

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) | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/06/2026 Date Hand-delivered or Date Postmarked | | | | |
| 4 STATE OR COUNTY PARTY | <input type="checkbox"/> State <input checked="" type="checkbox"/> County: <u>Bexar</u> | | | | | | |
| 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 | | Receipt # | Amount | | | |
| | | | Date Processed | | | | |
| | | | Date Imaged | | | | |
| 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 | Day | Year | THROUGH | Month | Day | Year |
| | 07/01/2025 | | | | 12/31/2025 | | |

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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) | \$ 9,179.00 |
| | 2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS | \$ 5,219.15 |
| | 3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 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 - PTYCORP**FORM PTY-CORP**
COVER SHEET PG 3
3 of 8

| | | |
|---|---|---|
| 17 POLITICAL PARTY NAME Bexar County Republican Party (P) | | 18 Filer ID (Ethics Commission Filers) 00023716 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 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 | 7 Amount of contribution (\$) \$5,000.00 |
| | 6 Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78259-2755 | |
| Date 11/07/2025 | Corporation / Labor Organization name The Nichols Law Firm, P.L.L.C. | Amount of contribution (\$) \$1,500.00 |
| | Corporation / Labor Organization address; City; State; Zip Code San Antonio, TX 78212 | |
| Date 12/05/2025 | Corporation / Labor Organization name Tyson Fundraising LLC | Amount of contribution (\$) \$2,679.00 |
| | Corporation / Labor Organization address; City; State; Zip Code Kyle, TX 78640 | |

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 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: 1/4 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; State; Zip Code PO Box 17001 San Antonio, TX 78217 | |
| <input checked="" type="checkbox"/> Expenditure from corporate funds | | |
| 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. Monthly maintenance and paper statement fee for July 2025. |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/29/2025 | Payee name Broadway Bank | |
| Amount (\$) \$7.00 | Payee address; City; State; Zip Code PO Box 17001 San Antonio, TX 78217 | |
| <input checked="" type="checkbox"/> Expenditure from corporate funds | | |
| 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. Monthly maintenance and paper statement fee for August 2025. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/30/2025 | Payee name Broadway Bank | |
| Amount (\$) \$7.00 | Payee address; City; State; Zip Code PO Box 17001 San Antonio, TX 78217 | |
| <input checked="" type="checkbox"/> Expenditure from corporate funds | | |
| 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. Monthly maintenance and paper statement fee for September 2025. |
| Complete <u>ONLY</u> 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
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: 2/4 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 <input checked="" type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 17001 San Antonio, TX 78217 | |
| 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. Monthly maintenance and statement fee for the RPBC. |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | |
| Date 11/28/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Broadway Bank | | |
| Amount (\$) \$7.00 <input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 17001 San Antonio, TX 78217 | |
| 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. Monthly maintenance and statement fee for the RPBC. |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Date 12/31/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Broadway Bank | | |
| Amount (\$) \$7.00 <input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 17001 San Antonio, TX 78217 | |
| 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. Monthly maintenance and statement fee for the RPBC. |
| Complete ONLY if direct expenditure to benefit C/OH | | |

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 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: 3/4 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 | | |
| 8 PURPOSE OF EXPENDITURE | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| 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 | | |
| PURPOSE OF EXPENDITURE | (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 overage, invoice # 2491998. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| 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 | | |
| PURPOSE OF EXPENDITURE | (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 overage, invoice # 2516221. |
| Complete <u>ONLY</u> 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
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: 4/4 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 <input checked="" type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code P.O. BOX 664130 Dallas , TX 78279 | |
| 8 PURPOSE OF EXPENDITURE | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/03/2025 | Payee name UBEO Business Services LLC | |
| Amount (\$) \$189.84 <input checked="" type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code P.O. BOX 664130 Dallas , TX 78279 | |
| PURPOSE OF EXPENDITURE | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |