FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088607 3 COMMITTEE NAME **OFFICE USE ONLY** Red Stiletto Republican Women Date Received **ELECTRONICALLY FILED** 12/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 120 Seth Raynor Drive Change of Address New Braunfels, TX 78130 Date Hand-delivered or Date Postmarked **CAMPAIGN** MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Ms. Minerva NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Cuvillier CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5885 Barbarossa Road STREET **ADDRESS** (Residence or Business) Seguin, TX 78155 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 5885 Barbarossa Road MAILING **ADDRESS** Change of Address Seguin, TX 78155 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (830) 556-9200 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 10/26/2024 11/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 File	r ID	(Ethics Commission Filers)
Red Stiletto Republic	can Women		000	88607	
L4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	l .		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	R THAN	\$	0.00
		L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF L	LOANS)	\$	1,197.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	690.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF T G PERIOD	THE LAST DAY	\$	708.98
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOAN REPORTING PERIOD	NS AS OF THE	\$	0.00
.6 AFFIDAVIT	<u> </u>			<u> </u>	
		I swear, or affirm, under pe true and correct and includ under Title 15, Election Co	les all information i		
		ı	Ms. Minerva Cuv	/illier	
		Signa	ature of Campaign	Treasur	er
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ped before me, by the said _		, this the _		day
		which, witness my hand and seal of office			
Signature of officer	administering oath	Printed name of officer administering oat	n Title	ot office	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					3 of 9
17 COM	MITTE	E NAME	18 Filer ID	(Ethics Commission	Filers)
l		to Republican Women	00088607	(Lance Commission	
19 SCH	EDULE	E SUBTOTALS			
NAME OF SCHEDULE			SUBTOTAL AM	IOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,197.70
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
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 (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	690.82
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 TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1		
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/9		
2	FILER NAME Red Stiletto Republican Women	3	Filer ID (Ethics Commission 00088607	n Filers)	
4		_) 7	Amount of Contribution (\$)	\$42.18	
8	TX Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	octions)			
	Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$800.00	
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Politician	ctions)			
	Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$355.52	
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	ictions)			

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omple	ete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Sch: 1/5 Rpt: 5/9	Red Stiletto Republican Women		00088607	
4 Date	5 Payee name			
11/12/2024	Addicott, Jeffrey			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$40.00				
Expenditure from corporate funds	TX			
8 PURPOSE		(h)	Description	
OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(5)	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Char wards/momentale Expense		Check if Austin, TX, officeholder living expense	
			Signed Book	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held	
experiditure to benefit C/Oi	1			
Date	Payee name			
11/12/2024	Amazon			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$12.98				
Expenditure from corporate funds	тх			
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.	
EXPENDITORE			Check if Austin, TX, officeholder living expense	
			Supplies	
Operation ONLY if allowed	Oscalidate (Office helder a series		Office held	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
11/12/2024	Amazon			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$18.38				
Expenditure from				
corporate funds	TX			
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 Supplies	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held	
expenditure to benefit C/O		~9·11	Cilido Hold	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising 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

Credit Card Payment	The Instruction Guide explains how to complet	te this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 6/9	Red Stiletto Republican Women	00088607
4 Date	5 Payee name	•
11/04/2024	Amazon	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$43.29		
Expenditure from corporate funds	тх	
8 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.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Supplies
O Committee ONII V if allowed	Constitute (Office helder a second	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
<u> </u>		
Date	Payee name	
10/29/2024	Amazon	
Amount (\$)	Payee address; City; State; Zip Code	
\$29.22		
Expenditure from corporate funds	тх	
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.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Supplies
Operation ONE Wife discout	Overdidate/Office halden agent	Office health
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
<u>'</u>		
Date	Payee name	
10/28/2024	Amazon	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.81		
Expenditure from		
corporate funds	TX	
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.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experience to beliefft G/O	•	

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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: 3/5 Rpt: 7/9	Red Stiletto Republican Women	00088607
4	Date	5 Payee name	•
	10/26/2024	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$30.10		
	Expenditure from corporate funds	TX	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption
	OF EXPENDITURE	, , , , , , , , , , , , , , , , , , , ,	ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		eck if Austin, TX, officeholder living expense
		Suppl	lles
_	Operation ONLY if dispose	On all data (Office helder a see	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/29/2024	GoDaddy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.11		
_	T Expenditure from		
L	corporate funds	TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	•
	OF EXPENDITURE		eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
		Use Webp	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	4	
	Date	Payee name	
	11/06/2024	Hideaway	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$34.25	,,,,,,,,	
	Expenditure from corporate funds	TX	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	intion
	OF		eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		eck if Austin, TX, officeholder living expense
		Fees	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

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

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: 4/5 Rpt: 8/9	Red Stiletto Republican Women 00088607
4 Date	5 Payee name
11/06/2024	Jotform, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$42.12	
Expenditure from corporate funds	TX
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
	Supplies
O Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
11/19/2024	Kaitlin, Colegate (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$107.00	
Expenditure from corporate funds	TX
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Loan Repayment/Reimbursement
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/Oi	1
Date	Payee name
11/18/2024	Project Broadcast
Amount (\$)	Payee address; City; State; Zip Code
\$23.45	
_	
Expenditure from corporate funds	тх
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Emails
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	¬
İ	

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 9/9	Red Stiletto Republican Women	00088607
4 Date	5 Payee name	
11/06/2024	Triple Bee Bakery	
6 Amount (\$) \$238.15	7 Payee address; City; State; Zip Code	
Expenditure from corporate funds	TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
11/06/2024	Walmart	
Amount (\$) \$42.96	Payee address; City; State; Zip Code	
Expenditure from corporate funds	TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held