CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00015722 Date Received COMMITTEE Kendall County Republican Women **ELECTRONICALLY FILED** NAME 09/29/2025 TREASURER Appelt, Gladys (Mrs.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Day Year Month Day Date Imaged COVERED **THROUGH** 01/01/2025 06/30/2025 **EXPLANATION OF CORRECTION** The original report contained errors due to incomplete information that was provided to me by the previous treasurer. I am the current PAC treasurer, and at the time I was preparing the report, I was not given all the necessary details to complete the TEC report accurately. The previous treasurer was newly appointed and, unfortunately, was not fully informed of the specific information I needed. Additionally, she was out of town due to a family funeral and was unable to provide the required documentation until after the July filing deadline had passed. Once she returned and I received the complete and accurate information, I was able to identify the discrepancies and submit a corrected report. The new report reflects updated financial data that was missing or incorrect in the original submission. Given the unintentional nature of the error, the limited availability of the previous treasurer due to personal circumstances, and my prompt efforts to correct the report once I had the correct information, I respectfully request a waiver or reduction of any late-filing penalties associated with this correction. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mrs. Gladys Appelt Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the _____ ______, 20_____, to certify which, witness my hand and seal of office.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

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** 09/29/2025 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 NAM	ME 13 F	Filer ID (Ethics Commission Filers)
Kendall County F	Republican Women 0	00015722
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.) A. Supported	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
	Measures (Describe by date and location of election and nature of issue.) B. Opposed	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
15 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold	\$ 5,535.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,480.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 1,122.02
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,526.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	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 true and correct and includes all informati under Title 15, Election Code.	
	Mrs. Gladys	Appelt
	Signature of Campa	aign Treasurer
AFFIX N	OTARY STAMP / SEAL ABOVE	
Sworn to and sub	oscribed before me, by the said, this th	he day
of	, 20, to certify which, witness my hand and seal of office.	
Signature of of	fficer administering oath Printed name of officer administering oath	Title of officer administering oath
.	· · · · · · · · · · · · · · · · · · ·	S

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					4 of 30
17 COM	1MITTE	E NAME	18 Filer ID	(Ethics Commission	n Filers)
Ken	dall C	ounty Republican Women	00015722	•	,
		E SUBTOTALS		1	
		SCHEDULE		SUBTOTAL	AMOUNT
147 (17)					
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,480.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	13,526.75
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	3.96

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 5/30	
2	FILER NAME Kendall Cou	nty Republican Women		3	Filer ID (Ethics Commission 00015722	n Filers)
4	Date 01/07/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
		Boerne, TX 78006				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions	ıs)		
	Date 02/04/2025	Full name of contributor out-of-state PAC (IE Cashion, Elaine Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$25.00
	Dringing ogg	Boerne, TX 78006	Employer (See Instruction			
	retired	pation / Job title (See Instructions)	Employer (See Instructions	15)		
	Date 03/04/2025	Full name of contributor out-of-state PAC (IE Cashion, Elaine Contributor address; City; State; Zip Code)#:)		Amount of Contribution (\$)	\$25.00
		Boerne, TX 78006				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 04/01/2025	Full name of contributor out-of-state PAC (IE Cashion, Elaine Contributor address; City; State; Zip Code Boerne, TX 78006)		Amount of Contribution (\$)	\$125.00
	Principal occu retired	oation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (IECC) Chapman, Debbie Contributor address; City; State; Zip Code Boerne, TX 78006)#:)		Amount of Contribution (\$)	\$25.00
	Principal occu retired	oation / Job title (See Instructions)	Employer (See Instructions	ıs)		
			'			

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 6/30	
2	FILER NAME Kendall Cou	nty Republican Women		3	Filer ID (Ethics Commission 00015722	n Filers)
4	Date 02/04/2025	 Full name of contributor out-of-state PAC (ID# Chapman, Debbie Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00
		Boerne, TX 78006				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 03/04/2025	Full name of contributor)		Amount of Contribution (\$)	\$25.00
	Dringing agg	Boerne, TX 78006	Employer (See Instructions	<u></u>		
	retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/01/2025	Full name of contributor out-of-state PAC (ID# Chapman, Debbie Contributor address; City; State; Zip Code	÷)		Amount of Contribution (\$)	\$25.00
		Boerne, TX 78006				
	Principal occu retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID# Chapman, Debbie Contributor address; City; State; Zip Code Boerne, TX 78006	÷)		Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID# Clark, Joann Contributor address; City; State; Zip Code Boerne, TX 78006			Amount of Contribution (\$)	\$75.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

