FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 00070266 3 COMMITTEE NAME **OFFICE USE ONLY** Hays County Republican Party (CEC) Date Received **ELECTRONICALLY FILED** 07/05/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P O Box 1806 Date Hand-delivered or Date Postmarked Kyle, TX 78640 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Guy NAME NICKNAME LAST **SUFFIX** Hennager STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 916 Mustang Lane STREET **ADDRESS** (Residence or Business) San Marcos, TX 78666 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 916 Mustang Lane MAILING **ADDRESS** San Marcos, TX 78666 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (952) 240-7279 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME	2 COMMITTEE NAME						
Hays County Republica	Hays County Republican Party (CEC)						
14 COMMITTEE ACTIVITY	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					
	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, LOAN CONTRIBUTIONS check here if this rep	ZED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	220.00			
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,280.73			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ZED POLITICAL EXPENDITURES	\$	0.00			
	4. TOTAL POLITION	CAL EXPENDITURES	\$	23,783.91			
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	61,677.29			
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	THE \$	0.00			
16 AFFIDAVIT	•		•				
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.					
		Guy He	ennager				
		Signature of Car	mpaign Treas	urer			
AFFIX NOTARY	STAMP / SEAL ABOV	Е					
Sworn to and subscribed	before me, by the said	, th	nis the	day			
		fy which, witness my hand and seal of office.					
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of off	icer administering oath			

SUBTOTALS - CEC

FORM CEC **COVER SHEET PG 3**

					3 01 19
17 CC	DMMITTE	EE NAME	18 Filer ID	(Eth	ics Commission Filers)
На	ıys Cou	nty Republican Party (CEC)	00070266		
		E SUBTOTALS			SUBTOTAL AMOUNT
N/	ME OF S	SCHEDULE			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	420.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,860.73
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	23,783.91
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
10	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	2,630.56

