

# 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: **9**

3 CANDIDATE / OFFICEHOLDER NAME

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

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**P.O. BOX 2844 Fredericksburg, TX 78624**

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN TREASURER NAME

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

7 CAMPAIGN TREASURER ADDRESS

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

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

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    THROUGH    Month Day Year  
**1 / 26 / 24    THROUGH    2 / 24 / 24**

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.

Additional Pages

|   |                |                                      |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME                       |
|   |                | COMMITTEE ADDRESS                    |
|   |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|   |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

**OFFICE USE ONLY**

Date Received

**GILLESPIE ELECTIONS**

**FEB 24 2024**

**HAND DELIVERED**

Date Hand-delivered or Date Postmarked

Receipt #    Amount \$

Date Processed

Date Imaged


**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

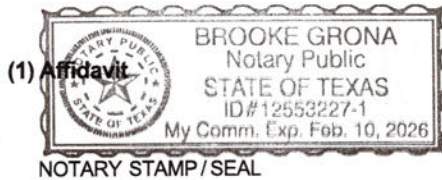
FORM C/OH  
COVER SHEET PG 2

|                                      |   |  |
|--------------------------------------|---|--|
| 15 C/OH NAME<br><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) | \$                                     |
|                                      | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>4,781.00</u>                     |
| EXPENDITURE TOTALS                   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                     |
|                                      | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>6,560.96</u>                     |
| CONTRIBUTION BALANCE                 | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>1,650.02</u>                     |
| OUTSTANDING LOAN TOTALS              | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$                                     |

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:



Sworn to and subscribed before me by Nick J Krupa this the 23rd day of February, 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<br><b>NICK J. KRUPA</b>     |  | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |  | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 4,781.00                            |
| 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 MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$ 6,560.96                            |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                        | \$                                     |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$                                     |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 40.93                               |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                   | \$                                     |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                      | \$                                     |
| 12.                                       | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 56.17                               |

# 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>1</b>            |
| 2 FILER NAME<br><b>NICK J KRUPA</b>                       |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>2/7/24</b>                                   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Rosemary Estenson</b> | 7 Amount of contribution (\$)<br><b>100.00</b> |
|   | 6 Contributor address; City; State; Zip Code<br>[Redacted] <b>Fredericksburg, TX 78624</b>                    |  |
| 8 Principal occupation / Job title (See Instructions)     |   | 9 Employer (See Instructions)                  |

|   |   |   |
|---|---|---|
| Date<br><b>2/9/24</b>                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Annette Bennett</b> | Amount of contribution (\$)<br><b>30.00</b> |
|   | Contributor address; City; State; Zip Code<br>[Redacted] <b>Fredericksburg TX 78624</b>                   |   |
| Principal occupation / Job title (See Instructions) |   | Employer (See Instructions)                 |

|   |  |  |
|---|--|--|
| Date<br><b>2/12/24</b>                              | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Madison &amp; Jan Jobe</b> | Amount of contribution (\$)<br><b>2,651.00</b> |
|   | Contributor address; City; State; Zip Code<br>[Redacted] <b>Fredericksburg, TX 78624</b>                         |  |
| Principal occupation / Job title (See Instructions) |  | Employer (See Instructions)                    |

|   |   |  |
|---|---|--|
| Date<br><b>2/19/24</b>                              | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Brian Lehne</b> | Amount of contribution (\$)<br><b>2,000.00</b> |
|   | Contributor address; City; State; Zip Code<br>[Redacted] <b>Fredericksburg, TX 78624</b>              |  |
| 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.

# 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.

|  |   |   |
|--|---|---|
| 1 Total pages Schedule F1:<br><b>3</b> | 2 FILER NAME<br><b>NICK J. KRUPA</b>  | 3 Filer ID (Ethics Commission Filers)               |
| 4 Date<br><b>1-29-24</b>               | 5 Payee name<br><b>Office Max/Depot</b>   |   |
| 6 Amount (\$)<br><b>227.31</b>         | 7 Payee address;<br><b>307 Sidney Baker South</b>   | City; State; Zip Code<br><b>Kerrville, TX 78028</b> |
| 8 PURPOSE OF EXPENDITURE               | (a) Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>   | (b) Description<br><b>FLYERS</b>                    |
|  | (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 |
|---|-------------------------------|---------------|-------------|

|                             |  |   |  |
|-----------------------------|--|---|--|
| Date<br><b>2-6-24</b>       | Payee name<br><b>WIX</b>                                   |   |  |
| Amount (\$)<br><b>41.13</b> | Payee address;<br><b>500 Terry A. Francois Blvd, Fl. 6</b> | City; State; Zip Code<br><b>SAN FRANCISCO, CA 94158</b> |  |

|                        |   |                               |
|------------------------|---|-------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>  | Description<br><b>website</b> |
|                        | <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<br><b>2-7-24</b>        | Payee name<br><b>Fredericksburg Standard</b> |   |  |
| Amount (\$)<br><b>530.00</b> | Payee address;<br><b>PO BOX 1639</b>         | City; State; Zip Code<br><b>Fredericksburg TX 78624</b> |  |