	MONEI	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 7/30	
2	FILER NAME Kendall Cou	nty Republican Women		3	Filer ID (Ethics Commission 00015722	n Filers)
4	Date 02/04/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
8	Principal occuretired	Boerne, TX 78006 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	Date 04/01/2025	Full name of contributor out-of-state PAC (ID#:_ Clark, Joann Contributor address; City; State; Zip Code Boerne, TX 78006		•	Amount of Contribution (\$)	\$25.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID#:_ Cooke, Ann Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$75.00
	Principal occu Nurse Pratiti	Boerne, TX 78006 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 02/04/2025	Full name of contributor out-of-state PAC (ID#:_ Cooke, Ann Contributor address; City; State; Zip Code Boerne, TX 78006			Amount of Contribution (\$)	\$25.00
	Principal occu Nurse Pratiti	pation / Job title (See Instructions) oner	Employer (See Instructions	5)		
	Date 03/03/2025	Full name of contributor out-of-state PAC (ID#:_Cooke, Ann Contributor address; City; State; Zip Code Boerne, TX 78006			Amount of Contribution (\$)	\$100.00
	Principal occu Nurse Pratiti	pation / Job title (See Instructions) oner	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 8/30	
2	FILER NAME Kendall Cou	nty Republican Women		3	Filer ID (Ethics Commission 00015722	n Filers)
4	Date 03/04/2025	 Full name of contributor	_	7	Amount of Contribution (\$)	\$130.00
		Boerne, TX 78006				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID#: Johnson, Janice Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Boerne, TX 78006 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 03/04/2025	Full name of contributor out-of-state PAC (ID#: Johnson, Janice Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Boerne, TX 78006 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 04/01/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Boerne, TX 78006 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID#:_Kinney, Linda Contributor address; City; State; Zip Code Comfort, TX 78013			Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 9/30	
2	FILER NAME Kendall Cou	nty Republican Women		3	Filer ID (Ethics Commission 00015722	n Filers)
4	Date 02/04/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$125.00
		Comfort, TX 78013				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 03/04/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Comfort, TX 78013 pation / Job title (See Instructions)	Employer (See Instructions	j)		
	Date 06/03/2025	Full name of contributor out-of-state PAC (ID#:_ Kinney, Linda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
		Comfort, TX 78013	5 1 (0 1 : i			
	retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/01/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Comfort, TX 78013 pation / Job title (See Instructions)	Employer (See Instructions	<u>;</u>)		
	Date 02/04/2025	Full name of contributor out-of-state PAC (ID#:_ Markel, Mimi Contributor address; City; State; Zip Code Boerne, TX 78006			Amount of Contribution (\$)	\$75.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	MONEI	ARY POLITICAL C	ONTRIBUTIO)NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 10/30	
2	FILER NAME	et - De se delle en Messes			3	Filer ID (Ethics Commission	Filers)
_		nty Republican Women			L	00015722	
4	Date 03/04/2025	5 Full name of contributor Markel, Mimi6 Contributor address; City; State	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$75.00
R	Principal occu	Boerne, TX 78006 pation / Job title (See Instructions)		9 Employer (See Instructions			
Ü	retired	oation 7 ood title (See mandetions,	•	2 Employer (See Instructions	"		
	Date 01/07/2025	Full name of contributor McDaniel, Katherine Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$75.00
		Boerne, TX 78006					
	Principal occu Assistant Dis	oation / Job title (See Instructions) trict Attv)	Employer (See Instructions	s)		
	Date	Full name of contributor		<u> </u>	_	Amount of Contribution (\$)	
	02/04/2025	McDaniel, Katherine	out-of-state PAC (ID#:_			Amount of Contribution (4)	\$25.00
		Contributor address; City; Sta Boerne, TX 78006	ate, Zip Code				
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Assistant Dis	trict Atty					
	Date 03/04/2025	Full name of contributor McDaniel, Katherine Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Boerne, TX 78006 pation / Job title (See Instructions)	1	Employer (See Instructions	;) 		
	Assistant Dis	· · · · · · · · · · · · · · · · · · ·	,	Employer (eee meaderie	,,		
	Date 04/01/2025	Full name of contributor McDaniel, Katherine	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		Contributor address; City; Sta Boerne, TX 78006	ate; Zip Code				
	Principal occu	oation / Job title (See Instructions))	Employer (See Instructions	5)		
	Assistant Dis	trict Atty					

