GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	:	1 Filer ID (Ethics Commission Filers) 00054333		2 Total pages filed: 39
3	COMMITTEE NAME					OFFICE USE ONLY
	Georgetown Area	Republican Women PAC				Date Received
						07/13/2023
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; C	ITY	; STATE; ZIP CODE		01110/2020
4	ADDRESS	1530 Sun City Blvd., Ste. 120		, STATE, ZIF CODE	-	
		PMB 424				Date Hand-delivered or Date Postmarked
	Change of Address	Georgetown, TX 78633				Receipt # Amount
		Georgetown, TX 78055				Receipt # Amount
						Date Processed
						Date Imaged
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST				MI
	NAME	Beverly A.				
		NICKNAME LAST				SUFFIX
		Kohnert				
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE));	APT / SUITE #; CIT	ΓY;	STATE; ZIP CODE
	STREET	1032 Shinnecock Hills Dr.				
	ADDRESS					
	(Residence or Business)	Georgetown, TX 78628				
7	CAMPAIGN TREASURER	STREET OR PO BOX;		APT / SUITE #; C	ITY;	STATE; ZIP CODE
	MAILING	1032 Shinnecock Hills Dr.				
	ADDRESS					
	Change of Address	Georgetown, TX 78628				
8	CAMPAIGN	AREA CODE PHONE NUMBER	E	KTENSION		
	TREASURER PHONE	(720) 988-8719				
	FIONE					
9	REPORT	January 15	30th	a day before election		Dissolution (Attach PAC-DR)
	TYPE		8th	day before election		10th day after campaign treasurer
		X July 15		-		termination
			Run	off		
10	PERIOD	Month Day Year		Month Da	ay	Year
	COVERED	04/27/2023	THF	ROUGH 06/30/2	2023	3
11	ELECTION	ELECTION DATE	1			
		Month Day Year	Pri	mary Runoff		Other
			Ge	neral Special		
		GO	т	D PAGE 2		
For	rms provided by Tex	xas Ethics Commission www.	eth	ics.state.tx.us		Version V3.5.1.7bd706d4

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Georgetown Area Repu	blican Women PAC		000543	33
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	520.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,930.73
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,666.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	22,545.73
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Beverly A	A. Kohnert	
		Signature of Car	npaign Trea	asurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tł	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of c	fficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.7bd706d4

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

3 of 39

17 COMMITT	(Ethics Commission Filers)							
Georgeto								
	19 SCHEDULE SUBTOTALS							
	NAME OF SCHEDULE							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,930.73					
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00					
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00					
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	IR	\$					
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$					
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$					
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$					
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$					
9. X	SCHEDULE E: LOANS		\$ 0.00					
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 3,666.20					
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00					
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$ 0.00					
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00					
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$					

	The Instru	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 1/25 Rpt: 4/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-		Area Republican Women PAC			00054333	
4	Date	5 Full name of contributor out-of-state PAC (ID#	:)	7	Amount of Contribution (\$)	
	04/27/2023	Baer, Trish				\$20.00
		6 Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Business La	w Manager				
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	05/25/2023	Baer, Trish				\$23.18
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Business La	w Manager				
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	06/15/2023	Bagley, Georgia				\$28.52
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78628				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Realtor					
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	06/01/2023	Barbosa, Vicki				\$142.25
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired					
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	05/25/2023	Barbosa, Vicki				\$23.18
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired					

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/25 Rpt: 5/39	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
		Area Republican Women PAC		00054333	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	05/18/2023	Beatty, Melody		\$10.	.00
		6 Contributor address; City; State; Zip Code			
		Georgetown, TX 78628			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions		
Ľ	Retired)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	06/15/2023	Beatty, Melody		\$10.	.00
		Contributor address; City; State; Zip Code			
		Georgetown, TX 78628			
		pation / Job title (See Instructions)	Employer (See Instructions)	
	Retired				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	04/27/2023	Bolton, Sarah		\$23.	.18
		Contributor address; City; State; Zip Code			
		O			
⊢	<u> </u>	Georgetown, TX 78633			
		pation / Job title (See Instructions)	Employer (See Instructions		
	Insurance A				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	05/18/2023	Bolton, Sarah		\$20.	.00
		Contributor address; City; State; Zip Code			
		Georgetown, TX 78633			
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Insurance A				
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	_
	06/15/2023	Bolton, Sarah		\$12.	.51
		Contributor address; City; State; Zip Code			
		· · · · · · · · · · · · · · · · · · ·			
		Georgetown, TX 78633			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Insurance A	gent			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/25 Rpt: 6/39	
2 FILER NAME			3 Filer ID (Ethics Commission Filers))
	Area Republican Women PAC		00054333	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/29/2023	Bolton, Sarah		\$150).00
	6 Contributor address; City; State; Zip Code			
	Georgetown, TX 78633			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Insurance Ag	gent			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/18/2023	Bruchmiller, Sarah		\$57	7.04
	Georgetown, TX 78633			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
District Judge	e			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/15/2023	Bruchmiller, Sarah		\$28	3.52
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78633			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
District Judge	е			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/07/2023	Bygum, Huldah (Beth-Anne)		\$39	€.50£
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78628			
	pation / Job title (See Instructions)	Employer (See Instructions))	
VP, Chief Se	ecurity Officer			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/16/2023	Callender, Rachel		\$10).50
	Contributor address; City; State; Zip Code			
	Cedar Park, TX 78630			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Bookkeeper				
				l

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/25 Rpt: 7/39	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	Area Republican Women PAC		00054333	0)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/15/2023	Cavarretta, Kim Mary		\$2	28.52
	6 Contributor address; City; State; Zip Code			
	Georgetown, TX 78633			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Retired	· , , ,			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/18/2023	Cavarretta, Kim Mary		\$2	28.52
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78633			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/18/2023	Chiles, Meredith		\$2	28.52
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78633-4810			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/15/2023	Chiles, Meredith		\$2	28.52
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78633-4810			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/23/2023	Covey, Valerie		\$3	39.50
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78633			
-	pation / Job title (See Instructions)	Employer (See Instructions)	
Williamson C	County Commissioner	Williamson County		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/25 Rpt: 8/39	
2	FILER NAME			3	Filer ID (Ethics Commission	1 Filers)
_		Area Republican Women PAC			00054333	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/18/2023	DeVillez, Sue				\$28.52
		6 Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
8			9 Employer (See Instructions	s)		
	Retired Nurs	e				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/18/2023	DeVillez, Sue				\$38.00
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired Nurs	e				
	Date	Full name of contributor 🛛 out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/25/2023	DeVillez, Sue				\$20.00
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired Nurs	e				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/15/2023	DeVillez, Sue				\$25.00
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired Nurs	e				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/29/2023	DeVillez, Sue				\$100.00
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Retired Nurs	e				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/25 Rpt: 9/39	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Area Republican Women PAC			00054333	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/30/2023	DeVillez, Sue				\$39.50
		6 Contributor address; City; State; Zip Code		1		
	ļ					
		Georgetown, TX 78633				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	Retired Nurs	,e	I			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/18/2023	Doran, Anne (Patricia)				\$39.50
	1			\mathbf{I}		
	ļ					
	ļ					
		Georgetown, TX 78633				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	retired		·			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/25/2023	Doran, Anne (Patricia)	/		Allount of Contribution (+)	\$46.36
	00,20,2020	Contributor address; City; State; Zip Code		ł		ψ luiue
	ļ	Contributor address, City, State, Zip Code				
	ļ					
		Georgetown, TX 78633				
\vdash	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	retired		· - ·			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	05/18/2023	Doss, Jade	,			\$12.51
	00,10,2020	Contributor address; City; State; Zip Code		ł		¥±=.02
		Continuou address, City, State, Zip Code				
	ļ	Georgetown, TX 78626				
\vdash	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Field Repres					
⊢	Date	Full name of contributor out-of-state PAC (ID#:		Π	Amount of Contribution (\$)	
	06/15/2023	Doss, Jade	,		, who and on 2 cm	\$28.52
	00,	Contributor address; City; State; Zip Code		ł		¥== -
	ļ	Continuouor address, City, State, Zip Code				
	ļ					
	ļ	Georgetown, TX 78626				
┝	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	Field Repres			"		
\vdash						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/25 Rpt: 10/39	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Area Republican Women PAC			00054333	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/18/2023	Eisner, Amanda				\$28.52
		6 Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	retired			<i>>)</i>		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/15/2023	Eisner, Amanda				\$28.52
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/25/2023	Eisner, Amanda				\$23.18
		Contributor address; City; State; Zip Code		1		
		5				
		Georgetown, TX 78633				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/18/2023	Fairbrother, Bill				\$25.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78680				
\vdash	Drincinal OCCU	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
		illiamson County Republican Party		5)		
╞				Т	Amount of Contribution (¢)	
	Date 06/15/2023	Full name of contributor out-of-state PAC (ID#: Forse, Phillis)		Amount of Contribution (\$)	\$10.00
	00/10/2020			ł		Φ10.00
		Contributor address; City; State; Zip Code				
		Georgetown, TX 78626				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ן</u>		
	Real Estate		Employer (eee moudeache	5)		
\vdash						

