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) 00015722 3 COMMITTEE NAME **OFFICE USE ONLY** Kendall County Republican Women Date Received **ELECTRONICALLY FILED** 07/16/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 1244 Date Hand-delivered or Date Postmarked Change of Address Boerne, TX 78006 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Gladys NAME NICKNAME LAST **SUFFIX** Appelt STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 16735 La Cantera Pkwy Apt. 18101 STREET **ADDRESS** (Residence or Business) San Antonio, TX 78256 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 201 E. San Antonio Ave. MAILING **ADDRESS** Ste. 218 San Antonio, TX 78249 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 392-5245 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 05/03/2025 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer | r ID | (Ethics Commission Filers) |
|---|---|--|--------------------------------|-----------|----------------------------|
| | | 000: | 15722 | | |
| .4 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | I | | |
| (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 | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| 5 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | POLITICAL CONTRIBUTIONS (OTHER TO DR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold | THAN | \$ | 120.00 |
| | | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LO | DANS) | \$ | 13,634.87 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | | \$ | 9,075.80 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | ONTRIBUTIONS MAINTAINED AS OF THE PERIOD | HE LAST DAY | \$ | 0.00 |
| OUTSTANDING LOAN TOTALS | • | MOUNT OF ALL OUTSTANDING LOANS REPORTING PERIOD | S AS OF THE | \$ | 0.00 |
| .6 AFFIDAVIT | | | | | |
| | | I swear, or affirm, under pen true and correct and include under Title 15, Election Code | s all information r | | |
| | | | Mrs. Cladus An | nolt | |
| | | | Mrs. Gladys Apuure of Campaign | | er |
| A==\\\\\\\\\\ | W OTAMB / OF 11 45 C: T | O.g. and | | | |
| AFFIX NOTAR | RY STAMP / SEAL ABOVE | | | | |
| | | | , this the _ | | day |
| of | , 20, to certify | hich, witness my hand and seal of office. | | | |
| | | | | | |
| | | | | | |
| Signature of officer a | administering oath | Printed name of officer administering oath | Title | of office | er administering oath |

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

| | | | | | 3 of 14 |
|---|--------|--|--------------|------------------|-------------|
| 17 CO | MMITTE | E NAME | 18 Filer ID | (Ethics Commissi | ion Filers) |
| Kendall County Republican Women 00015722 | | | | | |
| 19 SCHEDULE SUBTOTALS | | | | | |
| NA | ME OF | SCHEDULE | | SUBTOTAL | AMOUNT |
| | | | | | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 13,634.87 |
| | | | | | |
| 2. | П | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| | | | | <u> </u> | |
| 3. | П | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| | ш | | | ļ * | |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO | R | \$ | |
| | Ш | ORGANIZATION | | Φ | |
| | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA | ATION OR | | |
| 5. | Ш | LABOR ORGANIZATION | | \$ | |
| | | | | | |
| 6. | Ш | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | |
| | | COLUED HIS CALL NON MONETARY CURRORT FROM CORRORATION OR LABOR | | | |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | |
| | | | | | |
| 8. | П | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| DRGANIZATION | \$ | |
| | | | | | |
| 9. | П | SCHEDULE E: LOANS | | \$ | |
| | Ш | 00112022 21 207110 | | Ψ | |
| 10 | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | | 0.075.00 |
| 10. | | SCHEDOLE FI. FOLITICAL EXPENDITORES FROM FOLITICAL CONTRIBUTION. | 3 | \$ | 9,075.80 |
| | | | | | |
| 11. | Ш | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| | | | | | |
| 12. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| | | | | | |
| 13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | | |
| | | | | | |
| 14. | П | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| | | | | | |
| 15. | X | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I | RETURNED | \$ | 3.96 |
| | | TO FILER | | Ψ | 0.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 1 | | | | | |

| TARY POLITICAL CONTRIBUTION | DNS | SCHEDULE A1 |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/14 |
| inty Republican Women | | 3 Filer ID (Ethics Commission Filers) 00015722 |
| Full name of contributor out-of-state PAC (ID#:_ Jefferson Bank Contributor address; City; State; Zip Code |) | 7 Amount of Contribution (\$) \$13,254.87 |
| Boerne, TX 78006 | | |
| upation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| Full name of contributor out-of-state PAC (ID#:_ Wisian, Andra Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) \$260.00 |
| Boerne, TX 78006 | | |
| upation / Job title (See Instructions) | Employer (See Instructions | s) |
| | | |
| | ction Guide explains how to complete this fanty Republican Women 5 Full name of contributor out-of-state PAC (ID#:_ Jefferson Bank 6 Contributor address; City; State; Zip Code Boerne, TX 78006 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Wisian, Andra Contributor address; City; State; Zip Code Boerne, TX 78006 | Inty Republican Women 5 |

