

**COUNTY EXECUTIVE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM CEC
COVER SHEET PG 1**

The CEC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090339	2 Total pages filed: 22
3 COMMITTEE NAME Medina County Republican Party of Texas		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/07/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 164 Hondo, TX 78861		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs. Charlett		
	NICKNAME LAST Powell		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1510 Ave. M Ste. 100 Hondo, TX 78861		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; PO Box 164 Hondo, TX 78861	APT / SUITE #; CITY; STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (830) 931-5239	PHONE NUMBER EXTENSION	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15		
	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff		
	<input type="checkbox"/> Final Report <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 07/01/2025	Month Day Year THROUGH 12/31/2025	
11 ELECTION	ELECTION DATE Month Day Year 11/04/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special
		<input checked="" type="checkbox"/> Other Texas Constitutional Amendments for November	

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**COUNTY EXECUTIVE COMMITTEE REPORT:
PURPOSE & TOTALS**

**FORM CEC
COVER SHEET PG 2**

12 COMMITTEE NAME Medina County Republican Party of Texas		13 FILER ID (Ethics Commission Filer) 00090339
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 type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,900.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 27,369.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 32,360.77
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. Charlett Powell

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 - CEC**FORM CEC**
COVER SHEET PG 3
3 of 22

17 COMMITTEE NAME Medina County Republican Party of Texas	18 Filer ID (Ethics Commission Filers) 00090339
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
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 E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
10. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	
SUBTOTAL AMOUNT	
\$ 25,900.00	
\$	
\$	
\$	
\$ 25,318.48	
\$	
\$	
\$	
\$ 2,050.70	
\$	
\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/22
2 FILER NAME Medina County Republican Party of Texas		3 Filer ID (Ethics Commission Filers) 00090339
4 Date 09/09/2025	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00387464</u>) Alam PAC 6 Contributor address; City; State; Zip Code Monroe, NC 28810	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arrow Materials Incorporated Contributor address; City; State; Zip Code Rio Medina, TX 78066	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cote, Lance Contributor address; City; State; Zip Code Hondo, TX 78861	Amount of Contribution (\$) \$700.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culver, Bruce (Mr.) Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glam, Harold (Mr.) Contributor address; City; State; Zip Code Castroville, TX 78009	Amount of Contribution (\$) \$1,050.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/22
2 FILER NAME Medina County Republican Party of Texas		3 Filer ID (Ethics Commission Filers) 00090339
4 Date 08/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glam Jr., Harold (Mr.)	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code Castroville, TX 78009	
8 Principal occupation / Job title (See Instructions) Businessman		9 Employer (See Instructions) Self Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomaz, Damian	Amount of Contribution (\$) \$700.00
	Contributor address; City; State; Zip Code Poth, TX 78147	
Principal occupation / Job title (See Instructions) Minor		Employer (See Instructions) None
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomaz, Damian	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Poth, TX 78147	
Principal occupation / Job title (See Instructions) Minor		Employer (See Instructions) none
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanse, Mark (Mr.)	Amount of Contribution (\$) \$270.00
	Contributor address; City; State; Zip Code Seguin, TX 78155	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Brandon	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/22
2 FILER NAME Medina County Republican Party of Texas		3 Filer ID (Ethics Commission Filers) 00090339
4 Date 09/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Brandon	7 Amount of Contribution (\$) \$2,800.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78249	
8 Principal occupation / Job title (See Instructions) Businessman		9 Employer (See Instructions) Self Employed
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Ed (Mr.)	Amount of Contribution (\$) \$700.00
	Contributor address; City; State; Zip Code San Antonio, TX 78230	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnnett, Jeremy (Mr.)	Amount of Contribution (\$) \$700.00
	Contributor address; City; State; Zip Code La Coste, TX 78039	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawler, Danny (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Devine, TX 78016	
Principal occupation / Job title (See Instructions) Medina County Commissioner		Employer (See Instructions) Medina County of Texas
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawler, Danny (Mr.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Devine, TX 78016	
Principal occupation / Job title (See Instructions) Medina County Commissioner		Employer (See Instructions) Medina County of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/22
2 FILER NAME Medina County Republican Party of Texas		3 Filer ID (Ethics Commission Filers) 00090339
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemoine, Joshua	7 Amount of Contribution (\$) \$175.00
	6 Contributor address; City; State; Zip Code Spring Branch, TX 78070	
8 Principal occupation / Job title (See Instructions) minor		9 Employer (See Instructions) None
Date 08/30/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Lutz, Keith (Mr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Hondo, TX 78861	
Principal occupation / Job title (See Instructions) County Judge		Employer (See Instructions) Medina County of Texas
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutz, Keith (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Hondo, TX 78861	
Principal occupation / Job title (See Instructions) Medina County Judge		Employer (See Instructions) Medina County of Texas
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMurray, Justin (Mr.)	Amount of Contribution (\$) \$175.00
	Contributor address; City; State; Zip Code Bulverde, TX 78163	
Principal occupation / Job title (See Instructions) minor		Employer (See Instructions) none
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moody, Cullen (Mr.)	Amount of Contribution (\$) \$175.00
	Contributor address; City; State; Zip Code Lythe, TX 78052	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/22
2 FILER NAME Medina County Republican Party of Texas		3 Filer ID (Ethics Commission Filers) 00090339
