. Ja. TV 70040
		Kyle, TX 78640
	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 RENT
		INCINI
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 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: 23/25 Rpt: 31/33	Hays County Republican Party (CEC) 00070266
4	Date	5 Payee name
	09/18/2024	SLACK TECHNOLOGIES LLC
6	Amount (\$) \$242.52	7 Payee address; City; State; Zip Code 500 HOWARD ST
		SAN FRANCISCO, CA 94105
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMMITTEE EXPENSE - COMMUNICATIONS SOFTWARE TOOL
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	07/24/2024	SPECTRUM
	Amount (\$) \$275.56	Payee address; City; State; Zip Code P O Box 60074
		City of Industry, CA 91716-0074
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMMITTEE EXPENSE - INTERNET / TELEPHONE
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/26/2024	SPECTRUM
	Amount (\$) \$275.56	Payee address; City; State; Zip Code P O Box 60074
		City of Industry, CA 91716-0074
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMMITTEE EXPENSE - INTERNET / TELEPHONE
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	T		_
1	Total pages Schedule F1: Sch: 24/25 Rpt: 32/33	2 FILER NAME3 Filer ID(Ethics Commission Filers)Hays County Republican Party (CEC)00070266	
4	Date	5 Payee name	_
	09/24/2024	SPECTRUM	
6	Amount (\$) \$275.56	7 Payee address; City; State; Zip Code P O Box 60074 City of Industry, CA 91716-0074	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
J	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMMITTEE EXPENSE - INTERNET / TELEPHONE	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
	Date	Payee name	=
	09/24/2024	THE BARNABAS CONNECTION	
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 101 WEST SPOKE HILL DR	
		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	
		SPONSOR - WIMBERLEY MUSIC FEST	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	09/07/2024	THE FLORAL STUDIO	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$67.12	331 W HOPKINS ST	
		STE 100	
		SAN MARCOS, TX 78666	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		COMMITTEE EXPENSE - GIFT FOR PAMELA EAKINS FOLLOWING SURGERY	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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: Sch: 25/25 Rpt: 33/33	2 FILER NAME Hays County Republican Party (CEC) 3 Filer ID (Ethics Commission Filers) 00070266
4	Date 07/12/2024	5 Payee name THUNDER'S MAN CAVE
6	Amount (\$) \$210.00	7 Payee address; City; State; Zip Code 100 CHURCHILL DOWNS KYLE, TX 78640
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMMITTEE EXPENSE - SOUND EQUIPMENT FOR WELCOME CENTER
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/23/2024	THUNDER'S MAN CAVE
	Amount (\$) \$180.00	Payee address; City; State; Zip Code 100 CHURCHILL DOWNS KYLE, TX 78640
	DUDDOCE	In.
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense COMMITTEE EXPENSE - SOUND EQUIPMENT FOR WELCOME CENTER
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 07/30/2024	Payee name WIMBERLEY VFW POST 6441
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 401 JACOBS WELL RD
		WIMBERLEY, TX 78676
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense SUPPORT WIMBERLEY VALLEY CONSERVATIVES - POTLUCK RALLY
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held