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>  | Description<br><b>newspaper ADS + Email</b> |
|                        | <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.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule F1:<br><b>3</b> | 2 FILER NAME<br><b>NICK J. KRUPA</b>  | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>2-12-24</b>               | 5 Payee name<br><b>Hill Country Graphix</b>   |  |
| 6 Amount (\$)<br><b>560.19</b>         | 7 Payee address;<br><b>603 Fm 2093<br/>Suite 1501</b>   | City; State; Zip Code<br><b>Fredericksburg, TX 78624</b> |
| 8 PURPOSE OF EXPENDITURE               | (a) Category (See Categories listed at the top of this schedule)<br><b>Printing/Advertising</b>   | (b) Description<br><b>Signs</b>                          |
|  | (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 |
|---|-------------------------------|---------------|-------------|

|                              |   |  |  |
|------------------------------|---|--|--|
| Date<br><b>2-14-24</b>       | Payee name<br><b>FBA.LIVE</b>   |  |  |
| Amount (\$)<br><b>200.00</b> | Payee address;<br><b>283 Fisher Bonn Rd.</b>  | City; State; Zip Code<br><b>Fredericksburg, TX 78624</b> |  |
| PURPOSE OF EXPENDITURE       | Category (See Categories listed at the top of this schedule)<br><b>Other</b>  | Description<br><b>Live Stream Service</b>                |  |
|                              | (c) <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<br><b>2-20-24</b>         | Payee name<br><b>Fredericksburg Standard</b>  |  |  |
| Amount (\$)<br><b>1,411.00</b> | Payee address;<br><b>PO Box 1639</b>  | City; State; Zip Code<br><b>Fredericksburg, TX 78624</b> |  |
| PURPOSE OF EXPENDITURE         | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>  | Description<br><b>newspaper ads + email</b>              |  |
|                                | (c) <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.

|  |                                      |                                       |
|--|--------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1:<br><b>3</b> | 2 FILER NAME<br><b>NICK J. KRUPA</b> | 3 Filer ID (Ethics Commission Filers) |
|--|--------------------------------------|---------------------------------------|

|                          |                                       |
|--------------------------|---------------------------------------|
| 4 Date<br><b>2-21-24</b> | 5 Payee name<br><b>KAP PRINT, LLC</b> |
|--------------------------|---------------------------------------|

|                                  |  |
|----------------------------------|--|
| 6 Amount (\$)<br><b>3,591.33</b> | 7 Payee address;<br><b>220 Quinn Rd. Dripping Springs TX 78620</b> |
|----------------------------------|--|

|                                    |   |  |
|------------------------------------|---|--|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Printing + Fees</b>  | (b) Description<br><b>mailing + cashiers check</b> |
|                                    | (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 |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| 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 ONLY 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 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 PERSONAL FUNDS

## SCHEDULE G

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 G:<br>1 | 2 FILER NAME<br>NICK J KRUPA | 3 Filer ID (Ethics Commission Filers) |
|--------------------------------|------------------------------|---------------------------------------|

|                  |                     |
|------------------|---------------------|
| 4 Date<br>2-7-24 | 5 Payee name<br>HEB |
|------------------|---------------------|

|  |  |       |        |          |
|--|--|-------|--------|----------|
| 6 Amount (\$)<br>40.93<br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address;<br>407 S. Adams<br>Fredericksburg, TX 78629 | City; | State; | Zip Code |
|--|--|-------|--------|----------|

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Food + Beverage   | (b) Description<br>refreshments for meet + greet |
|                          | (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 |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                |       |        |          |
|---|----------------|-------|--------|----------|
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended | 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                |       |        |          |
|---|----------------|-------|--------|----------|
| Amount (\$)<br><input type="checkbox"/> Reimbursement from political contributions intended | 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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**INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

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 K: <u>1</u>    |  |
| 2 FILER NAME <u>NICK J. KRUPA</u>   |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><u>1-30-24</u>  | 5 Name of person from whom amount is received<br><u>48 HOUR print.com</u>  | 8 Amount (\$)<br><u>56.17</u>         |  |
|   | 6 Address of person from whom amount is received; City; State; Zip Code<br><u>8000 HASKELL AVE. VAN NUYS CA 91406</u>  |                                       |  |
|   | 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer<br><u>Overcharged for a postcard mailing</u> |                                       |  |
| Date  | Name of person from whom amount is received<br><br>.....<br>Address of person from whom amount is received; City; State; Zip Code                              | Amount (\$)                           |  |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |  |                                       |  |
| Date  | Name of person from whom amount is received<br><br>.....<br>Address of person from whom amount is received; City; State; Zip Code                              | Amount (\$)                           |  |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |  |                                       |  |
| Date  | Name of person from whom amount is received<br><br>.....<br>Address of person from whom amount is received; City; State; Zip Code                              | Amount (\$)                           |  |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |  |                                       |  |

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