FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00065957 3 COMMITTEE NAME **OFFICE USE ONLY** Hispanic Republicans of Texas Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 28881 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78755 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Milton B. NAME NICKNAME LAST **SUFFIX** Newton STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1115 San Jacinto Blvd STREET **ADDRESS** Ste 275 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 28881 MAILING **ADDRESS** Austin, TX 78755 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 477-3100 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer 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 χ Primary Runoff Other 03/03/2026 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Hispanic Republicans o	f Texas		00065957	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rolando Pablos San Antonio N	Mayor	
(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, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	14,308.96
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	14,214.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,434.61
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Milton	B. Newton	
		Signature of Car	mpaign Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, t	nis the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

12 COMMITTEE NAME Hispanic Republicans of Texas 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 15	13 Filer ID (Ethics Commission Filers) 00065957 ISD
1. Candidates (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted	
ACTIVITY (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.) B. Opposed A. Supported B. Opposed 3. Officeholders Assisted	ISD
(Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed 3. Officeholders Assisted	
2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	
3. Officeholders Assisted	
Assisted	
(Identify by name or, if applicable, classify by party.)	

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					4 of 17
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics	Commission Filers)
		Republicans of Texas	00065957	`	
	-	SUBTOTALS		Τ	
		SCHEDULE		SI	UBTOTAL AMOUNT
				┼──	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	14,308.96
				├	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
				<u> </u>	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
				<u> </u>	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R	\$	
		ORGANIZATION		Ψ	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	TION OR		
5.	Ш	LABOR ORGANIZATION		\$	
		The second of th		<u> </u>	
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		\vdash	
7.	Ш	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	\$	14,214.22
				<u> </u>	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	<u> </u>	OOTEDOLET E. OTT / IID INTOOTTILES OF LOCATION		Ψ	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONIC		
14.	Ш	SCREDULE FO. FUNCTIAGE OF HAVES INILIATED FROM FOLITICAL CONTRIBUTION	JNS	\$	
10		CONTROL OF THE PROPERTY OF THE PARTY OF THE		ļ	
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
				 	
14.	Ш	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
		COLUMN TWO INTEREST OFFICE CAING DEFLINES AND CONTRIBUTIONS I	DETUDNED.	\vdash	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	KETUKNED	\$	
				<u> </u>	

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1				
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 5/17	
2	FILER NAME	nublicans of Toyos			3	Filer ID (Ethics Commission 00065957	n Filers)
_		publicans of Texas			L		
4	Date 05/23/2025			7	Amount of Contribution (\$)	\$400.00	
		Austin, TX 78704					
8	Principal occu	pation / Job title (See Instruction	s) 9	9 Employer (See Instructions	s)		
	Attorney			The Andarza Law Office	9		
	Date Full name of contributor out-of-state PAC (ID#:) 01/29/2025 Corey, Deborah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		Midland, TX 79707					
	Principal occu	pation / Job title (See Instruction	S)	Employer (See Instructions	s)		
	Accountant			SDX Resources, Inc.			
	Date 02/28/2025				Amount of Contribution (\$)	\$100.00	
		Midland, TX 79707					
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	<u>L</u> S)		
	Accountant		<i>'</i>	SDX Resources, Inc.	,		
	Date Full name of contributor out-of-state PAC (ID#:) 03/28/2025 Corey, Deborah Contributor address; City; State; Zip Code Midland, TX 79707			Amount of Contribution (\$)	\$100.00		
	Principal occu Accountant	pation / Job title (See Instruction	S)	Employer (See Instructions SDX Resources, Inc.	s)		
	Date 04/28/2025			•	Amount of Contribution (\$)	\$100.00	
	Principal occu Accountant	pation / Job title (See Instruction	5)	Employer (See Instructions SDX Resources, Inc.	S)		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A				
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 6/17	
2	FILER NAME Hispanic Rep	publicans of Texas			3	Filer ID (Ethics Commission 00065957	n Filers)
4	Date 05/28/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
_		Midland, TX 79707	-		<u></u>		
8	Accountant	pation / Job title (See Instructions)	9	Employer (See Instructions SDX Resources, Inc.	5)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_ Corey, Deborah Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Midland, TX 79707	_		<u></u>		
Principal occupation / Job title (See Instructions) Employer (See Instructions Accountant SDX Resources, Inc.		S)					
	Date 05/16/2025	Full name of contributor out-of-state PAC (ID#:_Fogiel, Israel Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
		San Antonio, TX 78231					
	Principal occu Real estate	pation / Job title (See Instructions)		Employer (See Instructions Great America Compan		, Inc.	
	Date Full name of contributor out-of-state PAC (ID#:) O1/27/2025 Granado, Arturo Contributor address; City; State; Zip Code Corpus Christi, TX 78411		•	Amount of Contribution (\$)	\$100.00		
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions The Granado Group	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/27/2025 Granado, Arturo Contributor address; City; State; Zip Code Corpus Christi, TX 78411			Amount of Contribution (\$)	\$100.00		
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions The Granado Group	s)		
			<u>1</u>	· ·			