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 11/30	
2	FILER NAME Kendall Cou	nty Republican Women		3	Filer ID (Ethics Commission 00015722	ı Filers)
4	Date 01/07/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
		Boerne, TX 78006				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/04/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Boerne, TX 78006 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 03/04/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Boerne, TX 78006 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 04/01/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Boerne, TX 78006 pation / Job title (See Instructions)	Employer (See Instructions	<u>;</u>)		
	Date 04/01/2025	Full name of contributor out-of-state PAC (ID#:_ Moore, Kathy Contributor address; City; State; Zip Code Boerne, TX 78006			Amount of Contribution (\$)	\$80.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 12/30	
2	FILER NAME Kendall Cou	nty Republican Women		3	Filer ID (Ethics Commission 00015722	ı Filers)
4	Date 02/04/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$75.00
		Boerne, TX 78006				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 03/04/2025	Full name of contributor out-of-state PAC (ID#:_Moore, Martha Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Boerne, TX 78006 pation / Job title (See Instructions)	Employer (See Instructions	_		
	Retired	Jalion / Job title (See Instructions)	Employer (See instructions	')		
	Date 02/04/2025	Full name of contributor			Amount of Contribution (\$)	\$25.00
		Boerne, TX 78006				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 02/04/2025	Full name of contributor out-of-state PAC (ID#:_ Peterson, Mary Ann Contributor address; City; State; Zip Code Boerne, TX 78006			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/04/2025	Full name of contributor out-of-state PAC (ID#:_ Peterson, Mary Ann Contributor address; City; State; Zip Code Boerne, TX 78006)		Amount of Contribution (\$)	\$25.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 13/30	
2	FILER NAME Kendall Cou	nty Republican Women		3	Filer ID (Ethics Commission 00015722	n Filers)
4	Date 04/01/2025	 Full name of contributor out-of-state PAC (ID#: Peterson, Mary Ann Contributor address; City; State; Zip Code 	_	7	Amount of Contribution (\$)	\$25.00
_		Boerne, TX 78006	Ta = 1 (a 1 1 1 1			
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/04/2025	Full name of contributor out-of-state PAC (ID#: Pettigrew, Katerine Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$75.00
	Dringing Loon	Boerne, TX 78006	Employer (Coo Instructions	<u></u>		
	retired	pation / Job title (See Instructions)	Employer (See Instructions	•)		
	Date 03/04/2025	Full name of contributor out-of-state PAC (ID#:_ Pettigrew, Katerine Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00
		Boerne, TX 78006	1	_		
	retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/01/2025	Full name of contributor out-of-state PAC (ID#:_Pettigrew, Katerine Contributor address; City; State; Zip Code Boerne, TX 78006			Amount of Contribution (\$)	\$75.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID#: Poitevent, Pam Contributor address; City; State; Zip Code Boerne, TX 78006			Amount of Contribution (\$)	\$125.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 10/13 Rpt: 14/30	
2	FILER NAME Kendall Cou	nty Republican Women		3	Filer ID (Ethics Commission 00015722	ı Filers)
4	Date 02/04/2025	 Full name of contributor out-of-state PAC (ID# Poitevent, Pam Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
_	5	Boerne, TX 78006	12 5 1 (2 1 1 1			
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 03/04/2025	Full name of contributor out-of-state PAC (ID# Poitevent, Pam Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Boerne, TX 78006	Employer (See Instructions	·/_		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Date 04/01/2025	Full name of contributor out-of-state PAC (ID# Poitevent, Pam Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Boerne, TX 78006				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID# Snyder, Bernice Contributor address; City; State; Zip Code Boerne, TX 78006			Amount of Contribution (\$)	\$25.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/04/2025	Full name of contributor out-of-state PAC (ID# Snyder, Bernice Contributor address; City; State; Zip Code Boerne, TX 78006			Amount of Contribution (\$)	\$80.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 11/13 Rpt: 15/30	
2	FILER NAME Kendall Cou	nty Republican Women		3	Filer ID (Ethics Commission 00015722	Filers)
4	Date 03/04/2025	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$25.00
_		Boerne, TX 78006	T			
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Snyder, Bernice Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
	Dringing! goog	Boerne, TX 78006	Employer (See Instructions	_		
	retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/01/2025 Snyder, Bernice Contributor address; City; State; Zip Code Boerne, TX 78006			Amount of Contribution (\$)	\$50.00	
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/07/2025 Wheeler, Annabelle Contributor address; City; State; Zip Code Boerne, TX 78006			Amount of Contribution (\$)	\$50.00	
Principal occupation / Job title (See Instructions) Property Management Employer (See Instructions)						
	Date O2/04/2025 Full name of contributor out-of-state PAC (ID#:) Wheeler, Annabelle Contributor address; City; State; Zip Code Boerne, TX 78006			Amount of Contribution (\$)	\$50.00	
	Principal occu Property Mai	pation / Job title (See Instructions)	Employer (See Instructions)		
	.,		I			