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A	\1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/19	
2	FILER NAME Hays County Republican Party (CEC)	3 Filer ID (Ethics Commission File 00070266	ers)
4	Date 06/03/2025 5 Full name of contributor out-of-state PAC (ID#: Borzage, William 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$1	.00.00
8	Dripping Springs, TX 78620 Principal occupation / Job title (See Instructions) 9 Emp	ployer (See Instructions)	
		f-Employed	
	Date Full name of contributor out-of-state PAC (ID#: 06/03/2025 The BB Trust Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$1	.00.00
	Dripping Springs, TX 78620		
	Principal occupation / Job title (See Instructions) Emp	oloyer (See Instructions)	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Cuide combine how to	1 Total pages Schedule A2:							
The Instruction Guide explains how to	Sch: 1/1 Rpt: 5/19							
2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
Hays County Republican Party (CEC)	00070266							
4 TOTAL OF UNITEMIZED IN-KIND POLIT	CAL CONTRIBUTIONS	\$						
5 Date 6 Full name of contributor out-	6 Full name of contributor out-of-state PAC (ID#:)							
02/17/2025 Adams, Debbie		contribution (\$) description						
7 Contributor address; City; State; Z	ıp Code	\$2,600.001 Cleaning services for HCRP Welcome Center						
		_						
Wimberley, TX 78676		Check if travel outside of Texas. Complete Schedule T.						
10 Principal occupation / Job title (FOR NON-JUDICIAL		N-JUDICIAL) (See instructions)						
Rancher	Self-Employed							
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title	e (FOR JUDICIAL) (See instructions)						
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contribut	tor's spouse (if any) (FOR JUDICIAL)						
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date Full name of contributor out-	of-state PAC (ID#:)	Amount of In-kind contribution						
03/20/2025 LOPEZ, MICHELLE		contribution (\$) description \$260.73 Donation on behalf of the						
Contributor address; City; State; Z	p Code	HCRP to the Hays County						
		Republican Women's						
		organization.						
BUDA, TX 78610		Check if travel outside of Texas. Complete Schedule T.						
Principal occupation / Job title (FOR NON-JUDICIAL		N-JUDICIAL) (See instructions)						
Executive Leadership Coach	Self-Employed							
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title	e (FOR JUDICIAL) (See instructions)						
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contribut	tor's spouse (if any) (FOR JUDICIAL)						
() () () () () () () () () ()								
If contributor is a child, law firm of parent(s) (if any) (-OR JUDICIAL)							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/13 Rpt: 6/19	Hays County Republican Party (CEC) 00070266
4	Date	5 Payee name
	03/06/2025	Balbanera, Yeni
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,600.00	1901 Longhorn Trail
		Wimberley, TX 78676
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Cleaning - Welcome Center
		Cleaning - Welcome Center
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/21/2025	Buffer, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.07	2443 Fillmore St
		#380-7163
		San Francisco, CA 94115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	-	Communications Tool
		Communications 1001
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Davies same
	02/18/2025	Payee name Buffer, Inc
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.07	2443 Fillmore St
		#380-7163
		San Francisco, CA 94115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Communications Tool
		Communications 1001
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/13 Rpt: 7/19	Hays County Republican Party (CEC) 00070266
4	Date	5 Payee name
	03/18/2025	Buffer, Inc
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.07	2443 Fillmore St
		#380-7163
		San Francisco, CA 94115
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Communications Tool
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	04/18/2025	Buffer, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.07	2443 Fillmore St
		#380-7163
		San Francisco, CA 94115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Communications Tool
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/19/2025	Buffer, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.07	2443 Fillmore St
		#380-7163
		San Francisco, CA 94115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Communications Tool
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/ Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule	F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/13 Rpt: 8/2	19 Hays County Republican Party (CEC) 00070266
4 Date	5 Payee name
06/18/2025	Buffer, Inc
6 Amount (\$) \$51	7 Payee address; City; State; Zip Code 2443 Fillmore St #380-7163 San Francisco, CA 94115
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Communications Tool
Complete ONLY if directly expenditure to benefit	
Date	Payee name
01/06/2025	EMBASSY SUITES
Amount (\$) \$5,000	Payee address; City; State; Zip Code 1001 E MCCARTY LN SAN MARCOS, TX 78666
PURPOSE	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lincoln/Reagan Dinner Down Payment
Complete ONLY if direction expenditure to benefit	
Date	Payee name
03/26/2025	HAYS COUNTY REPUBLICAN WOMEN
Amount (\$) \$23	Payee address; City; State; Zip Code P.O. Box 1697
	Dripping Springs, TX 78620
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Support For Registrar Training
Complete ONLY if directly expenditure to benefit	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/13 Rpt: 9/19	Hays County Republican Party (CEC)	00070266
4 Date	5 Payee name	'
03/03/2025	1360	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$3,600.00	2300 CLARENDON BLVD	
	ARLINGTON, VA 22201	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Text Message Service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s	sought Office held
<u>'</u>		
Date	Payee name	
04/17/2025	1360	
Amount (\$)	Payee address; City; State; Zip	Code
\$120.00	2300 CLARENDON BLVD	
	ARLINGTON, VA 22201	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Text Message Service
		, and the second
Complete ONLY if direct	Candidate/Officeholder name Office s	sought Office held
expenditure to benefit C/O	Н	
Date	Payee name	
05/19/2025	1360	
Amount (\$)	Payee address; City; State; Zip	Code
\$127.92	2300 CLARENDON BLVD	
	ARLINGTON, VA 22201	
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.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Text Message Service
Complete ONLY if direct	Candidate/Officeholder name Office s	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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
TTALE (Control of State Control of C

