

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **16**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS  MR FIRST MI  
**NICK J**  
NICKNAME LAST SUFFIX  
**Krupa**

**OFFICE USE ONLY**

Date Received

**GILLESPIE ELECTIONS**

**JAN 11 2024**

**HAND DELIVERED**

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

**Jan 11, 2024**

Date Imaged

**Jan 11, 2024 DE.**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
[REDACTED] **Fredericksburg, TX 78624**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
[REDACTED]

6 CAMPAIGN TREASURER NAME

MS / MRS  MR FIRST MI  
**Patrick A**  
NICKNAME LAST SUFFIX  
**KUNZ**

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
[REDACTED] **Fredericksburg, TX 78624**

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
[REDACTED]

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
**7 / 7 / 23** THROUGH **12 / 31 / 2023**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
**3 / 5 / 24**  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**Sheriff**

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages


**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

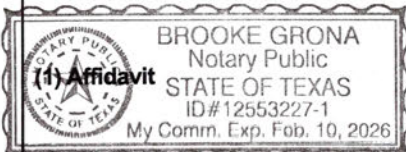
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>NICK J. KRUPA</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>9,800-</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,892.51</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>6,007.49</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

**18 SIGNATURE** 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.

  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Nick J Krupa this the 9th day of January, 2024, to certify which, witness my hand and seal of office.

Brooke Grana Brooke Grana Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>NICK J. KRUPA</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,450-
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 350-
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 100-
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,892.51
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>NICK J. KRUPA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7-27-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Matt Williams</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code [REDACTED] <b>Harper TX 78631</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>7-27-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mara Williams</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Harper TX 78631</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7-31-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paul "Sandy" Rothband</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Fredericksburg TX 78624</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7-31-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Guidry</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Fulshear, TX 77441</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>NICK J. KRUPA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7-31-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Auidry</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code [REDACTED] <b>Fulshear, TX 77411</b>		
8 Principal occupation	9 Employer (See Instructions)	
Date <b>8-7-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Matt Williams</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Harper TX 78631</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8-7-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Irene Baker</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Santa Fe TX 77517</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8-16-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Harold Trant</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Burnet, TX 78611</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>5</b>
2 FILER NAME <b>NICKS. KRUPA</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8-16-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARY TRANT</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code [REDACTED] <b>BURNET TX 73611</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>8-22-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MIKE SUERRAM</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>HARPER, TX 78631</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>8-22-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT MULLER</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>EVERTON AR 72633</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>8-23-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROLAND BALLESTEROS</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>GALESTON, TX 77550</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME

NICKJKUPA

3 Filer ID (Ethics Commission Filers)

4 Date

9-2-23

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Brian Murphy

7 Amount of contribution (\$)

\$100.00

City: State: Zip Code  
Fredericksburg,  
TX 78624

8 Principal occupation

9 Employer (See Instructions)

Date

9-2-23

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

James MacDonald

Amount of contribution (\$)

\$100.00

Contributor address:

City: State: Zip Code  
Fredericksburg,  
TX 78624

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-4-23

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

James Gibson

Amount of contribution (\$)

\$4,000.00

Contributor address;

City: State: Zip Code  
Beaumont, TX  
77706

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/2/23

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Brian Murphy

Amount of contribution (\$)

500.00

Contributor address;

City: State: Zip Code  
Fredericksburg, TX  
78624

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME NICKS KRUPA		3 Filer ID (Ethics Commission Filers)
4 Date 12-2-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnie Reeh	7 Amount of contribution (\$) 1,500.00
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Fredericksburg, TX 78624		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12-10-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Cameron	Amount of contribution (\$) 500.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Fredericksburg, TX 78624		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-17-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat A. Kunz	Amount of contribution (\$) 500.00
Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Fredericksburg, TX 78624		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address: _____ City: _____ State: _____ Zip Code _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>1</b>	
2 FILER NAME <b>NICK KRUPA</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jela Davis</b>	8 Amount of Contribution \$ <b>\$350-</b>	9 In-kind contribution description <b>Promotional items - Koozies</b>
7 Contributor address; City; State; Zip Code <b>164 Nott Branch, Harper, TX 75621</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

