# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

### FORM COR-PAC

. Filer ID (Et 00088607	thics Commission Filers) 2	Total pages filed: 12			CE USE ONLY
COMMITTEE	Dad Ctilatta Danubliaan M			Date Received	
NAME	Red Stiletto Republican W	omen		03/05/202	NICALLY FILED
TREASURER	Cuvillier, Minerva (Ms.)			03/03/202	5
NAME	Caviller, willerva (wis.)			5	
ORIGINAL	Innuary 15	Dunoff		Date Hand-deli	vered or Date Postmarked
REPORT TYPE	January 15 July 15	Runoff  10th day after c	ampaign treasurer resig	Receipt #	Amount
	30th day before election	Dissolution repo	. •		
	8th day before election	X Other (specify)	February 5	Date Processe	d
ORIGINAL PERIOD	D Month Day Year	Month	Day Year	Date Imaged	
COVERED	12/26/2024	THROUGH 01	L/25/2025		
EXPLANATION OF	CORRECTION			•	
AFFIDAVIT			irm, under penalty o	f perjury, that this cor	rected report is true
B AFFIDAVIT		and correct.		f perjury, that this cor applicable statement	
AFFIDAVIT		and correct.  Check the box  Semian was ma	x next to any and all  nual reports: I sw de in good faith and		e original report
AFFIDAVIT		and correct.  Check the box  Semian was ma misrepre  X  Other re report new that the swear, of	nual reports: I sw de in good faith and esent the information eports: I swear, o ot later than the 14th report as originally fi	applicable statement wear or affirm, that th without an intent to n a contained in the rep r affirm, that I am filin business day after t iled is inaccurate or in or or omission in the	e original report nislead or to oort. g this corrected he date I learned ncomplete. I
AFFIDAVIT		and correct.  Check the box  Semian was ma misrepre  X  Other re report new that the swear, of	nual reports: I swear, of the transfer of tran	applicable statement wear or affirm, that th without an intent to n a contained in the rep r affirm, that I am filin business day after t iled is inaccurate or in or or omission in the	e original report nislead or to oort. g this corrected he date I learned ncomplete. I
		and correct.  Check the box  Semian was ma misrepre  X  Other re report new that the swear, of	nual reports: I sw de in good faith and esent the information eports: I swear, o oot later than the 14th report as originally fi or affirm, that any err is made in good faith	applicable statement wear or affirm, that the without an intent to not contained in the rep or affirm, that I am filing business day after to a inaccurate or in or or omission in the	e original report nislead or to nort. g this corrected he date I learned ncomplete. I report as originally
	STAMP / SEAL ABOVE	and correct.  Check the box  Semian was ma misrepre  X  Other re report new that the swear, of	nual reports: I sw de in good faith and esent the information eports: I swear, o oot later than the 14th report as originally fi or affirm, that any err is made in good faith	applicable statement vear or affirm, that the without an intent to not contained in the rep or affirm, that I am filing to business day after to alled is inaccurate or it or or omission in the	e original report nislead or to nort. g this corrected he date I learned ncomplete. I report as originally
AFFIX NOTARY S	STAMP / SEAL ABOVE	and correct.  Check the box  Semian was ma misrepro  X Other rereport n that the swear, of filed was	nual reports: I sweet in good faith and esent the information of later than the 14th report as originally fior affirm, that any erris made in good faith  Ms. Mi	applicable statement vear or affirm, that th without an intent to n o contained in the rep r affirm, that I am filir business day after t iled is inaccurate or in or or omission in the nerva Cuvillier Campaign Treasurer	e original report nislead or to nort. In this corrected the date I learned noomplete. I report as originally
AFFIX NOTARY S		and correct.  Check the box  Semian was ma misreprof  X Other report nothat the swear, of filed was	nual reports: I sw de in good faith and esent the information eports: I swear, o of later than the 14th report as originally fi or affirm, that any err is made in good faith Ms. Mi	applicable statement vear or affirm, that th without an intent to n o contained in the rep r affirm, that I am filir business day after t iled is inaccurate or in or or omission in the nerva Cuvillier Campaign Treasurer	e original report nislead or to nort. In this corrected the date I learned noomplete. I report as originally
AFFIX NOTARY S	scribed before me, by the said _	and correct.  Check the box  Semian was ma misreprof  X Other report nothat the swear, of filed was	nual reports: I sw de in good faith and esent the information eports: I swear, o of later than the 14th report as originally fi or affirm, that any err is made in good faith Ms. Mi	applicable statement vear or affirm, that th without an intent to n o contained in the rep r affirm, that I am filir business day after t iled is inaccurate or in or or omission in the nerva Cuvillier Campaign Treasurer	e original report nislead or to nort. In this corrected the date I learned noomplete. I report as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