	MONEI	ARY POLITICAL CONTRIBU	UHON	15		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 7/17	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		publicans of Texas				00065957	
4	Date 5 Full name of contributor		7	Amount of Contribution (\$)	\$100.00		
•	Dringing aggr	Corpus Christi, TX 78411	lo.	Employer (Coo Instructions			
8		pation / Job title (See Instructions)	9	Employer (See Instructions The Granado Group)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/27/2025 Granado, Arturo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		Corpus Christi, TX 78411					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Insurance			The Granado Group			
	Date 05/27/2025	Full name of contributor out-of-state PA Granado, Arturo Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$100.00
		Corpus Christi, TX 78411					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Insurance			The Granado Group			
Date Full name of contributor out-of-state PAC (ID#:) 06/27/2025 Granado, Arturo Contributor address; City; State; Zip Code Corpus Christi, TX 78411			Amount of Contribution (\$)	\$100.00			
	Principal occu Insurance	pation / Job title (See Instructions)		Employer (See Instructions The Granado Group)		
	Date 05/23/2025				Amount of Contribution (\$)	\$416.98	
	Principal occu homemaker	pation / Job title (See Instructions)		Employer (See Instructions homemaker)		

	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 8/17	
2	FILER NAME Hispanic Rep	publicans of Texas		3	Filer ID (Ethics Commission 00065957	n Filers)
4			7	Amount of Contribution (\$)	\$25.00	
8	Principal occu retired	SOUTHLAKE, TX 76092 pation / Job title (See Instructions)	Employer (See Instructions retired	s)		
	Date 05/13/2025	Full name of contributor out-of-state PAC (ID#:_Pannell, Jeff Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu retired	SOUTHLAKE, TX 76092 pation / Job title (See Instructions)	Employer (See Instructions retired	s)		
	Date 06/13/2025	Full name of contributor out-of-state PAC (ID#:_Pannell, Jeff Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Dringinal acqu	SOUTHLAKE, TX 76092 pation / Job title (See Instructions)	Employer (See Instructions	c)		
	retired	pation 7 300 title (See Instructions)	retired	3)		
	Date Full name of contributor out-of-state PAC (ID#:) 05/23/2025 Ramirez, Mario Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$416.98	
	Principal occu Consultant	Highland Village, TX 75077 pation / Job title (See Instructions)	Employer (See Instructions MRamirez Group, LLC	s)		
	Date Full name of contributor out-of-state PAC (ID#:) Russ, James Contributor address; City; State; Zip Code Houston, TX 77042			Amount of Contribution (\$)	\$500.00	
	Principal occu President/CE	pation / Job title (See Instructions)	Employer (See Instructions EHRA Engineering Inc	s)		

	MONEI	ARY POLITICAL (CONTRIBUTIO)N:	S		SCHEDUL	E A1
	The Instru	ction Guide explains hov	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 9/17	
2	FILER NAME					3	Filer ID (Ethics Commission	n Filers)
	Hispanic Re	publicans of Texas					00065957	
4	1 Date 5 Full name of contributor out-of-state PAC (ID#:) 05/26/2025 Torres, Raul 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00			
		Corpus Christi, TX 78415						
8	Principal occu CPA	pation / Job title (See Instructions	5)		Employer (See Instructions Self	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/17/2025 Ventura Jr, Jose G Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00			
		San Antonio, TX 78260						
	Principal occu retired	pation / Job title (See Instructions	5)		Employer (See Instructions retired	i)		
	Date 02/17/2025				Amount of Contribution (\$)	\$50.00		
		San Antonio, TX 78260						
	•	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	retired				retired			
	Date Full name of contributor out-of-state PAC (ID#:) 03/17/2025 Ventura Jr, Jose G Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00			
		San Antonio, TX 78260						
	Principal occu retired	pation / Job title (See Instructions	s) 		Employer (See Instructions retired	5)		
	Date 04/17/2025	Full name of contributor Ventura Jr, Jose G Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78260						
	Principal occu retired	pation / Job title (See Instructions	5)		Employer (See Instructions retired)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 10/17
2	FILER NAME Hispanic Re	publicans of Texas		- 1	Filer ID (Ethics Commission Filers) 00065957
4	Date 05/17/2025	 Full name of contributor out-of-state PAC (ID#:_Ventura Jr, Jose G Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$) \$50.00
8	Principal occu	San Antonio, TX 78260 upation / Job title (See Instructions)	9 Employer (See Instruction	ne)	
Ů	retired	pation / Job title (See instructions)	retired	15)	
	Date 06/17/2025	Full name of contributor out-of-state PAC (ID#:_ Ventura Jr, Jose G Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$50.00
		San Antonio, TX 78260			
	Principal occur retired	ipation / Job title (See Instructions)	Employer (See Instruction retired	ns)	
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_ Westcott, Chart Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$10,000.00
	Principal occu	Dallas, TX 75201 upation / Job title (See Instructions)	Employer (See Instruction	ns)	
	Ikarian Capi		CEO	-,	

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 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 co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	on Filers)
Sch: 1/7 Rpt: 11/17	Hispanic Republicans of Texas		00065957	
4 Date	5 Payee name		•	
06/28/2025	Anedot			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$12.20	PO Box 84314, Ste F			
,	,			
Expenditure from corporate funds	Baton Rouge, LA 70884			
·	(-) -	(h) p : ::		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description	el outside of Texas. Complete Schedule T.	
EXPENDITURE	rees	ш	tin, TX, officeholder living expense	
		Credit card	processing fees	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	1			
Date	Payee name			
05/28/2025	Anedot			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$103.06	PO Box 84314, Ste F			
¥250.55				
Expenditure from	Baton Rouge, LA 70884			
corporate funds	<u> </u>	4)		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	el outside of Texas. Complete Schedule T.	
EXPENDITURE	Fees		tin, TX, officeholder living expense	
		_	processing fees	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	1			
Date	Payee name			
04/28/2025	Anedot			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$12.20	PO Box 84314, Ste F			
412.20				
Expenditure from corporate funds	Baton Rouge, LA 70884			
'	(-) -	(1-)		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	el outside of Texas. Complete Schedule T.	
EXPENDITURE	Fees		tin, TX, officeholder living expense	
			processing fees	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	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

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: 2/7 Rpt: 12/17	Hispanic Republicans of Texas 00065957
4 Date	5 Payee name
03/28/2025	Anedot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.90	PO Box 84314, Ste F
Expenditure from corporate funds	Baton Rouge, LA 70884
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.
	Credit card processing fees
	Great cara processing rees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hald
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
02/28/2025	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$10.90	PO Box 84314, Ste F
Expenditure from corporate funds	Baton Rouge, LA 70884
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.
	Cradit cord processing foce
	Credit card processing fees
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/29/2025	Anedot
Amount (\$)	Payee address; City; State; Zip Code
\$31.20	PO Box 84314, Ste F
Expenditure from corporate funds	Baton Rouge, LA 70884
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.
LAI LINDITURE	Check if Austin, TX, officeholder living expense
	Credit card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	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/Politica Credit Card Payment	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: 3/7 Rpt: 13/17	Hispanic Republicans of Texas 00065957
4 Date	5 Payee name
01/24/2025	Digital Media Support Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 29371
— Foresedit we from	
Expenditure from corporate funds	Austin, TX 78755
8 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.
_/	Check if Austin, TX, officeholder living expense
	Social media and email distribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
03/25/2025	Digital Media Support Services
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	PO Box 29371
Expenditure from corporate funds	Austin, TX 78755
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Social media and email distribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/08/2025	Digital Media Support Services
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 29371
+000	1 0 200 23011
Expenditure from	Austin, TX 78755
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Consulting Expanse Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Social media and email distribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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