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/13 Rpt: 10/19	Hays County Republican Party (CEC) 00070266
4	Date	5 Payee name
	06/17/2025	1360
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$127.92	2300 CLARENDON BLVD
		ARLINGTON, VA 22201
8	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.
		Check if Austin, TX, officeholder living expense Text Message Service
		Text Wessage Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_	Date	Payee name
	04/08/2025	IONOS INC.
	Amount (\$)	Payee address; City; State; Zip Code
	\$163.48	2 Logan Square
	Ψ103.40	
		100 N. 18th St., Ste. 400
		Philadelphia, PA 19103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Subscription Fee - Email Service
		Cubestipation 1 de Lineal Corvice
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
_	Date	Payee name
	01/24/2025	PEDERNALES ELECTRIC COOP
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.04	PO BOX 1
	Ψ100.04	1 O DOX 1
		Johnson City, TX 78636
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Utilities - Electric
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries/	Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)	
┰	Total mariae Cabadula F1.	la ELEDNAM		•			1	Eller ID	(Ethica Camminaian Fila	.ro\
_	Total pages Schedule F1: Sch: 6/13 Rpt: 11/19		= ty Republican Party	y (CEC)			3	Filer ID 00070266	(Ethics Commission File	15)
4	Date	5 Payee name								
Ľ	02/24/2025		LES ELECTRIC CO	OOP						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$499.44	PO BOX 1								
		Johnson Ci	ity, TX 78636							
8	PURPOSE	(a) Category (S	see Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Exper	rse		=		de of Texas. Com		
						—		officeholder living	expense	
						Utilities - Elec	SUIC	;		
L										
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ught			Office he	eld	
	Date	Payee name	!							
	03/24/2025	PEDERNA	LES ELECTRIC CO	OOP						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$339.43	PO BOX 1								
		Johnson C	ity, TX 78636							
	PURPOSE OF	(a) Category (S	see Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Office Over	head/Rental Exper	nse		=		de of Texas. Com officeholder living		
						Utilities - Elec			expense	
						Otilities - Liec	JUIC	,		
L	Operation ONE V if allowed	0		0#:				Off: I-	.1.4	
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office so	ugnt			Office he	eia	
H	Doto	I B								
	Date	Payee name		200						
	04/24/2025	PEDERNA	LES ELECTRIC CO							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$72.96	PO BOX 1								
		Johnson Ci	ity, TX 78636							
Г	PURPOSE	(a) Category (S	see Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	I	head/Rental Exper			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		•					officeholder living	expense	
						Utilities - Elec	ctric			
L										
Г	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	H								
l										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations N