#### 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** 03/05/2025 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 MS / MRS / MR **CAMPAIGN 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** 12/26/2024 01/25/2025

### MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME				Filer ID	(Ethics Commission Filers)
Red Stiletto Republican	Women			00088607	
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Manguros	A. Supported			
	Measures     (Describe by date and location	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	2. Office leaders				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	1				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (ID GUARANTEES OF LOANS, COADE ELECTRONICALLY)  Support of the higher itemization three the support of the	DR	\$	0.00
	2. TOTAL POLITICA	·			
	(OTHER THAN PLEI	OGES, LOANS, OR GUARANTEE	S OF LOANS)	\$	1,010.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	93.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED A	AS OF THE LAST DAY	\$	885.18
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDING REPORTING PERIOD	G LOANS AS OF THE	\$	0.00
.6 AFFIDAVIT	I				
		I swear, or affirm, u true and correct and under Title 15, Elec	d includes all informati	/, that the a on required	ccompanying report is I to be reported by me
			Ms. Minerva (	Cuvillier	
			Signature of Campa	ign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me. by the said		. this tl	he	day
		which, witness my hand and seal c			,
	-, <u> </u>	,			
Signature of officer ad	ministering oath	Printed name of officer administer	ring oath	Title of offic	er administering oath

### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

				4 of 12	
17 COMMITT	17 COMMITTEE NAME 18 Filer ID				
Red Stile	to Republican Women	00088607		·	
19 SCHEDUL NAME OF	SUBTOTAL AI	MOUNT			
	00/12/02/2		<del>                                     </del>		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,010.00	
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 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.	9. SCHEDULE E: LOANS				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	93.08	
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 CONTRIBUTI	ONS	\$		
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 5/12	
2	FILER NAME Red Stiletto	Republican Women		3	Filer ID (Ethics Commission 00088607	Filers)
4	Date 01/07/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>	)	7	Amount of Contribution (\$)	\$50.00
0	Dringing agg	New Braunfels, TX 78130-0173	D Employer (See Instructions			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 01/20/2025	Full name of contributor out-of-state PAC (ID#: Brunkenhoefer, Amy (Ms.)  Contributor address; City; State; Zip Code  New Braunfels, TX 78132			Amount of Contribution (\$)	\$50.00
	Principal occu Self-employe	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID#:CADE, ROBYN  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		NEW BRAUNFELS, TX 78132  pation / Job title (See Instructions)  vner - Event Production	Employer (See Instructions	)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID#: Cade, Jeff Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	)		Amount of Contribution (\$)	\$35.00
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/30/2024	Full name of contributor out-of-state PAC (ID#:_Campbell, Donna (Dr.)  Contributor address; City; State; Zip Code  New Braunfels, TX 78130			Amount of Contribution (\$)	\$35.00
		pation / Job title (See Instructions) n/State Senator	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 6/12	
2	FILER NAME Red Stiletto	Republican Women		3	Filer ID (Ethics Commission 00088607	Filers)
4	Date 01/20/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Chevrier, Linda (Mrs.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$50.00
_	<u> </u>	New Braunfels, TX 78130				
8	finances	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 01/25/2025	Full name of contributor out-of-state PAC (ID#:  Danie, Muniz  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		San Marcos, TX 78666				
	Principal occu Coaching	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID#: Fouts, Sarah  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		New Braunfels, TX 78132				
	Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$35.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/20/2025	Full name of contributor out-of-state PAC (ID#: Hierl, Nancy (Ms.)  Contributor address; City; State; Zip Code  New Braunfels, TX 78130	)		Amount of Contribution (\$)	\$50.00
	Principal occu Self-employe	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		1				

