MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction G	2 Total pages filed: 6							
3 COMMITTEE NAME								
Karnes County Rep		OFFICE USE ONLY						
	· · · · · · · · · · · · · · · · · · ·							
i			03/25/2025					
	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP						
ADDITESS	11610 N FM 81							
	Karnes City, TX 78118		Date Hand-delivered or Date Postmarked					
5 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI						
NAME	Stacey		Receipt # Amount					
ŀ	NICKNAME LAST	SUFFIX	Date Processed					
	Mika		Date Imaged					
	Wilka							
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; ST	ATE; ZIP CODE					
TREASURER	11610 North FM 81	,,,						
STREET ADDRESS								
(Residence or Business)	Vornoo City, TV 70110							
	Karnes City, TX 78118							
	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE					
MAILING	11610 North FM 81							
ADDRESS								
	Karnes City, TX 78118							
	AREA CODE PHONE NUMBER	EXTENSION						
TREASURER PHONE	(830) 583-6878							
THOME								
9 REPORT TYPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)					
	X Monthly	treasurer termination	Dissolution (Attach PAC-DR)					
10 MONTHLY								
REPORT FILING DEADLINE	January 5 X Apri	5 July 5	October 5					
DERBENIE	February 5 May	5 August 5	November 5					
	March 5 June	e 5 September 5	December 5					
			December 5					
	Month Day Year	THROUGH Month	Day Year					
COVERED	02/26/2025	03/25/2	2025					
GO TO PAGE 2								
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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Karnes County Republic	can Women PAC		00088846	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	25.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	25.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	25.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	868.87
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Stace	ey Mika	
		Signature of Ca	mpaign Treasu	irer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer adr	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.e02d6221

FORM MPAC COVER SHEET PG 3

3 of 6

17 COMMITT	(Ethics Commission Filers)			
Karnes C				
19 SCHEDUL	SUPTOT	AL AMOUNT		
NAME OF	308101	AL AMOUNT		
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			25.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			
9. X	9. X SCHEDULE E: LOANS			
10. X	10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			25.30
11. X	11. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	

SUBTOTALS - MPAC

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule B: Sch: 1/1 Rpt: 4/6						
2	FILER NAME				3	3 Filer ID (Ethics Commission Filers)			
	Karnes Cou	inty Republican Women PA	с			00088846			
4	TOTAL OF	UNITEMIZED PLEDGE	S			\$			0.00
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:_)	8	Amount of pledge (\$)	9	In-kind description (If applicable)	
		7 Pledgor Address;	City; State; Zip Code			Check if trave	I I I I el outside	of Texas. Complete Sch	edule T.
10) Principal occ	upation / Job title (See Instruct	ions)	11 Employer (See Instru	ictic	ins)			

LOANS			SCH	edule E		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E: Sch: 1/1 Rpt: 5/6			
2 FILER NAME Karnes County Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00088846				
⁴ TOTAL OF UNITEMIZED LOANS			\$	0.00		
5 Date of loan 7 Name of lender out-of-state PAC (ID#:)	9 Loan Amou	int (\$)		
6 Is lender a 8 Lender address; City; State; Zip Code financial institution?			10 Interest Rat			
			11 Maturity Da	te		
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)	ctions)					
14 Description of Collateral 15 Check if personal fund None	ds were de	eposited	into political ac (See Instrue			
16 GUARANTOR 17 Name of guarantor INFORMATION			19 Amount Gu	aranteed (\$)		
not applicable 18 Guarantor address; City; State; Zip Code						
20 Principal occupation 21 Employer (See Instruction)	ctions)					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Event Expense Loan Reparation Fees Office Over Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Memorials	Arment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense pense Travel in District ravel Out of District ages/Contract Labor OTHER (enter a category not listed above)
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Karnes County Republican Women PAC	00088846
5 Pavee name	
Texas Federation of Republican Women	
7 Payee address; City; State; Zip Co 13740 N Hwy 183, Suite J4	de
Austin, TX 78750-1832	
(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dues for one renewing membership.
Candidate/Officeholder name Office sou H	ght Office held
3	 Fees Food/Beverage Expense Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Legal Services FILER NAME Karnes County Republican Women PAC Fayee name Texas Federation of Republican Women Payee address; City; State; Zip Co 13740 N Hwy 183, Suite J4 Austin, TX 78750-1832 (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office Source