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 12/13 Rpt: 16/30		
2	FILER NAME Kendall Cou	nty Republican Women			3	Filer ID (Ethics Commission 00015722	Filers)
4	Date 04/01/2025	5 Full name of contributor		7	Amount of Contribution (\$)	\$50.00	
_	Deinsinal assu	Boerne, TX 78006	ام	Frankrija (Cookrativistia ro			
8	Principal occu Property Mai	pation / Job title (See Instructions) nagement	9	Employer (See Instructions)		
	Date 01/07/2025	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$25.00	
	Principal occu	Boerne, TX 78006 pation / Job title (See Instructions)	1	Employer (See Instructions	<u>)</u>		
	County Com			Employer (See moundations	,		
	Date 02/04/2025				Amount of Contribution (\$)	\$25.00	
		Boerne, TX 78006					
	Principal occu County Com	pation / Job title (See Instructions) missioner		Employer (See Instructions)		
	Date 03/04/2025	Full name of contributor out-of-state PAC (IE Wisian, Andra Contributor address; City; State; Zip Code Boerne, TX 78006				Amount of Contribution (\$)	\$25.00
Principal occupation / Job title (See Instructions) County Commissioner Employer (See Instructions))				
	Date 06/21/2025				Amount of Contribution (\$)	\$25.00	
	Principal occu County Com	pation / Job title (See Instructions)		Employer (See Instructions)		
	County Com						

	SCHEDULE A1
nstruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 13/13 Rpt: 17/30
	3 Filer ID (Ethics Commission Filers) 00015722
5 Full name of contributor out-of-state PAC (ID#:) Wisian, Andra 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$25.00
Boerne, TX 78006 al occupation / Job title (See Instructions) 9 Employer (See Instructions)	5)
y Commissioner	
P	L/2025 Wisian, Andra 6 Contributor address; City; State; Zip Code Boerne, TX 78006

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/12 Rpt: 18/30	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.
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 Serving supplies
	Scrving Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
01/08/2025	HEB
Amount (\$)	Payee address; City; State; Zip Code
\$27.96	420 W Bandera Rd.
Expenditure from corporate funds	Boerne, TX 78006
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	serving trays
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/03/2025	HEB
Amount (\$)	Payee address; City; State; Zip Code
\$16.82	420 W Bandera Rd.
Expenditure from corporate funds	Boerne, TX 78006
PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	serving utensils
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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	al 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: 2/12 Rpt: 19/30	Kendall County Republican Women 00015722	
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	(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	
	Catering	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	н	
Date	Payee name	_
06/04/2025	Nelson City Dance Hall	
Amount (\$)	Payee address; City; State; Zip Code	
\$267.00	825 FM 289	
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 Venue Rental	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	—
02/03/2025	One Cause	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.00	PO Box 8103	
Ψ10.00	10 800 6190	
Expenditure from corporate funds	Carol Stream, IL 60197	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	software expense	
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 -