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/25 Rpt: 11/39	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Area Republican Women PAC			00054333	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/15/2023	Forse, Phillis				\$154.00
	1	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
		Georgetown, TX 78626				
8			9 Employer (See Instructions	5)		
	Real Estate	Agent				
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/18/2023	Foster, Bonnie				\$28.52
	I	Contributor address; City; State; Zip Code		1		
	I					
	l					
	l	Georgetown, TX 78628				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired					
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
	05/18/2023	Frazier, LaVonne				\$26.00
	l	Contributor address; City; State; Zip Code		ł		
	I					
	l					
	l	Georgetown, TX 78633				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired					
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/01/2023	Frazier, LaVonne				\$10.00
	I	Contributor address; City; State; Zip Code		ł		
	I					
	I					
	I	Georgetown, TX 78633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/18/2023	Friedrich, Susan				\$12.51
	l	Contributor address; City; State; Zip Code		ł		
	l					
	l					
	I	Austin, TX 78759				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	TFRW Treas	surer				
\vdash						

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 9/25 Rpt: 12/39	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	Area Republican Women PAC		00054333	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/15/2023	Friedrich, Susan			\$12.51
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78759			
	· · · ·	9 Employer (See Instructions)	
TFRW Treas	surer			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/18/2023	Gibson, Shmeka (Dr.)			\$28.52
	Contributor address; City; State; Zip Code			
	Round Rock, TX 78665			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Grant Writer	, Psychologist			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/18/2023	Grimes, Laura Paige			\$28.52
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78626			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Manage Law	/ Practice			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/18/2023	Grimes, Laura Paige			\$28.52
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78626			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Manage Law	/ Practice			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/25/2023	Grimes, Laura Paige			\$23.18
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78626			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Manage Law	/ Practice			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/25 Rpt: 13/39		
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)	
	Area Republican Women PAC		00054333		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)		
06/24/2023	Gutierrez, Brenda			\$39.50	
	6 Contributor address; City; State; Zip Code				
	Georgetown, TX 78633				
	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Retired					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
06/15/2023	Harris, Caroline			\$10.50	
	Contributor address; City; State; Zip Code				
	Round Rock, TX 78664				
	pation / Job title (See Instructions)	Employer (See Instructions)		
HD 52 Cand	idate				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
04/27/2023	Harrison, Julie			\$23.18	
	Contributor address; City; State; Zip Code				
	Georgetown, TX 78628				
	pation / Job title (See Instructions)	Employer (See Instructions)		
SVP Human	Resources				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
05/18/2023	Harrison, Julie			\$28.52	
	Contributor address; City; State; Zip Code				
	Georgetown, TX 78628				
	pation / Job title (See Instructions)	Employer (See Instructions)		
SVP Human	Resources				
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)		
05/18/2023	Harrison, Julie			\$12.00	
	Contributor address; City; State; Zip Code				
	Georgetown, TX 78628				
	pation / Job title (See Instructions)	Employer (See Instructions)		
SVP Human	SVP Human Resources				

