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. 12 00055959 3 COMMITTEE NAME **OFFICE USE ONLY** Republican Party of Kendall County (CEC) Date Received **ELECTRONICALLY FILED** 07/08/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 1044 Date Hand-delivered or Date Postmarked Boerne, TX 78006 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. James NAME NICKNAME LAST **SUFFIX** Eck STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 218 Ranger Drive STREET **ADDRESS** (Residence or Business) Boerne, TX 78006 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 218 Ranger Drive MAILING **ADDRESS** Boerne, TX 78006 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 912-6636 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election termination 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** Day Month 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			13 Filer ID	(Ethics Commission Filers)
Republican Party of Ker	ndall County (CEC)		00055959	9
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		
	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, LOAN CONTRIBUTIONS check here if this rep	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	3,767.14
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,747.14
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	416.77
	4. TOTAL POLITION	CAL EXPENDITURES	\$	13,218.75
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	42,371.13
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Jar	nes Eck	
		Signature of Car	npaign Treas	surer
AFFIX NOTARY	STAMP / SEAL ABOV	E		
		, 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	ficer administering oath

SUBTOTALS - CEC

FORM CEC

			C	OVER SHEET PG 3 3 of 12
	OMMITT epublica	(Ethics Commission Filers)		
	HEDUL ME OF	SUBTOTAL AMOUNT		
1.	Х	\$ 6,747.14		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 13,218.75
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	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/12	
2	FILER NAME Republican	Party of Kendall County (CEC)		3	Filer ID (Ethics Commission 00055959	on Filers)
4	Date 01/22/2025	Full name of contributor)	7	Amount of Contribution (\$)	\$200.00
_	Deinsinal	Boerne, TX 78006-3878	O Freeless (October November 1			
8	retired	upation / Job title (See Instructions)	9 Employer (See Instruction retired	15)		
	Date 01/27/2025	Full name of contributor out-of-state PAC (ID#:_Fox, Mary Arnold Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$280.00
		Boerne, TX 78006-3878				
	Principal occu retired	upation / Job title (See Instructions)	Employer (See Instruction retired	ns)		
	Date 04/30/2025	Full name of contributor out-of-state PAC (ID#:_ Kendall County Republican Club Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Boerne , TX 78006 upation / Job title (See Instructions)	Employer (See Instruction	ns)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 1/8 Rpt: 5/12	Republican Party of Kendall County (CEC) 00055959
4	Date	5 Payee name
	06/12/2025	Abilene Christian University
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	Student Financial Services
		ACU Box 29007
		Abilene, TX 79699-9004
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Scholarship Award for Ruth Rodriguez-Baez
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oi	
	Date	Payee name
	06/04/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.50	P.O. Box 81226
		Seatlte, WA 98108-1226
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Flags for Parades
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/17/2025	Blinn College
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	902 College Ave.
		Brenham, TX 77833
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Scholarship Payment for Jenna Ruede
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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 Printing Expense