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

	Candidate/Officeholder/Politica		mmittee	Legal Services	oriais Expense	Salaries/\		se s/Contract Labor		OTHER (enter a	a category not listed abo	ve)
	Credit Card Payment			The Instruction	n Guide exp	olains how to co	mpl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 7/13 Rpt: 12/19		Hays Count	y Republica	n Party (C	EC)				00070266		
4	Date	5	Payee name						_			
	05/27/2025		PEDERNAL	ES ELECTI	RIC COOF							
6	Amount (\$)	7	Payee addres	ss; City;	:	State; Zip Co	ode					
	\$99.92		PO BOX 1									
			Johnson Cit	ty, TX 78636	;							
8	PURPOSE	(a)	Category (Se	ee Categories liste	d at the top of t	this schedule)	(b)	Description				
	OF EXPENDITURE		Office Overl								nplete Schedule T.	
	EXI ENDITORE							—		, officeholder livin	g expense	
								Utilities - Elec	Clii	•		
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	coholdor nam	0	Office sou	ıaht			Office h	old	
9	expenditure to benefit C/O		Januluale/On	cendidei nam	C	Office Suc	ignt			Office fi	eiu	
_	Data	Т										
	Date 06/24/2025		Payee name PEDERNAL	ES EL ESTI		,						
		┡										
	Amount (\$)		Payee addres	ss; City;	•	State; Zip Co	oue					
	\$183.99		PO BOX I									
			1-1	- TV 7000								
		L	Johnson Cit				1					
	PURPOSE OF	(a)	Category (Se			this schedule)	(b)	Description Check if travel	outei	ido of Toyas Con	nplete Schedule T.	
	EXPENDITURE		Office Overl	nead/Rentai	Expense			=		, officeholder livin		
								Utilities - Elec	ctric	C		
	Complete ONLY if direct		Candidate/Offi	ceholder nam	е	Office sou	ıght			Office h	eld	
	expenditure to benefit C/O	н										
	Date		Payee name									
	01/31/2025		SHEILA & J	ERRY KOE	NIG LIVIN	IG TRUST						
	Amount (\$)		Payee addres	ss; City;	;	State; Zip Co	ode					
	\$1,500.00		6330 West I	FM 150								
			Kyle, TX 78	640								
	PURPOSE	(a)	Category (Se	ee Categories liste	d at the top of t	this schedule)	(b)	Description				
	OF EXPENDITURE		Office Overl	head/Rental	Expense			=			nplete Schedule T.	
								Rent	1, IX,	, officeholder livin	g expense	
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder nam	<u> </u>	Office sou	l Jaht			Office h	eld	
	expenditure to benefit C/O				-	200 300	5			36311		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Politi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	1 3	
	Sch: 8/13 Rpt: 13/19	Hays County Republican Party (CEC) 00070266
4	Date	5 Payee name
	02/28/2025	SHEILA & JERRY KOENIG LIVING TRUST
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	6330 West FM 150
		Kyle, TX 78640
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Rent
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/01/2025	SHEILA & JERRY KOENIG LIVING TRUST
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	6330 West FM 150
		Kyle, TX 78640
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
H	Date	Payee name
	05/01/2025	SHEILA & JERRY KOENIG LIVING TRUST
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	6330 West FM 150
L		Kyle, TX 78640
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Rent
	Commiste ONU Wife dies	Condidate Office halder some
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	p = 1 : 2 : 2 : 20 3/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Polit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 9/13 Rpt: 14/19	Hays County Republican Party (CEC) 00070266								
4	Date	5 Payee name								
	05/30/2025	SHEILA & JERRY KOENIG LIVING TRUST								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$1,500.00	6330 West FM 150								
		Kyle, TX 78640								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense								
		Check if Austin, TX, officeholder living expense								
		Rent								
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	experialitate to benefit 6/61									
	Date	Payee name								
	02/18/2025	SLACK TECHNOLOGIES LLC								
	Amount (\$)	Payee address; City; State; Zip Code	_							
	\$60.14	500 HOWARD ST								
		SAN FRANCISCO, CA 94105								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
Communications Tool										
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_							
	expenditure to benefit C/OI									
H	Date	Payee name	_							
	03/17/2025	SLACK TECHNOLOGIES LLC								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$56.63	500 HOWARD ST								
	φ50.05	300 HOWARD 31								
		SAN FRANCISCO, CA 94105								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense Communications Tool								
		Communications roof								
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_							
	expenditure to benefit C/OI									
-										