Th	ie Instru	ction Guide explains how to complete this f	form.		Fotal pages Schedule A1: Sch: 11/25 Rpt: 14/39	
2 FIL	ER NAME			3 F	Filer ID (Ethics Commission	ı Filers)
		Area Republican Women PAC			00054333	
4 Dat		5 Full name of contributor out-of-state PAC (ID#:)	7 A	Amount of Contribution (\$)	
06/	6/15/2023	Harrison, Julie				\$12.51
	ļ	6 Contributor address; City; State; Zip Code		1		
	ļ					
		Georgetown, TX 78628				
8 Prir	ncipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
SV	/P Human	Resources				
Dat	ite	Full name of contributor out-of-state PAC (ID#:_)	A	Amount of Contribution (\$)	
06/	6/29/2023	Hobbs, Dee				\$231.00
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
	ļ	Hutto, TX 78634				
Prir	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
As	sst. County	Attorney	Williamson County			
Dat	ite	Full name of contributor out-of-state PAC (ID#:_)	A	Amount of Contribution (\$)	
05/	6/18/2023	Holcomb, Corby				\$57.04
	ļ	Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Georgetown, TX 78628				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
Att	torney					
Dat	te	Full name of contributor out-of-state PAC (ID#:)	A	Amount of Contribution (\$)	
06/	6/15/2023	Holcomb, Corby				\$92.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Georgetown, TX 78628				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
Att	torney					
Dat		Full name of contributor out-of-state PAC (ID#:)	_ ∧	Amount of Contribution (\$)	
06/	6/15/2023	Holliman, Kathleen				\$15.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Austin, TX 78708-0486				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
Ow	wner		Hollidaze			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/25 Rpt: 15/39
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Area Republican Women PAC		00054333
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/15/2023	Holliman, Kathleen		\$10.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78708-0486		
8 Principal occu Owner	ipation / Job title (See Instructions)	9 Employer (See Instructions Hollidaze	5)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/29/2023	Holliman, Kathleen		\$100.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78708-0486		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Owner		Hollidaze	
Date)	Amount of Contribution (\$)
06/15/2023	Jarvis, Paula		\$28.52
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78628		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	2)
Retired			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/18/2023	Jett, Sonya		\$28.52
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78628		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Sales			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/27/2023	Johnson, Carol		\$23.18
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 13/25 Rpt: 16/39
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Georgetown Area Republican Women PAC	00054333
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/15/2023 Johnson, Carol	\$28.52
6 Contributor address; City; State; Zip Code	
Georgetown, TX 78633	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction)	is)
Retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/18/2023 Juhasz, JoAnn	\$28.52
Contributor address; City; State; Zip Code	
Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	lis)
retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/15/2023 Killebrew, Carolyn	\$10.00
Contributor address; City; State; Zip Code	
Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ls)
Retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/18/2023 Kirklin, Sherri	\$12.51
Contributor address; City; State; Zip Code	
Georgetown, TX 78626	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ls)
Project Manager	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/15/2023 Kohnert, Beverly	\$28.52
Contributor address; City; State; Zip Code	
Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	 's)
	ls)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	s)

The Inst	ruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 14/25 Rpt: 17/39	
2 FILER NAM	1E		3 Filer ID (Ethics Commission	Filers)
	vn Area Republican Women PAC		00054333	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
05/18/202				\$10.50
	6 Contributor address; City; State; Zip Code			
	Georgetown, TX 78628			
8 Principal o	cupation / Job title (See Instructions)	9 Employer (See Instructions)	
Retired			7	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/16/202				\$26.00
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78633			
	cupation / Job title (See Instructions)	Employer (See Instructions	3)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/27/202	3 Lichtenstein, Anne			\$23.18
	Contributor address; City; State; Zip Code			
	Coorrectours TV 79622			
Dringingla	Georgetown, TX 78633		\	
Retired	cupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/15/202		/		\$28.52
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78633			
Principal o	cupation / Job title (See Instructions)	Employer (See Instructions	;)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/30/202				\$175.00
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78627			
-	cupation / Job title (See Instructions)	Employer (See Instructions	;)	
Law Enfo	cement			

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 15/25 Rpt: 18/39	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	Area Republican Women PAC		00054333	,
4 Date	5 Full name of contributor out-of-state PAC (ID#	ŧ:)	7 Amount of Contribution (\$)	
06/15/2023	Madsen, Judith			\$28.52
	6 Contributor address; City; State; Zip Code			
	Georgetown, TX 78633			
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
05/18/2023	McCloskey, Michael			\$19.45
	Contributor address; City; State; Zip Code		•	
	Cedar Park, TX 78630			
-	upation / Job title (See Instructions)	Employer (See Instructions	6)	
Director Of S	Sales			
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
05/18/2023	McDaniel, Linda			\$28.52
	Contributor address; City; State; Zip Code		•	
	Georgetown, TX 78628			
-	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#	٤:)	Amount of Contribution (\$)	
06/22/2023	McDaniel, Linda			\$10.00
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78628			
·	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#	t:)	Amount of Contribution (\$)	
06/22/2023	McLean, Evelyn			\$39.50
	Contributor address; City; State; Zip Code		•	
	Jarrell, TX 78627			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Judge				