	Contributing 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: 2/8 Rpt: 6/12	Republican Party of Kendall County (CEC) 00055959
4	Date	5 Payee name
	01/07/2025	Maga Mall
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$699.36	2740 SW Martin Downs Blvd.
		#331
		Palm City, FL 34990
8	PURPOSE	1
°	OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Merchandise for Fundraising
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Date	Davisa nama
	01/18/2025	Payee name Maga Mall
	Amount (\$)	Payee address; City; State; Zip Code
	\$627.46	2740 SW Martin Downs Blvd.
		#331
		Palm City, FL 34990
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Merchandise for Fundraising
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/10/2025	Maga Mall
	Amount (\$)	Payee address; City; State; Zip Code
	\$348.43	2740 SW Martin Downs Blvd.
		#331
		Palm City, FL 34990
	DUDDOOF	I
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Merchandise for Fundraising
	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 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/Officenoider/Politica 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: 3/8 Rpt: 7/12	Republican Party of Kendall County (CEC) 00055959
4	Date	5 Payee name
	04/03/2025	Maga Mall
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$459.15	2740 SW Martin Downs Blvd.
		#331
		Palm City, FL 34990
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Merchandise for Fundraising
		Welchandise for Fundraising
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
	Date	Payee name
	05/05/2025	Maga Mall
	Amount (\$)	Payee address; City; State; Zip Code
	\$860.10	2740 SW Martin Downs Blvd.
		#331
		Palm City, FL 34990
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Merchandise for Fundraising
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	onponditure to benefit in	
	Date	Payee name
	04/15/2025	Market Days Management
	Amount (\$)	Payee address; City; State; Zip Code
	\$135.00	13423 Blanco Road
		Boerne, TX 78006
	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 Boerne Market Days Booth Space for April
		Boeine Market Bay's Booth Space for April
	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 Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cobadula F1	1
_	Total pages Schedule F1: Sch: 4/8 Rpt: 8/12	2 FILER NAME Republican Party of Kendall County (CEC) 3 Filer ID (Ethics Commission Filers) 00055959
4	Date	5 Payee name
	04/29/2025	Market Days Management
6	Amount (\$) \$135.00	7 Payee address; City; State; Zip Code 13423 Blanco Road Boerne, TX 78006
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense May Boerne Market Days Booth Space
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/04/2025	Market Days Management
	Amount (\$)	Payee address; City; State; Zip Code
	\$135.00	13423 Blanco Road
		Boerne, TX 78006
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		June Boerne Market Days Booth Space
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/12/2025	Square Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$294.22	1455 Market Street
		Suite 600
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services		Expens			Travel in District Travel Out of D OTHER (enter	
	Credit Card Payment		The Instruction Guid	e explains how to	comple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAM	1E				3	Filer ID	(Ethics Commission Filers
	Sch: 5/8 Rpt: 9/12	Republica	n Party of Kendall C	County (CEC)				00055959	
4	Date	5 Payee nam	е						
	01/15/2025	Stokes, B	ecky						
6	Amount (\$)	7 Payee addı	ess; City;	State; Zip C	Code				
	\$400.00								
		TX							
8	PURPOSE	(a) Category	(See Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Event Exp		,		Check if travel o			mplete Schedule T.
	LXI LINDITORE					Check if Austin,			ng expense
						Security for Ti			
_	Complete ONL V if direct	Condidate/O	fficabalder name	Office of	aught.			Office h	and
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office so	ougnt			Office h	ieia
	Date	Payee nam	е						
	06/30/2025	Texas A&	M University						
	Amount (\$)	Payee addı	ess; City;	State; Zip C	Code				
	\$500.00	Scholarsh	ips and Financial Ai	d					
		P.O. Box	30016						
		College S	tation, TX 77842-30	16					
	PURPOSE	(a) Category	(See Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Gift/Award	ls/Memorials Expen	se					mplete Schedule T.
						Check if Austin, Scholarship P			ncent Namvar
						Corrolatoriip	uy		noone ramva.
	Complete ONLY if direct	Candidate/O	fficeholder name	Office so	<u> </u>			Office h	neld
	expenditure to benefit C/O	Н			ŭ				
	Date	Payee nam	е						
	06/11/2025	1 1	rsity of Texas - San	Antonio					
	Amount (\$)	Payee addı		State; Zip (Code				
	\$1,000.00	One UTS/		, , , , , , , , , , , , , , , , , , ,					
		 Financial :	Services						
		San Antor	nio, TX 78249						
	PURPOSE		(See Categories listed at the t		(b)	Description			
	OF		see Categories listed at the t Is/Memorials Expen		(2)		outsi	de of Texas. Cor	nplete Schedule T.
	EXPENDITURE					Check if Austin,			
						Scholarship P	ay	ment for Sa	arp Peterson
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	ought			Office h	neld
	S. portana to borion 0/01	•							

