

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088607	2 Total pages filed: 9				
3 COMMITTEE NAME Red Stiletto Republican Women			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 06/02/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged				
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 252 Lillianite New Braunfels, TX 78130						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Debra L.			MI		
	NICKNAME	LAST Schott			SUFFIX		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 252 Lillianite New Braunfels, TX 78130						
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 252 Lillianite New Braunfels, TX 78130						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(651)	503-8840					
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)						
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input checked="" type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5						
11 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	04	26	2025		05	25	2025

GO TO PAGE 2

**MONTHLY FILING GPAC REPORT:  
PURPOSE AND TOTALS**

**FORM MPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Red Stiletto Republican Women	<b>13 Filer ID</b> (Ethics Commission Filers) 00088607
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b>	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
<b>EXPENDITURE TOTALS</b>	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$ 730.00
	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
<b>CONTRIBUTION BALANCE</b>	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 648.37
	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 1,410.96
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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.

Debra L. Schott  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Red Stiletto Republican Women	<b>18 Filer ID</b> (Ethics Commission Filers) 00088607
<b>19 SCHEDULE SUBTOTALS</b>	<b>SUBTOTAL AMOUNT</b>
NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 730.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. <input type="checkbox"/> SCHEDULE E: LOANS	\$
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 648.37
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/9
2 FILER NAME Red Stiletto Republican Women		3 Filer ID (Ethics Commission Filers) 00088607
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borell, Karen	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 05/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borg, Anthony	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) HR specialist		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borg, Vincent	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrne, Tracy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78132	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Chad	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/3 Rpt: 5/9
<b>2</b> FILER NAME Red Stiletto Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00088607
<b>4</b> Date 05/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fouts, Aaron ..... <b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78132	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Adjuster		<b>9</b> Employer (See Instructions)
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fouts, Dawn ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fouts, London ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78132	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 05/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hiles, Marty ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lee, Donna ..... Contributor address; City; State; Zip Code  Canyon Lake, TX 78133	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/9
<b>2</b> FILER NAME Red Stiletto Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00088607
<b>4</b> Date 05/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lopez, Sandra	<b>7</b> Amount of Contribution (\$) \$50.00
<b>6</b> Contributor address; City; State; Zip Code  New Braunfels, TX 78130		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McLean, Amy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  New Braunfels, TX 78130		
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Republican Club of Comal County	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  New Braunfels, TX 78131		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Santana, Krystalynne	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  New Braunfels, TX 78130		
Principal occupation / Job title (See Instructions) Stay at home mom		Employer (See Instructions)

# 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 7/9	<b>2</b> FILER NAME Red Stiletto Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00088607
<b>4</b> Date 04/28/2025	<b>5</b> Payee name GoDaddy	
<b>6</b> Amount (\$) \$23.44  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 100 S Mill Ave  Tempe, AZ 85281	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/06/2025	Candidate/Officeholder name Intuit Mailchimp	
Amount (\$) \$21.32  <input type="checkbox"/> Expenditure from corporate funds	Office sought 405 N Angier Ave. NE  Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Marketing	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newsletter
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/06/2025	Candidate/Officeholder name Jotform, Inc.	
Amount (\$) \$41.57  <input type="checkbox"/> Expenditure from corporate funds	Office sought 4 Embarcadero Center SUITE 780 San Francisco, CA 94111	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 8/9	<b>2</b> FILER NAME Red Stiletto Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00088607
<b>4</b> Date 05/18/2025	<b>5</b> Payee name Project Broadcast	
<b>6</b> Amount (\$) \$26.65  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 300 La Vida Ct.  Irving, TX 75062	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Application
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/23/2025	Payee name Sutton Bank	
Amount (\$) \$13.59  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 505  Attica, OH 44807	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Square Banking Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/27/2025	Payee name Texas Federation of Republican Women	
Amount (\$) \$303.60  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13740 N. Hwy 183, Suite J4  Austin, TX 78750	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# 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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/3 Rpt: 9/9	<b>2</b> FILER NAME Red Stiletto Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00088607
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<b>4</b> Date 05/16/2025	<b>5</b> Payee name Texas Federation of Republican Women
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<b>6</b> Amount (\$) \$151.80  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 13740 N. Hwy 183, Suite J4  Austin, TX 78750
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/25/2025	Payee name WildApricot, Inc
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Amount (\$) \$66.40  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 144 Front Street West Suite 725 Toronto Ontario M5J2L7 Canada
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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