

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

| | | | |
|--|--|--|---|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00015722 | 2 Total pages filed: 14 |
| 3 COMMITTEE NAME Kendall County Republican Women | | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/16/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1244 Boerne, TX 78006 | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mrs. Gladys NICKNAME LAST SUFFIX Appelt | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 16735 La Cantera Pkwy Apt. 18101 San Antonio, TX 78256 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 201 E. San Antonio Ave. Ste. 218 San Antonio, TX 78249 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (210) 392-5245 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff | | |
| 10 PERIOD COVERED | Month Day Year 01/01/2025 THROUGH 06/30/2025 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 05/03/2025 | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | |
|---|---|
| 12 COMMITTEE NAME Kendall County Republican Women | 13 Filer ID (Ethics Commission Filers) 00015722 |
|---|---|

| | | |
|---|--|--------------|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | | |

| | | |
|-------------------------------|--|--------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 120.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 13,634.87 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 9,075.80 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Gladys Appelt

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 14

| | | |
|---|--|---|
| 17 COMMITTEE NAME Kendall County Republican Women | | 18 Filer ID (Ethics Commission Filers) 00015722 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 13,634.87 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 9,075.80 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 3.96 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 1/1 Rpt: 4/14

2 FILER NAME

Kendall County Republican Women

3 Filer ID (Ethics Commission Filers)
00015722

4 Date

01/23/2025

5 Full name of contributor

Jefferson Bank

☐ out-of-state PAC (ID#: _____)

7 Amount of Contribution (\$)

\$13,254.87

6 Contributor address; City; State; Zip Code

Boerne, TX 78006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/05/2025

Full name of contributor

Wisian, Andra

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$260.00

Contributor address; City; State; Zip Code

Boerne, TX 78006

Principal occupation / Job title (See Instructions)

County Commissioner

Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 1/9 Rpt: 5/14 | 2 FILER NAME Kendall County Republican Women | 3 Filer ID (Ethics Commission Filers) 00015722 |
| 4 Date 01/07/2025 | 5 Payee name HEB | |
| 6 Amount (\$) \$34.70 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 420 W Bandera Rd. Boerne, TX 78006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly meetings |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/08/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name HEB | | |
| Amount (\$) \$27.96 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 420 W Bandera Boerne, TX 78006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/03/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name HEB | | |
| Amount (\$) \$16.82 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 420 W Bandera Rd. Boerne, TX 78006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 3/9 Rpt: 7/14 | 2 FILER NAME Kendall County Republican Women | 3 Filer ID (Ethics Commission Filers) 00015722 |
| 4 Date 06/03/2025 | 5 Payee name Lost Oak Cellars | |
| 6 Amount (\$) \$355.60 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 111 Rosewood Ave Boerne, TX 78006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense special projects |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/02/2025 | Payee name One Cause | |
| Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 8103 Carol Stream, IL 60197 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense special projects |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/03/2025 | Payee name One Cause | |
| Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 8103 Carol Stream, IL 60197 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense special projects |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 4/9 Rpt: 8/14 | 2 FILER NAME Kendall County Republican Women | 3 Filer ID (Ethics Commission Filers) 00015722 |
| 4 Date 03/03/2025 | 5 Payee name One Cause | |
| 6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 8103 Carol Stream, IL 60197 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense special projects |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/18/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Tapatio Springs Hill Country Resort | | |
| Amount (\$) \$113.94 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1 Resort Way Boerne, TX 78006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense special projects |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/02/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Texas Federation of Republican Women | | |
| Amount (\$) \$1,214.40 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code P O Box 171146 Austin, TX 78717-0041 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 5/9 Rpt: 9/14 | 2 FILER NAME Kendall County Republican Women | 3 Filer ID (Ethics Commission Filers) 00015722 |
| 4 Date 02/05/2025 | 5 Payee name Texas Federation of Republican Women | |
| 6 Amount (\$) \$683.10 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code P O Box 171146 Austin, TX 78717-0041 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/21/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Texas Federation of Republican Women | | |
| Amount (\$) \$253.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code P O Box 171146 Austin, TX 78717-0041 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/03/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Texas Federation of Republican Women | | |
| Amount (\$) \$151.80 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code P O Box 171146 Austin, TX 78717-0041 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 6/9 Rpt: 10/14 | 2 FILER NAME Kendall County Republican Women | 3 Filer ID (Ethics Commission Filers) 00015722 |
| 4 Date 04/25/2025 | 5 Payee name Texas Federation of Republican Women | |
| 6 Amount (\$) \$50.60 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code P O Box 171146 Austin, TX 78717-0041 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/04/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name The Center | | |
| Amount (\$) \$270.63 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 17 Old San Antonio Road Boerne, TX 78006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/04/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name The Center | | |
| Amount (\$) \$270.63 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 17 Old San Antonio Road Boerne, TX 78006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 7/9 Rpt: 11/14 | 2 FILER NAME Kendall County Republican Women | 3 Filer ID (Ethics Commission Filers) 00015722 |
| 4 Date 01/07/2025 | 5 Payee name The Hungry Horse | |
| 6 Amount (\$) \$480.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 109 Saunders St. Boerne, TX 78006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly meetings |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/03/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name The Hungry Horse | | |
| Amount (\$) \$923.40 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 109 Saunders St. Boerne, TX 78006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/03/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name The Hungry Horse | | |
| Amount (\$) \$823.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 109 Saunders St. Boerne, TX 78006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 8/9 Rpt: 12/14 | 2 FILER NAME Kendall County Republican Women | 3 Filer ID (Ethics Commission Filers) 00015722 |
| 4 Date 04/01/2025 | 5 Payee name The Hungry Horse | |
| 6 Amount (\$) \$823.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 109 Saunders St. Boerne, TX 78006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly meetings |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/05/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name The Hungry Horse | | |
| Amount (\$) \$1,133.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 109 Saunders St. Boerne, TX 78006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/02/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name The Hungry Horse | | |
| Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 109 Saunders St. Boerne, TX 78006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense special projects |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 9/9 Rpt: 13/14 | 2 FILER NAME Kendall County Republican Women | 3 Filer ID (Ethics Commission Filers) 00015722 |
| 4 Date 04/01/2025 | 5 Payee name The Kendall | |
| 6 Amount (\$) \$424.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 128 W Blanco Rd Boerne, TX 78006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly meetings |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/06/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name The Kendall | | |
| Amount (\$) \$424.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 128 W Blanco Rd Boerne, TX 78006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/14/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name U.S. Postal Service | | |
| Amount (\$) \$188.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 607 East Blanco Road Boerne, TX 78006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense postage |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/1 Rpt: 14/14 |
| 2 FILER NAME Kendall County Republican Women | | 3 Filer ID (Ethics Commission Filers) 00015722 |
| 4 Date 01/31/2025 | 5 Name of person from whom amount is received Happy State Bank | 8 Amount (\$) \$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 <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 02/28/2025 | Name of person from whom amount is received Happy State Bank | Amount (\$) \$0.23 |
| | Address of person from whom amount is received; City; State; Zip Code Happy , TX 79042 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | |
| Date 03/27/2025 | Name of person from whom amount is received Happy State Bank | Amount (\$) \$0.20 |
| | Address of person from whom amount is received; City; State; Zip Code Happy , TX 79042 | |
| | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | |