

3/28/25 - RF 1:27 pm  
7 pgs Hand del.

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

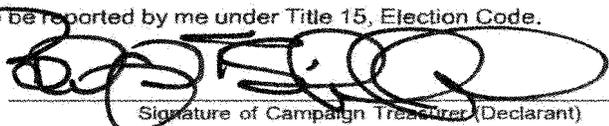
FORM SPAC  
COVER SHEET PG 2

**12 COMMITTEE NAME** Friends of Kendall County ESD #1 PAC **13 Filer ID (Ethics Commission Filers)**

<b>14 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> <b>CANDIDATE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b>  OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	<b>BALLOT IDENTIFICATION / #</b>
	<input checked="" type="checkbox"/> <b>MEASURE</b>	<b>ELECTION DATE</b> Month Day Year 05 03 2025  <b>DESCRIPTION</b> Referendum

<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,175.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,175.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**16 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 Campaign Treasurer (Declarant)

Please complete either option below:

**(1) Affidavit**

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

OR

**(2) Unsworn Declaration**

My name is Bradford T. Shields, and my date of birth is 02/15/1949

My address is 106 Pebble Creek, Boerne Texas 78006,  
(street) (city) (state) (zip code)(country)

Executed in Kendall County, State of Texas, on the 24th day of March, 2025.  
(month) (year)

  
Signature of Campaign Treasurer (Declarant)

# SUBTOTALS - SPAC

FORM SPAC  
COVER SHEET PG 3

17 COMMITTEE NAME		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,175.00
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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2175.00
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# 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>3</b>
2 FILER NAME Friends of Kendall County ESD #1 PAC		3 Filer ID (Ethics Commission Filers)
4 Date 1/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad Shields	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code 106 Pebble Crk Boerne, Texas 78006		
8 Principal occupation / Job title (See Instructions) Legislative Consultant		9 Employer (See Instructions) Self
Date 1/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lance Hirsch	Amount of contribution (\$) \$1,000
Contributor address; City; State; Zip Code 3372 Rio Cordillera Boerne, Texas 78006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucy Hudson	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 104 Agarita Cir, Boerne, Texas 78006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jana Robbins	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 625 SH 46E Boerne, Texas 78006		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
<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>		

**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>3</b>
2 FILER NAME <b>FRIENDS OF KENDALL COUNTY ESD #1 PAC</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/30/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Boyd</b>	7 Amount of contribution (\$) <b>\$ 100.00</b>
6 Contributor address; City; State; Zip Code <b>2106 RIO CORDILLERA BOSENE TX 78006</b>		
8 Principal occupation / Job title (See Instructions) <b>ENGINEER</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>1/31/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GARY BOORMAN</b>	Amount of contribution (\$) <b>\$ 25.00</b>
Contributor address; City; State; Zip Code <b>505 CORDILLERA TRCE. BOSENE TX 78006</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>1/31/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KIEN HEPPS</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>27 NICKLAUS WAY BOSENE TX 78006</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>2/2/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Philip Ochoa</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code <b>207 FALCON PT. BOSENE TX 78006</b>		
Principal occupation / Job title (See Instructions) <b>BUSINESS OWNER</b>		Employer (See Instructions) <b>Self</b>

**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: <b>3</b>
2 FILER NAME <b>FRIENDS OF KENDALL COUNTY ESD #1 PAC</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/3/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROD ALEXANDER</b>	7 Amount of contribution (\$) <b>\$ 200.00</b>
6 Contributor address; City; State; Zip Code <b>105 AGOSTA BOERNE TX 78006</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>2/4/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT LILIEHOLM</b>	Amount of contribution (\$) <b>\$ 25.00</b>
Contributor address; City; State; Zip Code <b>109 Valley Knoll BOERNE TX 78006</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		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)
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)

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

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

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

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 I: <b>1</b>	2 FILER NAME <b>FRINDS OF KENDALL COUNTY ESD #1 PAC</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/20/25</b>	5 Payee name <b>LANCE HIRSCH</b>	
6 Amount (\$) <b>\$1000.00</b>	7 Payee address: <b>3372 RIO CEDILLOBA</b> City <b>BOERNE, TX</b> State Zip Code <b>78006</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) <b>OTHER</b>	(b) Description (See instructions regarding type of information required.) <b>REFUND</b>
Date <b>2/20/25</b>	Payee name <b>BRAD SHIELDS</b>	
Amount (\$) <b>\$500</b>	Payee address: <b>106 Rebble Crk</b> City <b>BOERNE</b> State <b>TX</b> Zip Code <b>78006</b>	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>OTHER</b>	Description (See instructions regarding type of information required.) <b>REFUND</b>
Date <b>2/20/25</b>	Payee name <b>ANNEDOT.COM</b>	
Amount (\$) <b>\$69.70</b>	Payee address: <b>1340 POYDRAS ST</b> City <b>NEW ORLEANS</b> State <b>LA</b> Zip Code <b>70112</b>	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>FUNDRAISING EXPENSE</b>	Description (See instructions regarding type of information required.)
Date <b>3/24/25</b>	Payee name <b>BERGHEIM VOLUNTEER FIRE DEPT.</b>	
Amount (\$) <b>\$605.30</b>	Payee address: <b>1 CARRY CREEK RD.</b> City <b>BOERNE</b> State <b>TX</b> Zip Code <b>78006</b>	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) <b>GIFT</b>	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL COMMITTEE  
STATEMENT OF DISSOLUTION**

**FORM PAC - DR**

The Instruction Guide explains how to complete this form.  
-- Complete only if "Report Type" on page 1 is marked "Dissolution" --

1 COMMITTEE NAME

FRIENDS OF KENDALL COUNTY ESD#1 PAC

2 Filer ID (Ethics Commission Filers)

3 Statement of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.



Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL  
COMMITTEE IS TO BE DISSOLVED**

Please complete either option below:

(1) Affidavit

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

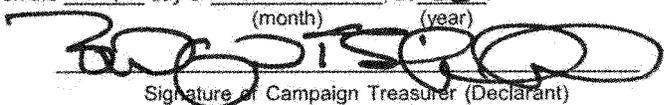
OR

(2) Unsworn Declaration

My name is BERNARD SHIELDS and my date of birth is 02/15/1949

My address is 106 Pebble Creek (street) BOBENE TX (city) 75006 (state) (zip code) (country)

Executed in KENDALL County, State of TX, on the 24 day of MARCH, 20 25 (month) (year)



Signature of Campaign Treasurer (Declarant)