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	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: 3/12 Rpt: 20/30	Kendall County Republican Women 00015722			
4 Date	5 Payee name			
04/28/2025	Poitevent, Pam			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$129.02	PO Box 728			
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 Reimbursement for Drink dispensers/supplies			
	Reimbursement for Drink dispensers/supplies			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O				
Date	Payee name			
05/13/2025	Survivor Electric			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	105 Dillard Lane			
φ300.00	103 Diliala Laile			
Expenditure from corporate funds	Bergheim, TX 78004			
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			
	electrical installation			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experience to benefit ere.				
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	Event Expense Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	Food			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experialitie to beliefft C/Of				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Coi 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			
	· · · · · · · · · · · · · · · · · · ·		
1 Total pages Schedule F1: Sch: 4/12 Rpt: 21/30	2 FILER NAME Kendall County Republican Women 3 Filer ID (Ethics Commission Filers) 00015722		
4 Date	5 Payee name		
01/02/2025	Texas Federation of Republican Women		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,214.40	P O Box 171146		
- 10.			
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.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	membership dues		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
02/05/2025	Texas Federation of Republican Women		
Amount (\$)	Payee address; City; State; Zip Code		
\$683.10	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 <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
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		
0 1. 6			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica					
Credit Card Payment	The Instruction Guide explains how to complet	te this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 5/12 Rpt: 22/30	Kendall County Republican Women	00015722			
4 Date	5 Payee name				
03/04/2025	Texas Federation of Republican Women				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$128.50	P O Box 171146				
Expenditure from corporate funds	Austin, TX 78717-0041				
8 PURPOSE	(6) 6	Description			
OF	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Check if Austin, TX, officeholder living expense			
		membership dues			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
experialitire to beliefit C/OI					
Date	Payee name				
06/04/2025	Texas Federation of Republican Women				
Amount (\$)	Payee address; City; State; Zip Code				
\$101.20	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.			
LXI LINDITORE		Check if Austin, TX, officeholder living expense			
		membership dues			
Commission ONII V if dispose	Condidate/Officeholder name	Office hold			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held			
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. 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				

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

The Instruction Guide explains how to co	omplete this form.
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Kendall County Republican Women	00015722
5 Payee name	·
Texas Federation of Republican Women	
7 Payee address; City; State; Zip Co	ode
P O Box 171146	
Austin, TX 78717-0041	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Fees	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense membership dues
	membership ades
Candidate/Officeholder name Office sou	Lught Office held
	onice neid
Payee name	
Texas Federation of Republican Women	
Payee address; City; State; Zip Co	ode
P O Box 171146	
Austin, TX 78717-0041	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense gift
	giit
Condidata/Officeholder name Office ser	ught Office held
	agrit Onice neid
Payee name	
Texas Federation of Republican Women	
Payee address; City; State; Zip Co	ode
P O Box 171146	
Austin, TX 78717-0041	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Fees	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	membership dues
Candidate/Officeholder name Office sou	ught Office held
1	
	The Instruction Guide explains how to complete the Kendall County Republican Women 5 Payee name Texas Federation of Republican Women 7 Payee address; City; State; Zip Complete Policy Policy Policy Republican Women (a) Category (see Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office south Payee name Texas Federation of Republican Women Payee address; City; State; Zip Complete Policy Policy Policy Republican Women Payee address; City; State; Zip Complete Policy Republican Women Austin, TX 78717-0041 (a) Category (see Categories listed at the top of this schedule) Gift/Awards/Memorials Expense Candidate/Officeholder name Office south Payee name Texas Federation of Republican Women Payee address; City; State; Zip Complete Policy Policy Policy Republican Women Payee address; City; State; Zip Complete Policy Policy Republican Women Payee address; City; State; Zip Complete Policy Republican Women Payee address; City; State; Zip Complete Policy Republican Women Payee address; City; State; Zip Complete Policy Republican Women Payee address; City; State; Zip Complete Policy Republican Women Payee address; City; State; Zip Complete Policy Republican Women Payee address; City; State; Zip Complete Policy Republican Women Payee address; City; State; Zip Complete Policy Republican Women Payee address; City; State; Zip Complete Policy Republican Women

