FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00065957 3 COMMITTEE NAME **OFFICE USE ONLY** Hispanic Republicans of Texas Date Received **ELECTRONICALLY FILED** 10/07/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 28881 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78755 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Milton B. NAME NICKNAME LAST **SUFFIX** Newton STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1115 San Jacinto Blvd STREET **ADDRESS** Ste 275 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 28881 MAILING **ADDRESS** Austin, TX 78755 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 477-3100 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer 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 Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

Hispanic Republicans of Texas 1. Candidates (dentity by name or, if applicable, classify by party.) A. Supported B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (dentity by name or, if applicable, classify by party.) B. Opposed 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL SOUTH INTEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE					
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Contribution Signature of Company Signa	paper to complete this		B. Opposed		
Contribution Signature of Company Signa		2 Magguras	A Supported		
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OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 8		4. TOTAL POLITICA	L EXPENDITURES	\$	2,918.40
LOAN TOTALS LAST DAY OF THE REPORTING PERIOD Separation of Serious S				DAY \$	1,934.55
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. Mr. Milton B. Newton Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day		1		THE \$	0.00
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. Mr. Milton B. Newton Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day	6 AFFIDAVIT	<u> </u>			
Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this theday			true and correct and includes all infor		
Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this theday			Mr Milton	n R. Newton	
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SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				3 of 14
		EE NAME Republicans of Texas	18 Filer ID 00065957	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,205.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 2,918.40
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/14	
2	FILER NAME Hispanic Rep	publicans of Texas			3	Filer ID (Ethics Commission 00065957	n Filers)
4	Date 09/20/2024	5 Full name of contributor out-of-state PAC (ID#:) Arnold, Terry 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
8	Drincinal occu	Corpus Christi, TX 78411 pation / Job title (See Instructions)	la.	Employer (See Instructions	-, 		
_	Consultant	pation / Job title (See Instructions)	9	Self employed	·)		
	Date 08/29/2024	Full name of contributor out-of-state PAC (ID Corey, Deborah Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00
		Midland, TX 79707					
	Principal occu Accountant	pation / Job title (See Instructions)		Employer (See Instructions SDX Resources, Inc.	s)		
	Date Full name of contributor out-of-state PAC (ID#:				•	Amount of Contribution (\$)	\$100.00
		Midland, TX 79707					
	Principal occu Accountant	pation / Job title (See Instructions)		Employer (See Instructions SDX Resources, Inc.	5)		
	Date 09/15/2024	Full name of contributor out-of-state PAC (ID Duncan, Clay Contributor address; City; State; Zip Code Houston, TX 78411)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Duncan Asset Holdings			
	Date Full name of contributor out-of-state PAC (ID#:) 09/13/2024 Finkelman, Steven Contributor address; City; State; Zip Code Houston, TX 77096				•	Amount of Contribution (\$)	\$100.00
	Principal occu Chief Financ	pation / Job title (See Instructions) ial Officer		Employer (See Instructions Scope Imports Inc.	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO)N	IS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/14	
2	FILER NAME Hispanic Re	publicans of Texas				3	Filer ID (Ethics Commissio 00065957	n Filers)
4	Date 08/06/2024			7	Amount of Contribution (\$)	\$5.00		
		Dallas, TX 75235						
8	Principal occu Csr	pation / Job title (See Instructions	5)	9	Employer (See Instructions Gainsco	s)		
	Date 09/19/2024	Full name of contributor Garza, David Contributor address; City; S	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$500.00
	Principal occu	Employer (See Instructions retired	<u> </u> s)					
	Date 09/06/2024	Date Full name of contributor out-of-state PAC (ID#:)				•	Amount of Contribution (\$)	\$50.00
	Dringing oggu	Houston, TX 77041	2)	_	Employer (See Instruction	<u>''</u>		
	retired	pation / Job title (See Instructions	o)		Employer (See Instructions retired	·)		
	Date 08/27/2024	Full name of contributor Granado, Arturo Contributor address; City; S Corpus Christi, TX 78411)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Insurance	pation / Job title (See Instructions	s)		Employer (See Instructions The Granado Group	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 07/27/2024 Granado, Arturo Contributor address; City; State; Zip Code Corpus Christi, TX 78411					Amount of Contribution (\$)	\$100.00	
	Principal occu Insurance	pation / Job title (See Instructions	5)		Employer (See Instructions The Granado Group	5)		
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	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/14	
2	FILER NAME Hispanic Rep	publicans of Texas			3	Filer ID (Ethics Commission 00065957	on Filers)
4	Date 09/24/2024	5 Full name of contributor out-of-state PAC (ID#:) Jolly, Robert 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
8	Principal occu	Austin, TX 78734 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	retired	,		retired	,		
	Date Full name of contributor out-of-state PAC (ID#:) 08/16/2024 Light, Walter Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77254					
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Thunder Exploration)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/24/2024 Pannell, Jeff Contributor address; City; State; Zip Code					``	\$50.00
		SOUTHLAKE, TX 76092					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 09/17/2024	Full name of contributor Ventura Jr, Jose Contributor address; City; State; San Antonio, TX 78260	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/17/2024 Ventura Jr, Jose Contributor address; City; State; Zip Code San Antonio, TX 78260					Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
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	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1	į	
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/14		
2	FILER NAME Hispanic Re	publicans of Texas	3	Filer ID (Ethics Commission Filers) 00065957		
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Ventura Jr, Jose 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$50	.00
8		San Antonio, TX 78260 upation / Job title (See Instructions)	9 Employer (See Instructions retired	S)		
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID#:_ Woodhouse, Marilyn Contributor address; City; State; Zip Code Houston, TX 77079		Amount of Contribution (\$) \$250	.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions retired	<u> </u> s)		