4 Date 09/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muennik Grain Merchasing, LLC 6 Contributor address; City; State; Zip Code La Coste, TX 78039	7 Amount of Contribution (\$) \$700.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/27/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, James (Mr.) Contributor address; City; State; Zip Code DHanis, TX 78850		Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 12/18/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, James (Mr.) Contributor address; City; State; Zip Code DHanis, TX 78850		Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 08/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randell, Debra Jo Contributor address; City; State; Zip Code Devine, TX 78016		Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 07/29/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberson, M (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78254		Amount of Contribution (\$) \$700.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/22
2 FILER NAME Medina County Republican Party of Texas			3 Filer ID (Ethics Commission Filers) 00090339
4 Date 07/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberson, M. (Mr.)	7 Amount of Contribution (\$) \$175.00	
	6 Contributor address; City; State; Zip Code San Antonio, TX 78254		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None	
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Wayne (Mr.)	Amount of Contribution (\$) \$1,000.00	
	Contributor address; City; State; Zip Code Castroville, TX 78009		
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) self employed	
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuchardt, Chris (Mr.)	Amount of Contribution (\$) \$750.00	
	Contributor address; City; State; Zip Code San Antonio, TX 78260		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none	
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuchart, Chris (Mr.)	Amount of Contribution (\$) \$375.00	
	Contributor address; City; State; Zip Code Rid Medina, TX 78006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuchart, Chris (Mr.)	Amount of Contribution (\$) \$150.00	
	Contributor address; City; State; Zip Code Rid Medina, TX 78006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/22
2 FILER NAME Medina County Republican Party of Texas		3 Filer ID (Ethics Commission Filers) 00090339
4 Date 11/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuchart, Chris (Mr.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Rid Medina, TX 78006	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuchart, Chris (Mr.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Rid Medina, TX 78006	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuchart, Chris (Mr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Rid Medina, TX 78006	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuchart, Chris (Mr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Rid Medina, TX 78006	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuchart, Pat (Ms.)	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code Rid Medina, TX 78006	
Principal occupation / Job title (See Instructions) Businesswoman		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/22
2 FILER NAME Medina County Republican Party of Texas		3 Filer ID (Ethics Commission Filers) 00090339
4 Date 08/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sittre, Larry (Mr.)	7 Amount of Contribution (\$) \$525.00
	6 Contributor address; City; State; Zip Code Rio Medina, TX 78066	
8 Principal occupation / Job title (See Instructions) Medina County Commissioner		9 Employer (See Instructions) Medina County of Texas
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sittre, Larry (Mr.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Rio Medina, TX 78066	
Principal occupation / Job title (See Instructions) Medina County Commissioner		Employer (See Instructions) Medina County of Texas
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sittre, Larry (Mr.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Rio Medina, TX 78066	
Principal occupation / Job title (See Instructions) Medina County Commissioner		Employer (See Instructions) Medina County of Texas
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skok, Richard (Mr.)	Amount of Contribution (\$) \$700.00
	Contributor address; City; State; Zip Code Helotes, TX 78023	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self Employed
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Chris (Mr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Castroville, TX 78009	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/22
2 FILER NAME Medina County Republican Party of Texas		3 Filer ID (Ethics Commission Filers) 00090339
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tankersley, Melissa	7 Amount of Contribution (\$) \$350.00
	6 Contributor address; City; State; Zip Code Sequin, TX 78155	
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) none
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Templeton, Denise (Ms.)	Amount of Contribution (\$) \$175.00
	Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78815	
Principal occupation / Job title (See Instructions) Minor		Employer (See Instructions) none
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Templeton, Rylee	Amount of Contribution (\$) \$175.00
	Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78815	
Principal occupation / Job title (See Instructions) Minors		Employer (See Instructions) none
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Templeton, Ty (Mr.)	Amount of Contribution (\$) \$175.00
	Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78815	
Principal occupation / Job title (See Instructions) Minor		Employer (See Instructions) None
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virdell, Wes (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Brady, TX 76825	
Principal occupation / Job title (See Instructions) Texas State Legislator		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/22</p>
<p>2 FILER NAME Medina County Republican Party of Texas</p>		<p>3 Filer ID (Ethics Commission Filers) 00090339</p>
<p>4 Date 09/26/2025</p>	<p>5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00116020</u>) Vulcan Materials Company PAC 6 Contributor address; City; State; Zip Code Birmingham, AL 35238-5014</p>	<p>7 Amount of Contribution (\$) \$1,000.00</p>
<p>8 Principal occupation / Job title (See Instructions) Rancher</p>		<p>9 Employer (See Instructions) Self Employed</p>
<p>Date 08/30/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wursbach, Phylliss (Ms.) Contributor address; City; State; Zip Code Hondo, TX 78861</p>	<p>Amount of Contribution (\$) \$925.00</p>
<p>Principal occupation / Job title (See Instructions) Businessman</p>		<p>Employer (See Instructions) Self Employed</p>
<p>Date 08/30/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zinsmeyer, Bryan Contributor address; City; State; Zip Code Castroville, TX 78009</p>	<p>Amount of Contribution (\$) \$350.00</p>