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

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | |
|--|--|----|
| 4 7 1 0 1 1 5 | <u> </u> | _ |
| 1 Total pages Schedule F1: | | |
| Sch: 1/9 Rpt: 5/14 | Kendall County Republican Women 00015722 | |
| 4 Date | 5 Payee name | |
| 01/07/2025 | HEB | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$34.70 | 420 W Bandera Rd. | |
| — Foresedit ve from | | |
| Expenditure from corporate funds | Boerne, TX 78006 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense monthly meetings | |
| | monany meetings | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | - |
| expenditure to benefit C/OI | | |
| Date | Dayso name | = |
| 01/08/2025 | Payee name HEB | |
| | | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$27.96 | 420 W Bandera | |
| Expenditure from | | |
| corporate funds | 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 | |
| | monthly meetings | |
| Commission ONII V if dispost | Condidate (Office holder name Office accords | _ |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| · | | _ |
| Date | Payee name | |
| 03/03/2025 | HEB | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$16.82 | 420 W Bandera Rd. | |
| Evponditure from | | |
| Expenditure from corporate funds | 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. | |
| EXPENDITORE | Check if Austin, TX, officeholder living expense | |
| | monthly meetings | |
| | | _ |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| experience to belieff 6/01 | • | |
| | | |
| | | |
| Forms provided by Tayas F | thice Commission Washing state type Version V/A 1.0 f10d0f | 40 |

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

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 2/9 Rpt: 6/14 | Kendall County Republican Women 00015722 |
| 4 Date | 5 Payee name |
| 01/29/2025 | Harland Clarke Checks |
| 6 Amount (\$) \$36.25 | 7 Payee address; City; State; Zip Code 15955 La Cantera Pkwy |
| Expenditure from corporate funds | San Antonio, TX 78256 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | operating expense |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 03/04/2025 | Jefferson Bank |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$126.50 | 111 Rosewood |
| Expenditure from corporate funds | Boerne, TX 78006 |
| 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 |
| | membership dues |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/22/2025 | Lost Oak Cellars |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$171.47 | 111 Rosewood Ave |
| Expenditure from corporate funds | 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 |
| | special projects |
| Complete ONLY if direct | Candidate/Officeholder name Office cought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |
| | |
| | |

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

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

| Candidate/Officeholder/Politica Credit Card Payment | | R (enter a category not listed above) |
|--|---|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer | ID (Ethics Commission Filers) |
| Sch: 3/9 Rpt: 7/14 | Kendall County Republican Women 0002 | 15722 |
| 4 Date | 5 Payee name | |
| 06/03/2025 | Lost Oak Cellars | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$355.60 | 111 Rosewood Ave | |
| | | |
| Expenditure from corporate funds | Boerne, TX 78006 | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Event Expense Check if travel outside of To Check if Austin, TX, officeh | exas. Complete Schedule T. |
| | special projects | older living expense |
| | Special projects | |
| Complete ONLY if direct expenditure to benefit C/OI | | Office held |
| Date | Payee name | |
| 01/02/2025 | One Cause | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$10.00 | PO Box 8103 | |
| | | |
| Expenditure from corporate funds | Carol Stream, IL 60197 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Liverit Experise | exas. Complete Schedule T. |
| | Check if Austin, TX, officeh special projects | older living expense |
| | Special projects | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | U | Office held |
| Date | Payee name | |
| 02/03/2025 | One Cause | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$10.00 | PO Box 8103 | |
| Expenditure from corporate funds | Carol Stream, IL 60197 | |
| | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of To | exas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeh | · · |
| | special projects | |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | U | Office held |
| | | |
| | | |
| | | |

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 | |
|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 4/9 Rpt: 8/14 | Kendall County Republican Women 00015722 |
| 4 Date | 5 Payee name |
| 03/03/2025 | One Cause |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$10.00 | PO Box 8103 |
| Expenditure from corporate funds | Carol Stream, IL 60197 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| LAFENDITORE | Check if Austin, TX, officeholder living expense |
| | special projects |
| O Complete CAU V if direct | Condidate/Officeholder name Office equality Office hald |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 02/18/2025 | Tapatio Springs Hill Country Resort |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$113.94 | 1 Resort Way |
| Expenditure from | |
| corporate funds | 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 Special projects |
| | Special projects |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/02/2025 | Texas Federation of Republican Women |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,214.40 | P O Box 171146 |
| · | |
| Expenditure from corporate funds | Austin, TX 78717-0041 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Camplete Schedule T |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | membership dues |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| | |
| | |
| | No. 10 10 10 10 10 10 10 10 10 10 10 10 10 |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category net listed above)

| 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: 5/9 Rpt: 9/14 | Kendall County Republican Women 00015722 | | |
| 4 Date | 5 Payee name | | |
| 02/05/2025 | Texas Federation of Republican Women | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| \$683.10 | P O Box 171146 | | |
| Expenditure from | | | |
| corporate funds | Austin, TX 78717-0041 | | |
| 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 membership dues | | |
| | membership dues | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · | | |
| Date | Davies same | | |
| | Payee name Tayon Foderation of Depublican Woman | | |
| 02/21/2025 | Texas Federation of Republican Women | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$253.00 | P O Box 171146 | | |
| Expenditure from | | | |
| corporate funds | Austin, TX 78717-0041 | | |
| 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 | | |
| | membership dues | | |
| Complete ONLY if direct | Condidate/Officeholder name Office cought Office hold | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | |
| | | | |
| Date | Payee name | | |
| 04/03/2025 | Texas Federation of Republican Women | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$151.80 | P O Box 171146 | | |
| Expenditure from | | | |
| corporate funds | Austin, TX 78717-0041 | | |
| 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. | | |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense | | |
| | membership dues | | |
| Operation ONE Wife discout | Our didn't lotter halden games Office and the | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | |
| , , | | | |
| | | | |
| | | | |