	MONEI	ARY POLITICAL CON	IRIBUTIONS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to co	mplete this form.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 7/12	
2	FILER NAME		3	Filer ID (Ethics Commission	Filers)	
_		Republican Women			00088607	
4	Date 01/18/2025			7	Amount of Contribution (\$)	\$50.00
•	Dringing Local	Canyon Lake, TX 78133 pation / Job title (See Instructions)	Employer (See Instrument)	otions)		
0	Self-employe		9 Employer (See Instru	Clions)		
	Date 01/07/2025		of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00
		Mc Queeney, TX 78123				
		pation / Job title (See Instructions) multiple business owner	Employer (See Instru	ctions)		
	Date 01/25/2025	Full name of contributor out  Konen, Nina (Mrs.)  Contributor address; City; State; Zip	of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00
		New Braunfels, TX 78132				
	Principal occu Self employe	pation / Job title (See Instructions)	Employer (See Instru	ctions)		
	Date 01/17/2025	Full name of contributor out  Krohn, Christie (Mrs.)  Contributor address; City; State; Zip  Seguin, TX 78155	of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00
	Principal occu Self-employe	pation / Job title (See Instructions)	Employer (See Instru Broker Carpet Dire			
	Date 01/20/2025	Full name of contributor out Leimbach, Debbie Contributor address; City; State; Zip	of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instru	ctions)		
			•			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 8/12	
2	FILER NAME Red Stiletto	Republican Women		3	Filer ID (Ethics Commission 00088607	Filers)
4	Date 01/10/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Meyer, Michele (Ms.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$50.00
_		Jupiter, FL 33477				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID#:_ Pick, Teresa  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$35.00
	Dringinal accu	New Braunfels, TX 78132 pation / Job title (See Instructions)	Employer (See Instructions			
	•	tor Representative Carrie Isaac	Employer (See instructions	)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID#:_ Schoolcraft, Alan  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$35.00
		Mcqueeney, TX 78123				
	Principal occu State Repres	pation / Job title (See Instructions) sentative	Employer (See Instructions	)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID#:_Schoolcraft, Joette  Contributor address; City; State; Zip Code  Mcqueeney, TX 78123	)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID#:_Schott, Debbie  Contributor address; City; State; Zip Code  New Braunfels, TX 78130			Amount of Contribution (\$)	\$50.00
	Principal occu Business Ow	pation / Job title (See Instructions) /ner	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULI	<b>■ A1</b>
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 5/5 Rpt: 9/12	
2	FILER NAME Red Stiletto Republican Women		Filer ID (Ethics Commission 00088607	ı Filers)
4			Amount of Contribution (\$)	\$50.00
	New Braunfels, TX 78130			
8	Principal occupation / Job title (See Instructions)  Self-employed  9 Employer (See Instructions Investor	าร)		
	Date Full name of contributor out-of-state PAC (ID#:)  01/20/2025 Wilson, Wendi (Mrs.)  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$35.00
	New Braunfels, TX 78132			
	Principal occupation / Job title (See Instructions)  Self-employed  Employer (See Instructions)	ns)		

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal 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 (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to co	-	te this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	,	3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 10/12	Red Stiletto Republican Women		00088607
4 Date	5 Payee name		
01/06/2025	Jotform, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$41.57			
Expenditure from corporate funds	TX		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		L	Subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
expenditure to benefit C/OI		agrit	Office field
Date	Payee name		
01/07/2025	Paypal		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$3.95	2211 N. 1st St.		
Evpanditure from			
Expenditure from corporate funds	San Jose, CA 95131		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description
OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
LXFLNDITORL		[	Check if Austin, TX, officeholder living expense
			Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
Date	Payee name		
01/10/2025	Paypal		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$2.24	2211 N. 1st St.		
Forman 20 or 60			
Expenditure from corporate funds	San Jose, TX 95131		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) n	Description
OF	Accounting/Banking	l` ́Г	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE			Check if Austin, TX, officeholder living expense
		F	Fee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
expenditure to benefit C/OI			

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

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

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card F dyment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 11/12	Red Stiletto Republican Women	00088607
4 Date	5 Payee name	<u> </u>
01/17/2025	Paypal	
6 Amount (\$)	<b>7</b> Payee address; City; State; Zip C	Code
\$2.24	2211 N. 1st St.	
Expenditure from corporate funds	San Jose, CA 95131	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lought Office held
expenditure to benefit C/OI		Since note
Date	P	
01/18/2025	Payee name	
	Paypal	
Amount (\$)	Payee address; City; State; Zip C	Code
\$2.24	2211 N, 1st St.	
Expenditure from corporate funds	San Jose, CA 95131	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought Office held
experientare to benefit ever		
Date	Payee name	
01/20/2025	Paypal	
Amount (\$)	Payee address; City; State; Zip C	Code
\$12.91	2211 N. 1st St.	
Expenditure from corporate funds	San Jose, CA 95131	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fee
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OI	<b>1</b>	

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal 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 (outpers extrapply not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 3/3 Rpt: 12/12	Red Stiletto Republican Women 00088607
4 Date	5 Payee name
01/25/2025	Paypal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.48	2211 N, 1st St.
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fee
O Commission Chilly in it	Our distance (Office health annuary Control of the
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/18/2025	Project Broadcast
Amount (\$)	Payee address; City; State; Zip Code
\$23.45	
Expenditure from corporate funds	TX
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
	Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	n