

**POLITICAL PARTY REPORT REGARDING FUNDS
FROM CORPORATIONS AND LABOR ORGANIZATIONS**

**FORM PTY-CORP
COVER SHEET PG 1**

The Form PTY-CORP Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00023716	2 Total pages filed 8
3 POLITICAL PARTY NAME	Bexar County Republican Party (P)		
4 STATE OR COUNTY PARTY	<input type="checkbox"/> State <input checked="" type="checkbox"/> County: Bexar		
5 POLITICAL PARTY TYPE	<input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Other: (Party name)		
6 POLITICAL PARTY MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 909 NE Loop 410 W Suite 801 San Antonio, TX 78209		
7 POLITICAL PARTY CHAIR	TITLE FIRST MI NICKNAME LAST SUFFIX Kris Coons		
8 CHAIR MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TX		
9 CHAIR STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 909 NE Loop 410 W Suite 801 San Antonio, TX 78209		
10 CHAIR PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 824-9445		
11 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 8th day before primary election <input type="checkbox"/> July 15 <input type="checkbox"/> 50th day before general election		
12 PERIOD COVERED	Month 07/01/2025	Day	Year
	THROUGH		Month 12/31/2025
	Date Hand-delivered or Date Postmarked		
	Receipt #		
	Amount		
	Date Processed		
	Date Imaged		
	OFFICE USE ONLY		
	Date Received ELECTRONICALLY FILED 01/06/2026		

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**POLITICAL PARTY REPORT:
TOTALS AND AFFIDAVIT****FORM PTY-CORP
COVER SHEET PG 2**

13 POLITICAL PARTY NAME Bexar County Republican Party (P)	14 Filer ID (Ethics Commission Filers) 00023716
15 TOTALS	1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS (OTHER THAN LOANS OR GUARANTEES OF LOANS) 2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS 3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD
	\$ 9,179.00
	\$ 5,219.15
	\$ 6,290.49

A political party must file a report on FORM PTY-CORP for any reporting period during which the party accepts corporate or labor organization contributions, maintains corporate or labor organization contributions, or makes expenditures from corporate or labor organization contributions.

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.

Kris Coons

Signature of Political Party Chair

AFFIX NOTARY STAMP / SEAL

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 - PTYCOPR**FORM PTY-CORP****COVER SHEET PG 3**

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17 POLITICAL PARTY NAME Bexar County Republican Party (P)	18 Filer ID (Ethics Commission Filers) 00023716
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 9,179.00
2. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
3. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	\$ 5,219.15
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

**MONETARY CONTRIBUTIONS FROM
CORPORATION OR LABOR ORGANIZATION****SCHEDULE C1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/1 Rpt: 4/8
2 FILER NAME Bexar County Republican Party (P)		3 Filer ID (Ethics Commission Filers) 00023716
4 Date 11/06/2025	5 Corporation / Labor Organization name Chan and HEW Properties L P 6 Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78259-2755	7 Amount of contribution (\$) \$5,000.00
Date 11/07/2025	Corporation / Labor Organization name The Nichols Law Firm, P.L.L.C. Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78212	Amount of contribution (\$) \$1,500.00
Date 12/05/2025	Corporation / Labor Organization name Tyson Fundraising LLC Corporation / Labor Organization address; City; State; Zip Code Kyle, TX 78640	Amount of contribution (\$) \$2,679.00

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense	Event Expense	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Travel Out of District
Credit Card Payment	Legal Services	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 5/8	2 FILER NAME Bexar County Republican Party (P)	3 Filer ID (Ethics Commission Filers) 00023716
4 Date 07/31/2025	5 Payee name Broadway Bank	
6 Amount (\$) \$7.00	7 Payee address; City; PO Box 17001 San Antonio, TX 78217	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(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. Monthly maintenance and paper statement fee for July 2025.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/29/2025	Payee name Broadway Bank	Office held
Amount (\$) \$7.00	Payee address; City; PO Box 17001 San Antonio, TX 78217	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(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. Monthly maintenance and paper statement fee for August 2025.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/30/2025	Payee name Broadway Bank	Office held
Amount (\$) \$7.00	Payee address; City; PO Box 17001 San Antonio, TX 78217	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(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. Monthly maintenance and paper statement fee for September 2025.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/4 Rpt: 6/8	2 FILER NAME Bexar County Republican Party (P)	3 Filer ID (Ethics Commission Filers) 00023716
4 Date 10/31/2025	5 Payee name Broadway Bank	
6 Amount (\$) \$7.00	7 Payee address; City; PO Box 17001 San Antonio, TX 78217	
X Expenditure from corporate funds	(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. Monthly maintenance and statement fee for the RPBC.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/28/2025	Payee name Broadway Bank	
Amount (\$) \$7.00	Payee address; City; PO Box 17001 San Antonio, TX 78217	
X Expenditure from corporate funds	(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. Monthly maintenance and statement fee for the RPBC.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/31/2025	Payee name Broadway Bank	
Amount (\$) \$7.00	Payee address; City; PO Box 17001 San Antonio, TX 78217	
X Expenditure from corporate funds	(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. Monthly maintenance and statement fee for the RPBC.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 3/4 Rpt: 7/8	2 FILER NAME Bexar County Republican Party (P)	3 Filer ID (Ethics Commission Filers) 00023716
4 Date 12/01/2025	5 Payee name NE Loop 410 LLC, a Delaware LLC	
6 Amount (\$) \$3,899.58	7 Payee address; City; State; Zip Code 8626 Tesoro Drive, Ste 306 San Antonio , TX 78217	
<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. December rent expense for the RPBC Hqtrs office.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/02/2025	Payee name UBEO Business Services LLC	
Amount (\$) \$333.17	Payee address; City; State; Zip Code P.O. BOX 664130 Dallas , TX 78279	
<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Copier maintenance and copy coverage, invoice # 2491998.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/10/2025	Payee name UBEO Business Services LLC	
Amount (\$) \$455.35	Payee address; City; State; Zip Code P.O. BOX 664130 Dallas , TX 78279	
<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Copier maintenance and copy coverage, invoice # 2516221.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 4/4 Rpt: 8/8	2 FILER NAME Bexar County Republican Party (P)	3 Filer ID (Ethics Commission Filers) 00023716
4 Date 09/01/2025	5 Payee name UBEO Business Services LLC	
6 Amount (\$) \$299.21	7 Payee address; City; P.O. BOX 664130 Dallas , TX 78279	
<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Monthly maintenance copier fee and copy overage costs, invoice # 25398505, acct # RP29.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/03/2025	Payee name UBEO Business Services LLC	
Amount (\$) \$189.84	Payee address; City; P.O. BOX 664130 Dallas , TX 78279	
<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Monthly copier maintenance fee and copy overage, Invoice 2562518, Acct # RP29.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held