#### 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) 00059550 3 COMMITTEE NAME **OFFICE USE ONLY** Republican Club of Comal County Date Received **ELECTRONICALLY FILED** 01/05/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 265 Landa Drive Date Hand-delivered or Date Postmarked Change of Address New Braunfels, TX 78130 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Patrick J. NAME NICKNAME LAST **SUFFIX** Seiler STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5653 High Forest Drive STREET **ADDRESS** (Residence or Business) New Braunfels, TX 78132 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5653 High Forest Drive MAILING **ADDRESS** New Braunfels, TX 78132 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (612) 812-1150 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **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 12/31/2024 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

2 COMMITTEE NAME			13	Filer ID	(Ethics Commission Filers)
Republican Club of Com	nal County			00059550	,
4 COMMITTEE	Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)	ул. Эцрропец			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Magauras	A. Supported			
	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.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS OR GUARANTEES OF LOANS ADE ELECTRONICALLY) qualifies for the higher itemization the	S, OR	\$	2,698.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANT	TEES OF LOANS)	\$	3,623.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	3,825.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED	D AS OF THE LAST DA	AY <b>\$</b>	12,411.34
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDI REPORTING PERIOD	ING LOANS AS OF TH	E \$	0.00
6 AFFIDAVIT					
			, under penalty of perju and includes all informa lection Code.		
			Patrick J.		
			Signature of Camp	vaiyii ireasu	ii ei
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed I	before me, by the said		, this	the	day
of	, 20, to certify v	vhich, witness my hand and sea	al of office.		
Signature of officer adn	ninistering oath	Printed name of officer adminis	stering oath	Title of office	cer administering oath

### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

					3 of 16
<b>17</b> CON	MITTE ublica	(Ethics C	Commission Filers)		
19 SCH					
NAM	1E OF		SUE	BTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,873.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	750.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR 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	\$	3,825.62
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.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	1,225.00
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBI	UTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	n.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/16		
2	FILER NAME Republican Club of Comal County				3	Filer ID (Ethics Commission 00059550	n Filers)
4	Date 12/10/2024	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$25.00	
	Dringing Loon	Bulverde, TX 78163	- 10	Employer (Con Instructions	<u></u>		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions None	·)		
	Date 10/28/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00
	Principal occu	New Braunfels, TX 78130 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Liason			Ken Packston			
	Date 11/24/2024			)		Amount of Contribution (\$)	\$5.00
		New Braunfels, TX 78130					
	Principal occu Liason	pation / Job title (See Instructions)		Employer (See Instructions Ken Packston	5)		
	Date 12/10/2024	Full name of contributor out-of-state PA Granados, Lori (Ms.)  Contributor address; City; State; Zip Code  New Braunfels, TX 78130		)		Amount of Contribution (\$)	\$25.00
	Principal occu Liason	pation / Job title (See Instructions)		Employer (See Instructions Ken Packston	5)		
	Date 10/28/2024					Amount of Contribution (\$)	\$20.00
	Principal occu Liason	pation / Job title (See Instructions)		Employer (See Instructions Ken Packston	s)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 5/16				
2 FILER NAME Republican	: Club of Comal County	3 Filer ID (Ethic 00059550	s Commission Filers)				
4	<u>-</u>						
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date 07/23/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: chambers, Ruth (Ms.)</li> <li>Contributor address; City; State; Zip Code</li> <li>Bulverde, TX 78163</li> </ul>		contribution (\$) \$150.00	9 In-kind contribution description Paid 50% of Rent for our Club. In the state of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		nstructions)			
Retired	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None	,				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)			
<b>14</b> Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (	FOR JUDICIAL)			
<b>16</b> If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: Chambers, Ruth (Ms.)  Contributor address; City; State; Zip Code			In-kind contribution description Paid 50% of Rent for our Club.			
	Bulverde, TX 78163		Check if travel of	l butside of Texas. Complete Schedule T.			
Principal occu Retired	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON None	-JUDICIAL) (See ii	nstructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)					
Contributor's	Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 08/27/2024	Full name of contributor out-of-state PAC (ID#: Chambers, Ruth (Ms.)  Contributor address; City; State; Zip Code  Bulverde, TX 78163			Paid 50% of Rent for our Club.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		outside of Texas. Complete Schedule T.			
Retired	Application of the state of the	None	. 5551011(E)	···· ·,			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (	FOR JUDICIAL)			
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 6/16 3 Filer ID (Ethics Commission Filers) FILER NAME Republican Club of Comal County 00059550 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/22/2024 Chambers, Ruth (Ms.) \$150.00 Paid 50% of Rent for our 7 Contributor address; City; State; Zip Code Club. Bulverde, TX 78163 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) Retired None 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 11/26/2024 Chambers, Ruth (Ms.) \$150.00 | Paid 50% of Rent for our Contributor address; City; State; Zip Code Club. Bulverde, TX 78163 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) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

### 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)

	O		9				
	Credit Card Payment		The Instruction Guide explains	how to complete this form.			
1	Total pages Schedule F1:	2	FILER NAME		3	Filer ID	
	Sch: 1/9 Rpt: 7/16		Republican Club of Comal County			000595	

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/9 Rpt: 7/16	Republican Club of Comal County	00059550
4 Date	5 Payee name	•
07/25/2024	1st Protestant Church	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$150.00	172 W Coll St	
Expenditure from corporate funds	New Braunfels, TX 78130	
8 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  Rent for use of Facility July. Check # 1052
		There is a contracting only contracting and a contracting of the contr
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI		2.130 1.512
Date	Payee name	
09/18/2024	1st Protestant Church	
Amount (\$)	Payee address; City; State; Zip Code	
\$150.00	172 W Coll St	
Expenditure from corporate funds	New Braunfels, TX 78130	
DUDDOGE	(a) O-t	<b>\</b>
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
OF		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
OF		Check if travel outside of Texas. Complete Schedule T.
OF		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Rent for use of Facility August Check # 1054
OF EXPENDITURE	Office Overhead/Rental Expense  Candidate/Officeholder name Office sough	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Rent for use of Facility August Check # 1054
OF EXPENDITURE  Complete ONLY if direct	Office Overhead/Rental Expense  Candidate/Officeholder name Office sough	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Rent for use of Facility August Check # 1054
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ol	Office Overhead/Rental Expense  Candidate/Officeholder name  Office sough	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Rent for use of Facility August Check # 1054
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ol	Office Overhead/Rental Expense  Candidate/Officeholder name Office sough Payee name	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Rent for use of Facility August Check # 1054  t Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/Ol  Date 09/30/2024	Office Overhead/Rental Expense  Candidate/Officeholder name Office sough  Payee name 1st Protestant Church	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Rent for use of Facility August Check # 1054  t Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 09/30/2024  Amount (\$)  \$150.00	Candidate/Officeholder name Office sough  Payee name 1st Protestant Church Payee address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Rent for use of Facility August Check # 1054  t Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 09/30/2024  Amount (\$)	Candidate/Officeholder name Office sough  Payee name 1st Protestant Church Payee address; City; State; Zip Code	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Rent for use of Facility August Check # 1054  t Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 09/30/2024  Amount (\$) \$150.00  Expenditure from corporate funds  PURPOSE	Office Overhead/Rental Expense  Candidate/Officeholder name Office sough  Payee name 1st Protestant Church  Payee address; City; State; Zip Code 172 W Coll St  New Braunfels, TX 78130	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Rent for use of Facility August Check # 1054  t Office held
Complete ONLY if direct expenditure to benefit C/OI  Date 09/30/2024  Amount (\$) \$150.00  Expenditure from corporate funds  PURPOSE OF	Office Overhead/Rental Expense  Candidate/Officeholder name Office sough  Payee name 1st Protestant Church  Payee address; City; State; Zip Code 172 W Coll St  New Braunfels, TX 78130	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent for use of Facility August Check # 1054  t Office held  Office held  Description  Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OI  Date 09/30/2024  Amount (\$) \$150.00  Expenditure from corporate funds  PURPOSE	Candidate/Officeholder name Office sough  Payee name 1st Protestant Church  Payee address; City; State; Zip Code 172 W Coll St  New Braunfels, TX 78130  (a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent for use of Facility August Check # 1054  Total Check if Austin, TX, officeholder living expense  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/OI  Date 09/30/2024  Amount (\$) \$150.00  Expenditure from corporate funds  PURPOSE OF	Candidate/Officeholder name Office sough  Payee name 1st Protestant Church  Payee address; City; State; Zip Code 172 W Coll St  New Braunfels, TX 78130  (a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent for use of Facility August Check # 1054  t Office held  Office held  Description  Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OI  Date 09/30/2024  Amount (\$)  Expenditure from corporate funds  PURPOSE OF EXPENDITURE	Candidate/Officeholder name Office sough  Payee name 1st Protestant Church  Payee address; City; State; Zip Code 172 W Coll St  New Braunfels, TX 78130  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent for use of Facility August Check # 1054  t Office held  Office held  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent for use of Facility September Check # 1057
Complete ONLY if direct expenditure to benefit C/OI  Date 09/30/2024  Amount (\$) \$150.00  Expenditure from corporate funds  PURPOSE OF	Candidate/Officeholder name  Payee name 1st Protestant Church  Payee address; City; State; Zip Code 172 W Coll St  New Braunfels, TX 78130  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Candidate/Officeholder name  Office sough	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent for use of Facility August Check # 1054  t Office held  Office held  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent for use of Facility September Check # 1057
Complete ONLY if direct expenditure to benefit C/OI  Date 09/30/2024  Amount (\$) \$150.00  Expenditure from corporate funds  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Candidate/Officeholder name  Payee name 1st Protestant Church  Payee address; City; State; Zip Code 172 W Coll St  New Braunfels, TX 78130  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Candidate/Officeholder name  Office sough	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent for use of Facility August Check # 1054  t Office held  Office held  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent for use of Facility September Check # 1057
Complete ONLY if direct expenditure to benefit C/OI  Date 09/30/2024  Amount (\$) \$150.00  Expenditure from corporate funds  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Candidate/Officeholder name  Payee name 1st Protestant Church  Payee address; City; State; Zip Code 172 W Coll St  New Braunfels, TX 78130  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Candidate/Officeholder name  Office sough	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent for use of Facility August Check # 1054  t Office held  Office held  Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Rent for use of Facility September Check # 1057