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		laries/Wages/Contract Labor to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 1/7 Rpt: 8/14	Hispanic Republicans of Texas		00065957
4 Date	5 Payee name		
09/24/2024	Anedot		
6 Amount (\$)	7 Payee address; City; State; Z	ip Code	
\$4.30	PO Box 84314, Ste F		
Expenditure from corporate funds	Baton Rouge, LA 70884		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedul		
EXPENDITURE	Fees	_	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		_ <u> </u>	rocessing fees
Complete ONLY if direct expenditure to benefit C/Oh		ee sought	Office held
Date	Payee name		
09/24/2024	Anedot		
Amount (\$)	Payee address; City; State; Z	ip Code	
\$2.30	PO Box 84314, Ste F		
Expenditure from corporate funds	Baton Rouge, LA 70884		
PURPOSE	(a) Category (See Categories listed at the top of this schedul	. —	
OF EXPENDITURE	Fees	· · ·	outside of Texas. Complete Schedule T.
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Expenditure from corporate funds	Baton Rouge, LA 70884		
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		Credit Card p	rocessing fees
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		_	

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: 2/7 Rpt: 9/14	Hispanic Republicans of Texas 00065957
4 Date	5 Payee name
09/17/2024	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.30	PO Box 84314, Ste F
Expenditure from corporate funds	Baton Rouge, LA 70884
8 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.
	Check if Austin, TX, officeholder living expense credit card processing fees
	Great card processing rees
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expenditure to benefit C/O	
Date	Power name
09/13/2024	Payee name Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$4.30	PO Box 84314, Ste F
Expenditure from	
corporate funds	Baton Rouge, LA 70884
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	credit card processing fees
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Expenditure from corporate funds	Baton Rouge, LA 70884
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
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	credit card processing fees
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Complete <u>ONLY</u> 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 Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Credit Card Payment	The Instruction Guide explains how to c	mplete this form.	OTTIER (enter a category not listed abo	vc)
1 Total pages Schedule F1:	·	<u> </u>	3 Filer ID (Ethics Commission	on Filers)
Sch: 3/7 Rpt: 10/14	Hispanic Republicans of Texas		00065957	,
4 Date	5 Payee name			
08/29/2024	Anedot			
6 Amount (\$)	7 Payee address; City; State; Zip C	de		
\$4.30	PO Box 84314, Ste F			
Expenditure from corporate funds	Baton Rouge, LA 70884			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		utside of Texas. Complete Schedule T.	
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		or our our a pro	0000g 1000	
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expenditure to benefit C/O		giit	Office field	
Dete				
Date	Payee name			
08/27/2024	Anedot			
Amount (\$)	Payee address; City; State; Zip C	de		
\$4.30	PO Box 84314, Ste F			
Expenditure from				
corporate funds	Baton Rouge, LA 70884			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		utside of Texas. Complete Schedule T.	
		credit card pro	TX, officeholder living expense	
		credit card pro	cessing lees	
Complete ONLY if direct	Candidate/Officeholder name Office so	aht	Office held	
expenditure to benefit C/O		giit	Office field	
Dete				
Date	Payee name			
08/26/2024	Anedot			
Amount (\$)	Payee address; City; State; Zip C	de		
\$10.30	PO Box 84314, Ste F			
Expenditure from				
corporate funds	Baton Rouge, LA 70884			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		itside of Texas. Complete Schedule T.	
		Check if Austin, T	TX, officeholder living expense	
		credit card pro	cessing iees	
Complete ONLY if direct	Candidate/Officeholder name Office so	aht	Office held	
expenditure to benefit C/O		gin	Office field	

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

Candidate/Officeholder/Politica	The Instruction Guide explains how to co		te this form.							
1 Total pages Schedule F1:	2 FILER NAME	-	3 Filer ID (Ethics Commission Filers)							
Sch: 4/7 Rpt: 11/14	Hispanic Republicans of Texas		00065957							
4 Date	5 Payee name									
08/17/2024	Anedot									
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode								
\$2.30	PO Box 84314, Ste F									
— Foresaditus from										
Expenditure from corporate funds	Baton Rouge, LA 70884									
8 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. Check if Austin, TX, officeholder living expense							
			credit card processing fees							
			3							
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ıght	Office held							
expenditure to benefit C/O	Н	•								
Date	Payee name									
08/06/2024	Anedot									
Amount (\$)	Payee address; City; State; Zip Co	ode								
\$0.50	PO Box 84314, Ste F									
	·									
Expenditure from corporate funds	Baton Rouge, LA 70884									
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description							
EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
			credit card processing fees							
			3							
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held							
expenditure to benefit C/O	H									
Date	Payee name									
07/29/2024	Anedot									
Amount (\$)	Payee address; City; State; Zip Co	ode								
\$4.30	PO Box 84314, Ste F									
Expenditure from corporate funds	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.							
			Check if Austin, TX, officeholder living expense							
			credit card processing fees							
Complete ONLY if direct	Candidate/Officeholder name Office sou	l Ight	Office held							
expenditure to benefit C/Ol		.9111	Office field							