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 10/13 Rpt: 15/19	Hays County Republican Party (CEC) 00070266				
4	Date	5 Payee name				
	06/17/2025	SLACK TECHNOLOGIES LLC				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$4.22	500 HOWARD ST				
		SAN FRANCISCO, CA 94105				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Communications Tool				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Date	Payee name				
	01/24/2025	SPECTRUM				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$275.56	PO Box 60074				
		City of Industry, CA 91716-0074				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
	-	Check if Austin, TX, officeholder living expense				
Utilities - Internet / Telephone						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Date	Payee name				
	02/24/2025	SPECTRUM				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$275.27	PO Box 60074				
		City of Industry, CA 91716-0074				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
		Check if Austin, TX, officeholder living expense Utilities - Internet / Telephone				
		Othlities - Internet / Telephone				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services					OTHER (enter a category not listed above)					
				The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filer	rs)		
	Sch: 11/13 Rpt: 16/19		Hays Count	y Republican	Party (CE	C)				00070266				
4	Date	5	Payee name											
	03/24/2025		SPECTRUM	1										
6	Amount (\$)	7	Payee addres	ss; City;	Si	tate; Zip Co	nde							
	\$279.59 PO Box 60074													
	42.0.00		. 0 20% 000											
			City of Indus	otro / CA 0171	6.0074									
		<u> </u>		stry, CA 9171										
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b) Description											
	EXPENDITURE		Office Overh	nead/Rental I	Expense					officeholder livin	nplete Schedule T.			
								Utilities - Inte						
9	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ıaht			Office h	eld			
	expenditure to benefit C/OI													
\vdash	Date	Г	Dayes remi											
	04/24/2025		Payee name SPECTRUM	1										
	Amount (\$)		Payee addres		Si	tate; Zip Co	oae							
	\$279.59		PO Box 600	74										
			City of Indus	stry, CA 9171	.6-0074									
	PURPOSE OF	(a)	Category (Se	e Categories listed	at the top of thi	s schedule)	(b)	Description						
EXPENDITURE			Office Overficad/Nertical Experise						vel outside of Texas. Complete Schedule T.					
								ш	ck if Austin, TX, officeholder living expense es - Internet / Telephone					
									0	er rolophol				
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	reholder name		Office sou	l Iaht			Office h	eld			
	expenditure to benefit C/OI		Jan 14 14 14 14 14 14 14 14 14 14 14 14 14	50.10.00.110.110		000	.g			000	o.u			
-	Data	Г												
	Date 05/27/2025		Payee name SPECTRUM	4										
	Amount (\$)		Payee addres		Si	tate; Zip Co	ode							
	\$279.59		PO Box 600	74										
City of Industry, CA 91716-0074														
	PURPOSE OF	(a)	Category (Se			s schedule)	(b)	Description						
	EXPENDITURE		Office Overl	nead/Rental I	Expense			ш		de of Texas. Con officeholder livin	nplete Schedule T.			
								Utilities - Inter						
								Jana 00 11101	0	., rolopiloi				
	Complete ONLY if direct	Ц,	Candidate/Offic	reholder name		Office sou	laht			Office h	eld			
	expenditure to benefit C/OI		Janaraate/Offic	onolaci name		JIIIOG 300	-gill			Onice II	OIG.			
\vdash														

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/13 Rpt: 17/19 Hays County Republican Party (CEC) 00070266 4 Date Payee name 06/24/2025 **SPECTRUM** 6 Amount (\$) Payee address; City; State; Zip Code \$279.59 PO Box 60074 City of Industry, CA 91716-0074 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Utilities - Internet / Telephone Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/09/2025 SquareSpace Amount (\$) Payee address; City; State; Zip Code \$294.22 8 Clarkson Street New York, NY 10014 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Support Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/03/2025 **TAPCO** Amount (\$) Payee address: City: State; Zip Code \$655.56 3060 South Church St. Burlington, NC 27215 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Insurance Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services	Expense	Polling Expense Printing Expense Salaries/Wages	se s/Contract Labor		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:	2			(050)			3	Filer ID	(Ethics Commis	ssion Filers)		
	Sch: 13/13 Rpt: 18/19		Hays Coun	nty Republican Pa	arty (CEC)				00070266				
4	Date 02/24/2025	5	Payee name ZOOM	9									
6 Amount (\$) 7 Payee address; City; State; Zip Code													
	\$170.46		55 Almade	n Blvd., 6th Flooi	•								
L	2112222		San Jose,			lax							
8	PURPOSE OF OF Office Overhead/Rental Expense (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete in Comp								mplete Schedule T.				
	EXPENDITURE						_		, officeholder livi	ng expense			
							Communicat	ion	s Tool				
9	Complete ONLY if direct		Candidate/Off	ficeholder name	C	Office sought			Office I	neld			
	expenditure to benefit C/O	Н											

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 19/19 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hays County Republican Party (CEC) 00070266 5 Name of person from whom amount is received 8 Amount (\$) 03/20/2025 i360 \$2,630.56 6 Address of person from whom amount is received; City; State; Zip Code Arlington, VA 22201 Purpose for which amount is received Check if political contribution returned to filer Refund of subscription overcharge