### 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

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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 2/9 Rpt: 8/16	Republican Club of Comal County 00059550	
4	Date	5 Payee name	_
	10/22/2024	1st Protestant Church	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$150.00	172 W Coll St	
	Expenditure from corporate funds	New Braunfels, TX 78130	
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	
		Rent for use of Facility October Check # 1058	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	11/25/2024	1st Protestant Church	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$150.00	172 W Coll St	
	Expenditure from corporate funds	New Braunfels, TX 78130	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense  Rent for use of Facility November Check # 1066	
		Nent for use of Facility November Check # 1000	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
	Date	Dayso name	=
	07/23/2024	Payee name Highfield, Al (Mr.)	
			_
	Amount (\$) \$170.91	Payee address; City; State; Zip Code	
	\$170.91	1066 Fairway Dr	
	Expenditure from corporate funds	Canyon Lake, TX 77357	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Monthly Club Meeting (Snacks, Water, Desert)	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
			_

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Expense Travel in Ing Expense Travel Outs/Wages/Contract Labor OTHER (contract Labor In Ing.)

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

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/9 Rpt: 9/16	Republican Club of Comal County 00059550
4 Date	5 Payee name
08/27/2024	Highfield, Al (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$94.24	1066 Fairway Dr
Expenditure from corporate funds	Canyon Lake, TX 77357
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Monthly Club Meeting (Snacks, Water, Desert)
	Monthly Club Meeting (Snacks, Water, Desert)
• O I O O O O O O O O O O O O O O O O O	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/24/2024	Highfield, Al (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$196.20	1066 Fairway Dr
Expenditure from corporate funds	Canyon Lake, TX 77357
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
_/	Check if Austin, TX, officeholder living expense
	Monthly meeting. (Snacks, Food, Water)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/Oi	1
Date	Payee name
09/24/2024	Highfield, Al (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$95.20	1066 Fairway Dr
Expenditure from corporate funds	Canyon Lake, TX 77357
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Monthly meeting. (Napkins, Plates, Cups). Check #
	1059
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 -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)