**LOANS**

**SCHEDULE E**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Nick Krupa</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <u>7-10-23</u>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	9 Loan Amount (\$) <u>100,00</u>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME NICK KRUPA	3 Filer ID (Ethics Commission Filers)
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4 Date 8-8-23	5 Payee name WIX.COM
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6 Amount (\$) 59.91	7 Payee address; 500 Terry A. FRANCOIS BLVD. Fl. 6	City; SAN FRANCISCO, CA	State;	Zip Code 94158
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Domain + website
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-17-23	Payee name Hill Country Graphics
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Amount (\$) 61.62	Payee address; 603 FM 2093 Suite 1501	City; Fredericksburg, TX	State;	Zip Code 78624
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Business cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8-17-23	Payee name Fredericksburg Standard
-----------------	---------------------------------------

Amount (\$) 30.00	Payee address; PO Box 1639	City; Fredericksburg, TX	State;	Zip Code 78624
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Announcement
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME NICK KRUPA	3 Filer ID (Ethics Commission Filers)
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4 Date 9-6-23	5 Payee name WIX.COM
------------------	-------------------------

6 Amount (\$) 41.13	7 Payee address: 500 Terry A. Franco's Blvd, Fl. 6 San Francisco, CA 94158	City: San Francisco	State: CA	Zip Code 94158
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description website
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-26-23	Payee name WIX.COM
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Amount (\$) 7.79	Payee address: 500 Terry A. Franco's Blvd, Fl. 6 San Francisco, CA 94158	City: San Francisco	State: CA	Zip Code 94158
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Email addresses
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9-28-23	Payee name Hill Country Graphics
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Amount (\$) 61.62	Payee address: 603 Fm 2093 Suite 1501 Fredericksburg, TX 78624	City: Fredericksburg	State: TX	Zip Code 78624
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Business cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME NICK KRUPA	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 10-6-23	<b>5</b> Payee name WIX.COM
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<b>6</b> Amount (\$) 41.13	<b>7</b> Payee address; 500 Terry A. FRANCIS BLVD. FL 6 SAN FRANCISCO, CA 94158
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-17-23	Payee name UZ marketing
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Amount (\$) 857.34	Payee address; 5900 Bingle Rd. HOUSTON, TX 77092
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-24-23	Payee name HEIB
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Amount (\$) 26.88	Payee address; 407 S. Adams FREDERICKSBURG, TX 78624
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME NICK KRUPA	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11-2-23	<b>5</b> Payee name USPS	
<b>6</b> Amount (\$) 26.40	<b>7</b> Payee address; City; State; Zip Code 1150 N US Hwy 87 Fredericksburg TX 78624	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising expense	<b>(b)</b> Description STAMPS
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 11-3-23	Payee name Walmart	
Amount (\$) 4.93	Payee address; City; State; Zip Code 1435 E. main St. Fredericksburg TX 78624	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising expense	Description ENVELOPES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 11-6-23	Payee name Wix.com	
Amount (\$) 41.13	Payee address; City; State; Zip Code 500 Terry A. Sam Francisco CA 94158 FRANCOIS Blvd. Fl. 6	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising expense	Description WEBSITE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME NICK KRUPA	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 11-8-23	<b>5</b> Payee name officemax / Depot
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<b>6</b> Amount (\$) 84.47	<b>7</b> Payee address; 307 sidney Baker St. S	City; Kerrville, TX	State;	Zip Code 78028
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising expense / printing photocopies	<b>(b)</b> Description photocopies
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11-15-23	Payee name A.C. Republican Party
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Amount (\$) 750.00	Payee address; 904 W. main St.	City; Fredericksburg, TX	State;	Zip Code 78624
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Filing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12-6-23	Payee name wix.com
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Amount (\$) 41.13	Payee address; 500 Terry A. Francois Blvd., FL 6	City; San Francisco, CA	State;	Zip Code 94158
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<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description website
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1: 6	<b>2</b> FILER NAME NICK KRUPA	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12-4-23	<b>5</b> Payee name Fredericksburg Standard	
<b>6</b> Amount (\$) 816.00	<b>7</b> Payee address; City; State; Zip Code 712 W. Main St. Fredericksburg TX 78624	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description newspaper ads - political adv.
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12-15-23	Payee name Hill Country Graphix	
Amount (\$) 941.13	Payee address; City; State; Zip Code 603 FM 2093 Suite 1501 Fredericksburg, TX 78624	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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