SCHEDULE F1

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

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
OTHER (pottor a category not listed above)

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District 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: 6/9 Rpt: 10/14 Kendall County Republican Women 00015722 4 Date Payee name 04/25/2025 Texas Federation of Republican Women 6 Amount (\$) Payee address; City; State; Zip Code P O Box 171146 \$50.60 Expenditure from Austin, TX 78717-0041 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense membership dues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/04/2025 The Center Amount (\$) Payee address; City; State; Zip Code \$270.63 17 Old San Antonio Road Expenditure from Boerne, TX 78006 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense monthly meetings Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/04/2025 The Center Amount (\$) Payee address: City: State; Zip Code \$270.63 17 Old San Antonio Road Expenditure from Boerne, TX 78006 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense monthly meetings 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 Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

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

| Candidate/Officenolder/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: 7/9 Rpt: 11/14 | Kendall County Republican Women 00015722 |
| 4 Date | 5 Payee name |
| 01/07/2025 | The Hungry Horse |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$480.00 | 109 Saunders St. |
| | |
| Expenditure from corporate funds | Boerne, TX 78006 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | monthly meetings |
| | monding mosalings |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Data | |
| Date | Payee name The Hungay Horse |
| 02/03/2025 | The Hungry Horse |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$923.40 | 109 Saunders St. |
| Expenditure from corporate funds | 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 | Check if Austin, TX, officeholder living expense |
| | monthly meetings |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 03/03/2025 | The Hungry Horse |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$823.00 | 109 Saunders St. |
| | |
| Expenditure from corporate funds | 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 monthly meetings |
| | montally incoungs |
| 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 Commi

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

| 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: 8/9 Rpt: 12/14 | Kendall County Republican Women 00015722 |
| 4 Date | 5 Payee name |
| 04/01/2025 | The Hungry Horse |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$823.00 | 109 Saunders St. |
| | |
| Expenditure from corporate funds | Boerne, TX 78006 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense monthly meetings |
| | montally meetings |
| O Complete ONE VIII | Condidate/Officeholder name |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 05/05/2025 | The Hungry Horse |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,133.00 | 109 Saunders St. |
| | |
| Expenditure from corporate funds | 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 | Check if Austin, TX, officeholder living expense |
| | monthly meetings |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 06/02/2025 | Payee name The Hungry Horse |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$50.00 | 109 Saunders St. |
| Expenditure from | |
| corporate funds | Boerne, TX 78006 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense |
| EAFEINDITURE | Check if Austin, TX, officeholder living expense |
| | special projects |
| | |
| 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 -

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
OTHER (enter a category not listed above)

| Candidate/Officenoider/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: 9/9 Rpt: 13/14 | Kendall County Republican Women 00015722 | |
| 4 Date | 5 Payee name | |
| 04/01/2025 | The Kendall | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$424.00 | 128 W Blanco Rd | |
| | | |
| Expenditure from corporate funds | Boerne, TX 78006 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | monthly meetings | |
| | monany meetings | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/Ol | | |
| D-1- | <u> </u> | = |
| Date | Payee name | |
| 05/06/2025 | The Kendall | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$424.00 | 128 W Blanco Rd | |
| Expenditure from | | |
| corporate funds | Boerne, TX 78006 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Event Expense | |
| | Check if Austin, TX, officeholder living expense | |
| | monthly meetings | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/Ol | | |
| | | _ |
| Date | Payee name | |
| 03/14/2025 | U.S. Postal Service | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$188.00 | 607 East Blanco Road | |
| Evpanditura from | | |
| Expenditure from corporate funds | Boerne, TX 78006 | |
| 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. | |
| EXPENDITORE | Check if Austin, TX, officeholder living expense | |
| | postage | |
| | | _ |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| experience to benefit 6/61 | · | |
| | | |
| | | |

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: 14/14 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kendall County Republican Women 00015722 8 Amount (\$) Date 5 Name of person from whom amount is received 01/31/2025 Happy State Bank \$3.53 6 Address of person from whom amount is received; City; State; Zip Code Happy, TX 79042 7 Purpose for which amount is received Check if political contribution returned to filer Name of person from whom amount is received Amount (\$) Date 02/28/2025 Happy State Bank \$0.23 Address of person from whom amount is received; City; State; Zip Code Happy, TX 79042 Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) 03/27/2025 Happy State Bank \$0.20 Address of person from whom amount is received; City; State; Zip Code Happy, TX 79042 Purpose for which amount is received Check if political contribution returned to filer