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:		_
Sch: 4/9 Rpt: 10/16	Republican Club of Comal County 00059550	
4 Date	5 Payee name	
10/22/2024	Highfield, Al (Mr.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$221.02	1066 Fairway Dr	
Expenditure from corporate funds	Canyon Lake, TX 77357	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Monthly meeting. (Food, Snacks, Water)	
	Worlding freeding. (1 ood, Shacks, Water)	
0 0 1: 01!! \( \text{''} \) ''		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
10/22/2024	Highfield, Al (Mr.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$27.72	1066 Fairway Dr	
Expenditure from corporate funds	Canyon Lake, TX 77357	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
<b></b>	Check if Austin, TX, officeholder living expense	
	Monthly meeting. (Tea, Snacks)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to belieff of of		
Date	Payee name	
11/26/2024	Highfield, Al (Mr.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$92.25	1066 Fairway Dr	
Expenditure from corporate funds	Canyon Lake, TX 77357	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Food/Beverage Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Monthly meeting. (Food, Snacks, Water)	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

ement Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orbots settlement and listed above)

Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/9 Rpt: 11/16	Republican Club of Comal County 00059550
4 Date	5 Payee name
11/26/2024	Highfield, Al (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$112.53	1066 Fairway Dr
Expenditure from corporate funds	Canyon Lake, TX 77357
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Pens from Amsterdam pens. Advertising for the
	club.
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/12/2024	Highfield, Al (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$843.27	1066 Fairway Dr
Expenditure from corporate funds	Canyon Lake, TX 77357
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	River City Catering for Meal at Patrons Christmas
	party.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/12/2024	Highfield, Al (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$470.00	1066 Fairway Dr
Expenditure from corporate funds	Canyon Lake, TX 77357
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
	Columbus Club Hall at Patrons Christmas party.
	Rental and cleaning of hall for Christmas party.
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 Mac Candidate/Officeholder/Po		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Overhea Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor	T T T	ravel in District ravel Out of Dist	quipment & Related Expense
1 Total pages Schedule F	1: 2	FILER NAME			3 F	iler ID	(Ethics Commission Filers)
Sch: 6/9 Rpt: 12/16	5	Republican Club of Comal County			0	0059550	
4 Date	5	Payee name					
12/12/2024		Highfield, Al (Mr.)					
6 Amount (\$)	7	Payee address; City; State	e; Zip Code				
\$73.0	03	1066 Fairway Dr					
Expenditure from corporate funds		Canyon Lake, TX 77357					
8 PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule) (b)	Description			
OF EXPENDITURE		Gift/Awards/Memorials Expense					olete Schedule T.
				ш		fficeholder living	10 members. Patrons
				Christmas pa			
Complete ONLY if direct expenditure to benefit 0		Candidate/Officeholder name	Office sought			Office he	ld
Date		Payee name					
12/12/2024		Highfield, Al (Mr.)					
Amount (\$)	+	Payee address; City; State	e; Zip Code				
\$49.9	98	1066 Fairway Dr	•				
		•					
Expenditure from corporate funds		Canyon Lake, TX 77357					
PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule) (b)	Description			
OF EXPENDITURE		Food/Beverage Expense	induito)	_ :	outside	of Texas. Comp	olete Schedule T.
EXPENDITORE				ш		ficeholder living	
				Cake at HEB	tor F	atrons Chi	ristmas party.
Operation ONLY if the		Orandi deka (Office de alden men	06:			O#: I	1.4
Complete <u>ONLY</u> if direct expenditure to benefit (		Candidate/Officeholder name	Office sought			Office he	10
Date		Payee name					
07/23/2024		Lee, Donna (Mrs.)					
Amount (\$)		Payee address; City; State	e; Zip Code				
\$38.8	39	1542 Lakeside Drive W					
Evpanditura from							
Expenditure from corporate funds		Canyon Lake, TX 78133					
PURPOSE	(a)	Category (See Categories listed at the top of this sch	hedule) (b)	Description			
OF EXPENDITURE		Food/Beverage Expense					olete Schedule T.
				_		ficeholder living	expense rthday. Check # 1150
				ondiny widel	9	- A. 101 DI	.a.aay. Onook ir 1100
Complete ONLY if direct	t C	Candidate/Officeholder name	 Office sought			Office he	ld
expenditure to benefit (							