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 16/25 Rpt: 19/39	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	Area Republican Women PAC		00054333	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
06/15/2023	Messinger, John			\$15.00
	6 Contributor address; City; State; Zip Code			
	Pflugerville, TX 78660			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
Assistant Sta	ate Prosecuting Attorney			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/15/2023	Messinger, John			\$12.51
	Contributor address; City; State; Zip Code			
	Pflugerville, TX 78660			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
Assistant Sta	ate Prosecuting Attorney			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/18/2023	Morgan, Jennifer			\$28.52
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78628			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Director Don	or Interest			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/15/2023	Morgan, Jennifer			\$28.52
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78628	,]		
	pation / Job title (See Instructions)	Employer (See Instructions))	
Director Don	or Interest			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/18/2023	Murray, Kathryn			\$28.52
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78633			
	pation / Job title (See Instructions)	Employer (See Instructions))	
retired				
				1

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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 17/25 Rpt: 20/39	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Area Republican Women PAC			00054333	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/18/2023	Noble, Dixsie				\$28.52
		6 Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Retired Bank	<er< td=""><td></td><td></td><td></td><td></td></er<>				
	Date	Full name of contributor out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
	06/15/2023	Noble, Dixsie				\$28.52
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired Bank	<er< td=""><td></td><td></td><td></td><td></td></er<>				
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/18/2023	Noble, Dixsie				\$38.00
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633	i			
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Retired Bank	<er< td=""><td></td><td></td><td></td><td></td></er<>				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/15/2023	O'Leary, Maggie				\$10.00
		Contributor address; City; State; Zip Code		1		
	Duincipal acou	Austin, TX 78724		Ĺ		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	S)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/18/2023	Owens, Allison				\$28.52
		Contributor address; City; State; Zip Code				
		Coorgotown TV 70622				
\vdash	Dringing oog	Georgetown, TX 78633	Employer (See Instructions	->		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	mgmt					
1						

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 18/25 Rpt: 21/39	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	n Area Republican Women PAC		00054333	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
05/18/2023	Parker, Donna		\$	528.52
	6 Contributor address; City; State; Zip Code			
	Round Rock, TX 78681	1 - · · · ·	-	
	upation / Job title (See Instructions)	9 Employer (See Instructions	i)	
Broker				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
06/15/2023			\$	\$28.52
	Contributor address; City; State; Zip Code			
	Coorrectours TV 70620			
Dringing and	Georgetown, TX 78628	Employer (Coo Instructions		
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/15/2023	Peloquin, Coeta		\$	38.00
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78628			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Retired			7	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
05/18/2023	Potosky, Jackie	·/		528.52
00,10,2022	Contributor address; City; State; Zip Code			20.02
	Continuation address, Oily, State, Zip Code			
	Georgetown, TX 78633			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	i 3)	
retired				
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
05/18/2023	Potosky, Jackie			528.52
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78633			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
retired				
		•		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 19/25 Rpt: 22/39	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	Area Republican Women PAC		00054333	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/18/2023	Rister, Nancy E.			\$28.52
	6 Contributor address; City; State; Zip Code			
	Georgetown, TX 78628			
	ipation / Job title (See Instructions)	9 Employer (See Instructions))	
Williamson (County County Clerk			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/15/2023	Robinson, Anastasia (Stacey)			\$28.52
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78633			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/27/2023	Rodriguez, Terri			\$23.18
	Georgetown, TX 78628			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Store Manaç	<u>jer</u>			
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
04/27/2023	Rodriguez, Terri			\$23.18
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78628			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Store Manaç	ger			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/18/2023	Rodriguez, Terri			\$12.51
	Contributor address; City; State; Zip Code			
	Georgetown, TX 78628			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Store Manag	jer			

	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 20/25 Rpt: 23/39	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Area Republican Women PAC			00054333	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/15/2023	Rodriguez, Terri				\$12.51
		6 Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78628				
8			9 Employer (See Instructions	s)		
	Store Manag	er				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/25/2023	Rodriguez, Terri				\$23.18
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78628				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Store Manag	er				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/15/2023	Ross, Janice				\$28.52
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78628				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/25/2023	Ross, Terry				\$23.18
		Contributor address; City; State; Zip Code		1		
		Georgetown, TX 78633				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/15/2023	Sanchez, Leticia				\$28.52
		Contributor address; City; State; Zip Code		1		
		Leander, TX 78641				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Education					

