

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00086221	2 Total pages filed: 12	
3 COMMITTEE NAME Republican Men of San Antonio			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/06/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7711 Callaghan Road Unit 609 San Antonio, TX 78229			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Joe M. NICKNAME LAST SUFFIX Garza			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7711Callaghan Rd. #609 San Antonio, TX 78229			
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7711Callaghan Rd. #609 San Antonio, TX 78229			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 643-8978			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH 06/30/2025			
11 ELECTION	ELECTION DATE Month Day Year 06/07/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Mayoral and City Council		

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Republican Men of San Antonio		13 Filer ID (Ethics Commission Filers) 00086221
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Clayton Perry Mayoral
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,959.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT <p>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.</p> <p style="text-align: right;">Joe M. Garza _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>		

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 12

17 COMMITTEE NAME Republican Men of San Antonio		18 Filer ID (Ethics Commission Filers) 00086221
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,300.00
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	\$ 3,959.86
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/12
2 FILER NAME Republican Men of San Antonio		3 Filer ID (Ethics Commission Filers) 00086221
4 Date 02/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARREDONDO, JOHNNT <hr/> 6 Contributor address; City; State; Zip Code TX	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BADDERS, WILLIAM <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEHEN, MICHAEL <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLASINI, DANIEL <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78232	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, ROBERTO <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) BOOKKEEPER		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/12
2 FILER NAME Republican Men of San Antonio		3 Filer ID (Ethics Commission Filers) 00086221
4 Date 03/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHACON, LAWRENCE <hr/> 6 Contributor address; City; State; Zip Code DALLAS, TX 75287	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) SOFTWARE MANAGER		9 Employer (See Instructions) VERIZON
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELA CRUZ, MARIO <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANKA, MIKE <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78244	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) ARMY
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANKA, MIKE <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78244	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) ARMY
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, JESUS <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/12
2 FILER NAME Republican Men of San Antonio		3 Filer ID (Ethics Commission Filers) 00086221
4 Date 02/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, JOE <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78229	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, MAURO <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78212	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) EVERETT ENTERPRISE		Employer (See Instructions) SELF
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, ALMA <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KUEHLER, THERESA <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78229	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) INSURANCE CLAIMS AGENT		Employer (See Instructions) STATE FARM
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATHIS, JAMIE <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/12
2 FILER NAME Republican Men of San Antonio		3 Filer ID (Ethics Commission Filers) 00086221
4 Date 03/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATHIS, JAMIE <hr/> 6 Contributor address; City; State; Zip Code TX	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) SELF
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NG, WILLIE <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SECURITY COMPANY		Employer (See Instructions) SELF
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ODONNELL, MARK <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) CONSULTING		Employer (See Instructions) SELF
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PABLOS, ROLANDO <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78260	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF
Date 01/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PABLOS, ROLANDO <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78260	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/12
2 FILER NAME Republican Men of San Antonio		3 Filer ID (Ethics Commission Filers) 00086221
4 Date 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERRY, CLAYTON <hr/> 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78247	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PICASSO, MOISES <hr/> Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78404	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REYES, CHRISTOPHER <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SOFTWARE		Employer (See Instructions) SELF
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHNEPP, CAREY <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIGALA, TOMMY <hr/> Contributor address; City; State; Zip Code SAN ANTONIO, TX 78249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RECRUITING		Employer (See Instructions) UTSA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/12
2 FILER NAME Republican Men of San Antonio		3 Filer ID (Ethics Commission Filers) 00086221
4 Date 06/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THRASH, LARRY <hr/> 6 Contributor address; City; State; Zip Code TX	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) AGENT		9 Employer (See Instructions) SOUTHWEST AIRLINES
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaith, Charles <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) DOD

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.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 10/12	2 FILER NAME Republican Men of San Antonio	3 Filer ID (Ethics Commission Filers) 00086221
4 Date 03/07/2025	5 Payee name CARNIVAL CRUISE LINE	
6 Amount (\$) \$507.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CRUISE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/27/2025	Candidate/Officeholder name Office sought Office held	
Payee name CHESTERS HAMBURGERS		
Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1006 NE INTERSTATE LOOP 410 TX 78209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ROOM
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name Frost Bank		
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO box 1600 San Antonio, TX 78296	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE CHARGE
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.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 11/12	2 FILER NAME Republican Men of San Antonio	3 Filer ID (Ethics Commission Filers) 00086221
4 Date 06/30/2025	5 Payee name Frost Bank	
6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO box 1600 San Antonio, TX 78296	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE CHARGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name Name Badges International		
Amount (\$) \$57.35 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4601 Sheridan St, Ste 300 Hollywood, FL 33021	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NAME BADGES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name PERRY, CLAYTON		
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 16522 CALEON CREEK SAN ANTONIO, TX 78247	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TEXTING
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.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 12/12	2 FILER NAME Republican Men of San Antonio	3 Filer ID (Ethics Commission Filers) 00086221
4 Date 04/15/2025	5 Payee name PLANAS, MIRIAM	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13415 STAIROCK SAN ANTONIO, TX 78248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TEXTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/07/2025	Candidate/Officeholder name Payee name PLANAS, MIRIAM	
Amount (\$) \$800.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13415 STAIROCK SAN ANTONIO, TX 78248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TEXTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/21/2025	Candidate/Officeholder name Payee name ROSS, DAVID	
Amount (\$) \$525.01 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 315 FORREST HILL DR SAN ANTONIO, TX 78209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MERCHANIDSE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		