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

	Candidate/Officeholder/Politica Credit Card Payment		ittee L	egal Services	·		ages	/Contract Labor		OTHER (enter a	strict a category not listed abo	ve)
			7	The Instruction G	uide explains l	now to cor	mple	ete this form.				
1	Total pages Schedule F1:	2 FII	ILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 6/8 Rpt: 10/12	Re	epublican F	Party of Kenda	II County (C	EC)				00055959		
4	Date	5 Pa	ayee name									
	06/16/2025	Ur	niversity of	Colorado - Bo	ulder							
6	Amount (\$)	7 Pa	ayee address	s; City;	State;	Zip Co	de					
	\$500.00	So	cholarship :	Services - Offic	ce of Financ	ial Aid						
		77	7 UCB									
		Bo	oulder, CO	80309-0077								
8	PURPOSE			Categories listed at t	ha tan af thia ash	adula)	(b)	Description				
ľ	OF			Memorials Exp		edule)	(~)	·	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		iiu/ waias/i	vicinonais Exp	CHSC			=		officeholder living		
								Scholarship F	ay	ment for Sc	phia Harper	
9	Complete ONLY if direct		ndidate/Office	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Η										
	Date	Pa	ayee name									
	06/23/2025	l w	/&W Tire									
	Amount (\$)	Pa	ayee address	s; City;	State;	Zip Co	de					
	\$454.65	Р.	.O. Drawer	1675								
		Вс	oerne, TX 7	78006								
	PURPOSE	(a) Ca	ategory _{(See}	Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			n Equipment <i>i</i>	And Related			<u></u>			plete Schedule T.	
		Ex	xpense							officeholder living		
								New Tires for	ΝC	JRP Paraut	Float	
	Complete ONLY if direct	<u> </u>	a di data /Offia			\ffice = 22.11	la #			Office b	ماما	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Office	eholder name	Ü	Office sou	gnt			Office h	eia	
	<u> </u>	1										
	Date	l	ayee name									
	01/01/2025	W	/heeler Pro _l	perty Group								
	Amount (\$)	Pa	ayee address	s; City;	State;	Zip Co	de					
	\$724.79	49	9 Taylor Ric	lge								
		Вс	oerne, TX 7	'8006								
	PURPOSE	(a) Ca	ategory (See	Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			ead/Rental Ex		,		Check if travel of	outsio	de of Texas. Con	plete Schedule T.	
	EXPENDITURE									officeholder living		
								\$700.00 - Jan				
								φ24.19 - Dece	eiiii	рег пеацци	arters Utilities	
	Complete ONLY if direct		ndidate/Offic	eholder name	C	Office sou	ght		_	Office h	eld	
	expenditure to benefit C/OI	П										
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services The Instruction Guide	Salaries	/Wages	/Contract Labor		OTHER (enter a	a category not listed above)		
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)		
	Sch: 7/8 Rpt: 11/12	Republicar	Party of Kendall C	ounty (CEC)				00055959			
4	Date	5 Payee name)								
	01/06/2025	Wheeler P	roperty Group								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode						
	\$50.00	49 Taylor F	Ridge								
		Boerne, T>	78006								
8	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description					
	OF EXPENDITURE	Office Ove	rhead/Rental Expen	se					nplete Schedule T.		
						Check if Austin, TX, officeholder living expense Additional Payment for December Rent					
							.,				
9	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office so	<u> </u>			Office h	eld		
	expenditure to benefit C/Ol	1									
Г	Date	Payee name)								
	01/31/2025	Wheeler P	roperty Group								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode						
	\$723.74	49 Taylor F	Ridge								
		Boerne, T	78006								
	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description					
	OF EXPENDITURE	Office Ove	rhead/Rental Expen	se		=			nplete Schedule T.		
				—	, TX, officeholder living expense adquarters Rental and Utilities						
						,		•			
Н	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ught			Office h	eld		
	expenditure to benefit C/O	H									
Г	Date	Payee name)								
	03/03/2025	Wheeler P	roperty Group								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode						
	\$723.74	49 Taylor F	Ridge								
		Boerne, T	78006								
	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description					
	OF EXPENDITURE	Office Ove	rhead/Rental Expen	se					nplete Schedule T.		
						_		, officeholder living	g expense and February Utilities		
						Marchineade	ηuu	iters rental	and rebruary offinites		
\vdash	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office so	<u>l</u> ught			Office h	eld		
	expenditure to benefit C/O				•						
Н											
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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		nmittee	Legal Services	Si		ages	/Contract Labor		OTHER (enter a	a category not listed above)	
	·	_		The Instruction Gu	uide explains hou	w to com	ıple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers))
	Sch: 8/8 Rpt: 12/12		Republican	Party of Kendal	l County (CEC	C)				00055959		
4	Date	5	Payee name									
	04/01/2025			operty Group								
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Cod	le					
	\$757.50		49 Taylor Ri	idge								
			•	· ·								
			D	70000								
		L	Boerne, TX	78006								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	ne top of this schedu	ile) ((b)	Description				
	OF EXPENDITURE		Office Overl	head/Rental Exp	oense			=			nplete Schedule T.	
								_		officeholder livin		
								Utilities	arıe	ers Rent an	d March Headquarters	
								Otilities				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce soug	ht			Office h	eld	
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			Boerne, TX									
	PURPOSE OF	(a)	Category (Se	ee Categories listed at t	ne top of this schedu	ile) ((b)	Description				
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