POLITICAL EXPENDITURES FROM POLITICAL 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: 1/8 Rpt: 14/22	2 FILER NAME Medina County Republican Party of Texas	3 Filer ID (Ethics Commission Filers) 00090339
4 Date 08/15/2025	5 Payee name Hondo Anvil Herald Newspaper	
6 Amount (\$) \$160.00	7 Payee address; City; State; Zip Code 1601 Avenue K Hondo, TX 78861	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Newspaper Advertising for MCRP-TX Fundraiser Event on 8/30/2025.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/27/2025	Payee name Hondo Property Holdings, Inc.	
Amount (\$) \$1,020.00	Payee address; City; State; Zip Code P.O. Box 446 Borene, TX 78006	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Rent, First Month & Deposit.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/26/2025	Payee name Hondo Property Holdings, Inc.	
Amount (\$) \$510.00	Payee address; City; State; Zip Code P.O. Box 446 Borene, TX 78006	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Rent.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL 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: 2/8 Rpt: 15/22	2 FILER NAME Medina County Republican Party of Texas	3 Filer ID (Ethics Commission Filers) 00090339
4 Date 10/27/2025	5 Payee name Hondo Property Holdings, Inc.	
6 Amount (\$) \$510.00	7 Payee address; City; State; Zip Code P.O. Box 446 Borene, TX 78006	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Rent.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/26/2025	Payee name Hondo Property Holdings, Inc.	
Amount (\$) \$480.00	Payee address; City; State; Zip Code P.O. Box 446 Borene, TX 78006	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Rent.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/26/2025	Payee name Hondo Property Holdings, Inc.	
Amount (\$) \$510.00	Payee address; City; State; Zip Code P.O. Box 446 Borene, TX 78006	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Rent.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL 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: 3/8 Rpt: 16/22	2 FILER NAME Medina County Republican Party of Texas	3 Filer ID (Ethics Commission Filers) 00090339
4 Date 12/03/2025	5 Payee name J.T. Advertising & Graphics	
6 Amount (\$) \$974.25	7 Payee address; City; P.O. Box 227 Castroville, TX 78009	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Advertising Signs for MCRP-TX signs "Keep Texas Red".
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/09/2025	Payee name J.T. Advertising & Graphics	
Amount (\$) \$364.75	Payee address; City; P.O. Box 227 Castroville, TX 78009	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Advertising Tri-Fold Brochure to promote MCRP-TX Organization.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/11/2025	Payee name Lange, Phillip	
Amount (\$) \$1,389.95	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Hondo, TX 78861	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Reimbursement of MCRP of Texas Mugs order.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL 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: 4/8 Rpt: 17/22	2 FILER NAME Medina County Republican Party of Texas	3 Filer ID (Ethics Commission Filers) 00090339
4 Date 07/23/2025	5 Payee name MCRP of Texas SOS TXN Bank Account	
6 Amount (\$) \$227.60	7 Payee address; City; State; Zip Code P. O Box 164 Hondo, TX 78861	
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 Transferred \$227.60 from MCRP-TX Operations TXN Bank Account to MCRP-TX TXN SOS Bank
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name NSSA-NSCA of San Antonio Texas	
Amount (\$) \$11,264.52	Payee address; City; State; Zip Code 5931 Roft Road San Antonio , TX 78253	
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 Payment for Rental of Event Center for our Funding Event on 8/30/2025
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/15/2025	Payee name Pens.com	
Amount (\$) \$2,050.70	Payee address; City; State; Zip Code 1 Sharpie Way Bldg. 3 Shelbyville, TN 37160	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Pens, Key Chains, Tote Bags for handouts to citizens during events & meetings.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL 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: 5/8 Rpt: 18/22	2 FILER NAME Medina County Republican Party of Texas	3 Filer ID (Ethics Commission Filers) 00090339
4 Date 07/23/2025	5 Payee name Powell, James	
6 Amount (\$) \$119.32	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE DHanis, TX 78850	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Reimbursement of 11x17 Paper & Printer Toner Cartridges.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name Powell, James	
Amount (\$) \$128.08	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE DHanis, TX 78850	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for ordering MCRP-TX Wall/Hallway Office Door Signage.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/23/2025	Payee name RB Custom Buckles, Inc.	
Amount (\$) \$884.50	Payee address; City; State; Zip Code P.O. Box 208 Saint Hedwig, TX 78152	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Award Buckles for Event on 8/30/2025.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL 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: 6/8 Rpt: 19/22	2 FILER NAME Medina County Republican Party of Texas	3 Filer ID (Ethics Commission Filers) 00090339
4 Date 09/23/2025	5 Payee name Rector, Becky	
6 Amount (\$) \$130.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Lytle, TX 78052	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Purchase of Texas Election Law Book on 9/23/2025.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense A requirement by Texas SOS to our organization has a full copy of the most current updates.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rector, Becky	Office sought Office held
Date 09/05/2025	Payee name Rector, Becky	
Amount (\$) \$699.96	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Lytle, TX 78052	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies & furniture for new MCRP-TX Office.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rector, Becky	Office sought Office held
Date 09/28/2025	Payee name Rector, Becky	
Amount (\$) \$110.97	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Lytle, TX 78052	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement of Postage Stamps & HP-67 Ink Cartridge.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rector, Becky	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL 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: 7/8 Rpt: 20/22	2 FILER NAME Medina County Republican Party of Texas	3 Filer ID (Ethics Commission Filers) 00090339
4 Date 12/17/2025	5 Payee name Schuchart, Chris	
6 Amount (\$) \$688.17	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Rio Medina, TX 78066	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 MCRP-TX Hats for Donation to Organization.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought
Date 10/23/2025	Payee name Schuchart, Chris	Office held Office held
Amount (\$) \$174.72	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Rio Medina, TX 78066	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for paying 3 years email service from Private Email Provider Renewal.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought
Date 12/17/2025	Payee name South Texas Trophies/Image Matters	Office held Office held
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 200 West Hondo Devine, TX 78016	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Metal MCRP-TX Organizations Road Signs.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought

POLITICAL EXPENDITURES FROM POLITICAL 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: 8/8 Rpt: 21/22	2 FILER NAME Medina County Republican Party of Texas	3 Filer ID (Ethics Commission Filers) 00090339
4 Date 09/29/2025	5 Payee name The MAGA Mall USA Corporation	
6 Amount (\$) \$394.20	7 Payee address; City; State; Zip Code 2740 SW Martin Downs Blvd. Suite 331 Palm City, FL 34990	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Order Hats & Credit Card Covers to have available for Donations.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/10/2025	Payee name Thompson Print & Mailing Solutions	
Amount (\$) \$345.00	Payee address; City; State; Zip Code 5818 Rocky Point San Antiono, TX 78249	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Event Advertising Signage for MCRP-TX fundraiser event on 8/30/2025.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/26/2025	Payee name legacy Insurance Group LLC.	
Amount (\$) \$681.79	Payee address; City; State; Zip Code 1510 Avenue M Hondo, TX 78861	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense One year Office Rental Insurance as required by our organization rental/landlord.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/1 Rpt: 22/22	2 FILER NAME Medina County Republican Party of Texas		3 Filer ID (Ethics Commission Filers) 00090339
4 CREDIT CARD ISSUER	Name of financial institution TXN Bank		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$2,050.70	(b) Date of Charge 10/15/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Pens.com		(b) Payee address; 1 Sharpie Way Bldg. 3 Shelbyville, TN 37160 City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Items will be available for handouts to everyone who would like to have items. (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		