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) 00088846 3 COMMITTEE NAME **OFFICE USE ONLY** Karnes County Republican Women PAC Date Received **ELECTRONICALLY FILED** 06/30/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 11610 N FM 81 Karnes City, TX 78118 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Stacey NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Mika CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 11610 North FM 81 STREET **ADDRESS** (Residence or Business) Karnes City, TX 78118 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 11610 North FM 81 MAILING **ADDRESS** Karnes City, TX 78118 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (830) 583-6878 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 X 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** 05/26/2025 06/25/2025

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

			1		
				Filer ID	(Ethics Commission Filers)
Karnes County Repu	ıblıcan Women PAC		(00088846	i
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. Macaura	A. Supported			
	Measures (Describe by date and location)	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION		POLITICAL CONTRIBUTIO			
TOTALS	CONTRIBUTIONS N	OR GUARANTEES OF LOAN IADE ELECTRONICALLY) qualifies for the higher itemization		\$	95.00
	2. TOTAL POLITICA		Tullesholu	 	
	(OTHER THAN PLE	DGES, LOANS, OR GUARAN	ITEES OF LOANS)	\$	95.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	629.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			(\$	509.67
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			0.00
6 AFFIDAVIT				<u> </u>	
		true and correc	rm, under penalty of perjury ct and includes all informati Election Code.	r, that the a	accompanying report is d to be reported by me
			Stacey M	lika	
		_	Signature of Campa		urer
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ned hefore me, by the said		this t	he	day
		which, witness my hand and s			aay
		,			
Signature of officer	administering oath	Printed name of officer admir	nistering oath	Title of offi	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

		3 of 4
17 COMMITTEE NAME Karnes County Republican Women PAC	(Ethics Commission Filers)	
19 SCHEDULE SUBTOTALS		
NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 95.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	R	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 629.20
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R	RETURNED	\$

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 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

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: 1/1 Rpt: 4/4	Karnes County Republican Women PAC 00088846				
4 Date	5 Payee name				
06/03/2025	Samuel, Hall				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$477.40	2605 Sundance Dr				
Expenditure from					
corporate funds	McKinney, TX 75071				
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. Check if Austin, TX, officeholder living expense				
	Mileage Reimbursement for guest speaker				
	······································				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
experiulture to beliefft C/O					
Date	Payee name				
06/16/2025	Texas Federation of Republican Women				
	·				
Amount (\$)	Payee address; City; State; Zip Code				
\$151.80	13740 N Hwy 183, Suite J4				
— Companyity was from					
Expenditure from corporate funds	Austin, TX 78750-1832				
PURPOSE	(a) a				
OF	(a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Membership Dues				
Operation ONLY if allowed	On all data (Office healths grown of the second to the sec				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
expenditure to benefit 6/6					