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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: 7/12 Rpt: 24/30	Kendall County Republican Women 00015722				
4 Date	5 Payee name				
05/16/2025	Texas Federation of Republican Women				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$50.60	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.				
EXPENDITORE	Check if Austin, TX, officeholder living expense				
	membership dues				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	-				
Date	Payee name				
05/02/2025	Texas Federation of Republican Women				
Amount (\$)	Payee address; City; State; Zip Code				
\$10.00	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	Gift/Awards/Memorials Expense				
	Check if Austin, TX, officeholder living expense				
	gift				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
Date	Payee name				
05/02/2025	Texas Federation of Republican Women				
Amount (\$)	Payee address; City; State; Zip Code				
\$100.00	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	Gift/Awards/Memorials Expense				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
	donation				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	experiulture to beriefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 8/12 Rpt: 25/30	Kendall County Republican Women 00015722			
4 Date	5 Payee name			
02/04/2025	The Center			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$270.63	17 Old San Antonio Road			
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 Venue rental			
	Vende Tendi			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI				
Date	Payee name			
02/25/2025	The Center			
Amount (\$)	Payee address; City; State; Zip Code			
\$270.63	17 Old San Antonio Road			
Expenditure from corporate funds	Boerne, TX 78006			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	venue rental			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	1			
Date	Payee name			
03/04/2025	The Center			
Amount (\$)	Payee address; City; State; Zip Code			
\$270.63	17 Old San Antonio Road			
Ψ210.00				
Expenditure from	Poorno TV 79006			
corporate funds	Boerne, TX 78006			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	venue rental			
	volue folia			
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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotogony pet listed above)

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: 9/12 Rpt: 26/30	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			
EXI ENDITORE	Check if Austin, TX, officeholder living expense			
	Catering			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/Oi				
Date	Payee name			
02/03/2025	The Hungry Horse			
Amount (\$)	Payee address; City; State; Zip Code			
\$923.40	109 Saunders St.			
Ψ323.40	100 Saunacis 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			
	catering			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experialitate to belieff of of	•			
Date	Payee name			
03/03/2025	The Hungry Horse			
Amount (\$)	Payee address; City; State; Zip Code			
\$823.00	109 Saunders St.			
+3_3.00				
Expenditure from	Poorno TV 79006			
corporate funds	Boerne, TX 78006			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense catering			
	Calcing			
Occupation Children	Ora didata (Office hadden grane			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
SAPORARIO TO BOTTON O/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 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 com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/12 Rpt: 27/30	Kendall County Republican Women	00015722
4 Date	5 Payee name	<u> </u>
06/02/2025	The Hungry Horse	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e
\$50.00	109 Saunders St.	
Expenditure from corporate funds	Boerne, TX 78006	
8 PURPOSE		h) Decarinting
OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
		Door prizes
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held
expenditure to benefit C/O	1	
Date	Payee name	
04/01/2025	The Hungry Horse	
Amount (\$)	Payee address; City; State; Zip Cod	е
\$823.00	109 Saunders St.	
Expenditure from corporate funds	Boerne, TX 78006	
PURPOSE		b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
		catering
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	7	
Date	Payee name	
05/05/2025	The Hungry Horse	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$1,133.00	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	Event Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	·	Check if Austin, TX, officeholder living expense
		catering
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt Office held
onponditure to betterit orett		

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense 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: 11/12 Rpt: 28/30 Kendall County Republican Women 00015722 4 Date Payee name 04/01/2025 The Kendall 6 Amount (\$) Payee address; City; State; Zip Code \$424.00 128 W Blanco Rd Expenditure from Boerne, TX 78006 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. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense venue rental Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/06/2025 The Kendall Amount (\$) Payee address; City; State; Zip Code \$424.00 128 W Blanco Rd 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 venue rental Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/14/2025 United States Postal Service Amount (\$) Payee address: City: State; Zip Code \$188.00 607 East Blanco 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. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Postal Rental 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 Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 12/12 Rpt: 29/30	2 FILER NAME Kendall County Republican Women 3 Filer ID (Ethics Commission Filers) 00015722
4 Date 06/02/2025	5 Payee name University of Oklahoma
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1000 Asp Ave Room 208
Expenditure from corporate funds	Norman, OK 73019
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Scholarship award
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 06/02/2025	Payee name University of Texas
Amount (\$) \$1,000.00 Expenditure from corporate funds	Payee address; City; State; Zip Code 1616 Guadalupe Mail Stop E3700 Austin, TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Scholarship Award
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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: 30/30 2 FILER NAME 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