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 7/9 Rpt: 13/16	Republican Club of Comal County 00059550
4 Date	5 Payee name
08/27/2024	Lee, Donna (Mrs.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$214.01	1542 Lakeside Drive W
Expenditure from corporate funds	Canyon Lake, TX 78133
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Food from Berkshire Hathaway for Monthly meeting.  Check # 1055
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
12/06/2024	Narvaiz, Naomi (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$186.74	3217 Hyacinth
Expenditure from corporate funds	New Braunfels, TX 78130
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Name tags for members from Starr Awards. Check #
	1063
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
11/24/2024	Narvaiz, Naomi (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$50.16	3217 Hyacinth
Expenditure from	
corporate funds	New Braunfels, TX 78130
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Office Supplies. Check # 1064
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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: 8/9 Rpt: 14/16	Republican Club of Comal County 00059550	
4 Date	5 Payee name	
11/16/2024	Scheper, Audrey (Mrs.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$34.90	645 Ridge Maze	
Expenditure from corporate funds	New Braunfels, TX 78130	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Name cards for President. Check # 1062	
	Name Calus for Fresherit. Check # 1002	
• • • • • • • • • • • • • • • • • • • •		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held	
_		
Date	Payee name	
07/25/2024	Seiler, Maria (Mrs.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$24.90	5653 High Forest Drive	
Expenditure from corporate funds	New Braunfels, TX 78132	
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	
	Name tags for members from Star Awards. Check # 1051	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit ere		
Date	Payee name	
08/06/2024	Seiler, Maria (Mrs.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$12.45	5653 High Forest Drive	
Expenditure from corporate funds	New Braunfels, TX 78132	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Printing Expense	
LAFLINDITURE	Check if Austin, TX, officeholder living expense	
	Name Tags for Members from Star Awards. Check # 1053	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiorate to beliefit G/OTT		

### 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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/9 Rpt: 15/16	Republican Club of Comal County 00059550
4 Date	5 Payee name
11/24/2024	Seiler, Patrick
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$67.22	5653 High Forest Dr
Expenditure from corporate funds	New Braunfels, TX 78132
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Copy Paper, Inc, Paperclips, other. Check # 1065
	Copy Paper, Inc., Paperclips, other. Check # 1005
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

### SCHEDULE I

The Instruction Guide explains how to complete this form.		
Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Republican Club of Comal County 3 Filer ID (Ethics Commission Filers) 00059550	
4 Date 07/23/2024	5 Payee name Highfield, Al (Mr.)	
6 Amount (\$) 20.00	7 Payee Address; City; State; Zip 1066 Fairway Dr	
Expenditure from corporate funds	Canyon Lake, TX 77357	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Contribution by individual  (b) Description (See instructions regarding type of information required.)  Cash Donation to Fischer House	
Date	Payee name	
07/23/2024	Lee, Donna (Mrs.)	
Amount (\$)  5.00  Expenditure from	Payee Address; City; State; Zip  1542 Lakeside Drive W	
corporate funds	Canyon Lake, TX 78133  (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Cash Contribution by Individual  Cash Donation to Fischer House	
Date	Payee name	
10/22/2024	Red Stilleto	
Amount (\$)  200.00  Expenditure from corporate funds	Payee Address; City; State; Zip 562 S. State Hwy 123 Bypass Suite 141 Seguin, TX 78155	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description (See instructions regarding type of information required.) Donation by club To red Stiletto to help with food costs for Candidate forum they are hosting.	
Date	Payee name	
10/22/2024	Samaritans Purse	
Amount (\$) 1,000.00	Payee Address; City; State; Zip P.O. Box 3000	
Expenditure from corporate funds	Boone, NC 28607	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description (See instructions regarding type of information required.) Donation by club for use in the Hurricane Relief in N Carolina, Florida, Georgia.	
	·	