ement Solicitation/Fundraising Expense
Dense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	OTHER (enter a category not listed above))
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	Filers)
Sch: 4/7 Rpt: 14/17	Hispanic Republicans of Texas		00065957	
4 Date	5 Payee name			
06/23/2025	Digital Media Support Services			
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Co PO Box 29371	ode		
Expenditure from corporate funds	Austin, TX 78755			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Consulting Expense		outside of Texas. Complete Schedule T.	
EX. ENDITORE			, TX, officeholder living expense	
	oense and email distribution			
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ght	Office held	
Date	Payee name			
01/31/2025	Frost Bank			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$15.00	3525 Far West Blvd			
Expenditure from corporate funds	Austin, TX 78731			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		outside of Texas. Complete Schedule T.	
EXI ENDITORE		_ _	, TX, officeholder living expense	
		Bank service	fee	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/Oł	1			
Date	Payee name			
02/28/2025	Frost Bank			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$15.00	3525 Far West Blvd			
Expenditure from corporate funds	Austin, TX 78731			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		outside of Texas. Complete Schedule T.	
		_ _	, TX, officeholder living expense	
		Bank service	Tee	
Complete ONLY if direct	Candidate/Officeholder name Office sou	Laht	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 -

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

e Trave se Trave s/Contract Labor OTH

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: 5/7 Rpt: 15/17	Hispanic Republicans of Texas 00065957
4 Date	5 Payee name
03/31/2025	Frost Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.00	3525 Far West Blvd
Expenditure from corporate funds	Austin, TX 78731
8 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
	Bank service fee
	54.11.00.100 100
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Date	Dougo nama
04/29/2025	Payee name Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$15.00	3525 Far West Blvd
Expenditure from	
corporate funds	Austin, TX 78731
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 Bank wire fee
	Dailk Wife fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Dete	
Date	Payee name
04/30/2025	Frost Bank
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	3525 Far West Blvd
Expenditure from	
corporate funds	Austin, TX 78731
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
	Bank service fee
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 Committee

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)

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 Fil	ers)			
Sch: 6/7 Rpt: 16/17	Hispanic Republicans of Texas		00065957				
4 Date	5 Payee name		•				
05/30/2025	Frost Bank						
6 Amount (\$)	7 Payee address; City; State; Zip Co	de					
\$10.00	3525 Far West Blvd						
Expenditure from corporate funds	Austin, TX 78731						
8 PURPOSE	(-) -	(b) Descriptio	<u> </u>				
OF	(a) Category (See Categories listed at the top of this schedule) Fees	_	ravel outside of Texas. Complete Schedule T.				
EXPENDITURE		Check if	Austin, TX, officeholder living expense				
		Bank ser	vice fee				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held				
experientare to benefit e/of	<u>'</u>						
Date	Payee name						
06/30/2025	Frost Bank						
Amount (\$)	Payee address; City; State; Zip Co	de					
\$10.00	3525 Far West Blvd						
Expenditure from corporate funds	Austin, TX 78731						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descriptio	1				
OF EXPENDITURE	Fees	ш	ravel outside of Texas. Complete Schedule T.				
EXI ENDITORE			Austin, TX, officeholder living expense				
		Bank ser	vice lee				
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held				
expenditure to benefit C/O		grit	Office field				
Dete							
Date	Payee name						
06/06/2025	III Strategies, Inc						
Amount (\$)	Payee address; City; State; Zip Co	de					
\$1,500.00	P.O. Box 27758						
Expenditure from							
corporate funds	Austin, TX 78755						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descriptio					
EXPENDITURE	Advertising Expense		ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense				
			vertisements				
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	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 Committee

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 Coi	nmittee	Gift/Awards/Memoria Legal Services The Instruction (•		ense ges/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed ab	ove)
1	Total pages Schedule F1:	2	FILER NAME	 E				3 F	iler ID	(Ethics Commiss	ion Filers)
	Sch: 7/7 Rpt: 17/17			epublicans of T	exas			1	00065957		
4	Date	5	Payee name								
	05/08/2025		Neumann a	and Company							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code	Э				
	\$9,698.76		5417 Pine 9	Street							
_	T Expenditure from										
Ľ	corporate funds	_	Bellaire, TX			1					
8	PURPOSE OF	(a)	Category (S	ee Categories listed at	the top of this sch	edule) (I	b) Description	Loutoida	of Tayon Com	aloto Cobodulo T	
	EXPENDITURE								e or Texas. Comp fficeholder living	olete Schedule T.	
							Campaign m			схрензе	
							Campaign	ianor	5		
9	Complete ONLY if direct		`andidate/Off	iceholder name		Office sough			Office he	ıld	
	expenditure to benefit C/O	Η `	railaidato, o iii			moo ooug.			000		