SCHEDULE F1

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

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 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 explains how to co	plete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 File	er ID (Ethics Commission Filers)
Sch: 5/7 Rpt: 12/14	Hispanic Republicans of Texas	00	065957
4 Date	5 Payee name	I	
07/27/2024	Anedot		
6 Amount (\$)	7 Payee address; City; State; Zip Co	e	
\$4.30	PO Box 84314, Ste F		
·	,		
Expenditure from corporate funds	Baton Rouge, LA 70884		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
OF EXPENDITURE	Fees	Check if travel outside o	f Texas. Complete Schedule T.
		credit card process	
		orean cara process	ing iccs
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ht	Office held
expenditure to benefit C/O			Office Held
Date	Davis and		
	Payee name		
07/17/2024	Anedot		
Amount (\$)	Payee address; City; State; Zip Co	e	
\$2.30	PO Box 84314, Ste F		
Expenditure from			
corporate funds	Baton Rouge, LA 70884		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
OF EXPENDITURE	Fees		f Texas. Complete Schedule T.
		Check if Austin, TX, office credit card process	
		orean cara process	ing iccs
Complete ONLY if direct	Candidate/Officeholder name Office sou	ht	Office held
expenditure to benefit C/O		•	
Date	Pausa nama		
07/11/2024	Payee name Falcon Design and Print		
Amount (\$)	Payee address; City; State; Zip Co	е	
\$320.00	8900 Viscount Blvd		
Expenditure from	#AN-198		
corporate funds	El Paso, TX 79925		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Description	
EXPENDITURE	Printing Expense	□	f Texas. Complete Schedule T.
		Check if Austin, TX, office Graphics design for	
		C. Spriido dedigir loi	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ht	Office held
expenditure to benefit C/Ol		•••	550 Hold

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense 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	s expense	Salaries/W		e /Contract Labor			ER (enter a	a category not lis	ted above)	
		_		The Instruction G	uide explains	how to cor	mple	te this form.	_					
1	Total pages Schedule F1:	2							3	File		(Ethics Com	mission Filers)	
	Sch: 6/7 Rpt: 13/14		Hispanic Republicans of Texas 00065957											
4	Date	5	Payee name											
	07/30/2024		Frost Bank											
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de							_
	\$15.00		3525 Far W	est Blvd										
	- "													
	Expenditure from corporate funds		Austin, TX 7	8731										
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description						-
	OF EXPENDITURE		Fees	o catogonico notoa at	and top or and con-	.oud.o,		:	outsi	ide of	Texas. Con	nplete Schedule	Τ.	
	EXPENDITURE							Check if Austin,	, TX,	, office	holder livin	g expense		
								bank fees						
														_
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	(Office sou	ght				Office h	eld		
	experience to some ex-	_												_
	Date		Payee name											
	08/31/2024		Frost Bank											
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de							
	\$15.00		3525 Far W	est Blvd										
_	T Expenditure from													
L	corporate funds		Austin, TX 7	8731										
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description						
	OF EXPENDITURE		Fees					-				nplete Schedule	Т.	
								Check if Austin,	, TX,	, office	holder livin	g expense		
								bank fees						
	Complete ONLY if direct		Candidata/Offic	ceholder name		Office sou	aht				Office h	old		_
	expenditure to benefit C/O		zanuluale/Onii	enoluei name		Jilice Sou(gni				Office II	eiu		
														=
	Date		Payee name	0:										
	09/10/2024			ez Campaign										_
	Amount (\$)		Payee addres		State	; Zip Co	de							
	\$500.00		4414 Lake S	Superior Dr.										
_	T Expenditure from													
L	corporate funds		Corpus Chri	sti, TX 78413										
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description						
	OF EXPENDITURE			s/Donations M				므				nplete Schedule	Г.	
			Candidate/C	Officeholder/Po	litical Comm	nittee		Campaign Co				g expense		
								Campaign CC	J. IU	Jul	.511			
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	aht				Office h	eld		-
	expenditure to benefit C/O		Jan Ididate/Offic	CHOIGGI HUITIC		omee sout	9111				J.1100 11	O.G		
														_

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense Travel Out of District 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: 7/7 Rpt: 14/14	Hispanic Republicans of Texas 00065957
4 Date	5 Payee name
09/11/2024	Lara, Sarah
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	9430 Turrentine Dr.
Expenditure from corporate funds	El Paso, TX 79925
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Digital outreach to voters
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held