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 21/25 Rpt: 24/39
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
-		Area Republican Women PAC		00054333
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	05/18/2023	Schorre, Susan		\$28.52
		6 Contributor address; City; State; Zip Code		
		Georgetown, TX 78633		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	retired admir	nistrative support		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	05/18/2023	Smit, Jennifer		\$19.45
		Georgetown, TX 78633		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	l s)
	homemaker		p	-,
	Data	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
	Date 06/15/2023)	Amount of Contribution (\$) \$28.52
	00/15/2025			φ20.32
		Contributor address; City; State; Zip Code		
		Georgetown, TX 78626		
⊢	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	2)
	Retired			5)
╞				1
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	06/15/2023	Stade, Silvia		\$39.50
		Contributor address; City; State; Zip Code		
		Georgetown, TX 78626		
		pation / Job title (See Instructions)	Employer (See Instructions	s)
	Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	06/15/2023	Stade, Silvia		\$102.50
		Contributor address; City; State; Zip Code		
		Georgetown, TX 78626		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Retired			

The Instruction Guide explains how to complete this Form. 1 Total pages Schedule A1: Sch: 22/25 Rpt: 25/39 2 FILER NAME Georgetown Area Republican Women PAC 3 Filer ID (Ethics Commission Filers) 00054333 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 06/30/2023 5 Full name of contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) 7 CEO Date Full name of contributor out-of-state PAC (ID#:
Georgetown Area Republican Women PAC 00054333 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 06/30/2023 Sweeney, Kathy 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) 6 CEO Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/18/2023 Sweeney, Kathy Georgetown, TX 78633 Full name of contributor state; Zip Code Georgetown, TX 78633 Employer (See Instructions) Full Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$28.52 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$28.52
Georgetown Area Republican Women PAC 00054333 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 06/30/2023 Sweeney, Kathy 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) 6 CEO Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/18/2023 Sweeney, Kathy Georgetown, TX 78633 Full name of contributor state; Zip Code Georgetown, TX 78633 Employer (See Instructions) Full Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$28.52 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$28.52
06/30/2023 Sweeney, Kathy \$38.00 6 Contributor address; City; State; Zip Code \$38.00 6 Contributor address; City; State; Zip Code \$38.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CEO Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/18/2023 Sweeney, Kathy Contributor address; City; State; Zip Code Amount of Contribution (\$) Contributor address; City; State; Zip Code Georgetown, TX 78633 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)
6 Contributor address; City; State; Zip Code Georgetown, TX 78633 9 Principal occupation / Job title (See Instructions) 9 EO Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Sweeney, Kathy Sweeney, Kathy Contributor address; City; State; Zip Code Amount of Contribution (\$) Georgetown, TX 78633 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)
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Contributor address; City; State; Zip Code Georgetown, TX 78633 Principal occupation / Job title (See Instructions) CEO Date Full name of contributor 05/18/2023 Templeton, Jennifer
Contributor address; City; State; Zip Code Georgetown, TX 78633 Principal occupation / Job title (See Instructions) CEO Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Georgetown, TX 78633 Principal occupation / Job title (See Instructions) CEO Date Full name of contributor 05/18/2023 Templeton, Jennifer
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Contributor address; City; State; Zip Code Georgetown, TX 78633 Principal occupation / Job title (See Instructions) CEO Date Full name of contributor out-of-state PAC (ID#;) Amount of Contribution (\$) O5/18/2023 Templeton, Jennifer Contributor address; City; State; Zip Code Amount of Contribution (\$) Georgetown, TX 78633 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) 911 Dispatcher Georgetown, TX 78633 Date Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code Amount of Contribution (\$) 06/15/2023 Full name of contributor 06/15/2023 Full name of contributor Contributor address; City; State; Zip Code Amount of Contribution (\$) 06/15/2023 Georgetown, TX 78633 Amount of Contributor

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 23/25 Rpt: 26/39
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	- n Area Republican Women PAC		00054333
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/29/2023			\$102.7
	6 Contributor address; City; State; Zip Code		1
	Georgetown, TX 78633		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
911 Dispato			·/·
Date	Full name of contributor out-of-state PAC (ID#:	<u>. </u>	Amount of Contribution (\$)
05/25/2023			\$23.1
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
911 Dispato	;her		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/18/2023			\$28.5
	Contributor address; City; State; Zip Code		1
D i singlass	Georgetown, TX 78633		Į
Principal occ retired	upation / Job title (See Instructions)	Employer (See Instructions	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/15/2023	55 / 5		\$28.5
	Contributor address; City; State; Zip Code		1
	Georgetown, TX 78633	1	
	upation / Job title (See Instructions)	Employer (See Instructions	;)
retired			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/25/2023	Triggs, Cynthia		\$46.3
	Contributor address; City; State; Zip Code		
	Contractours TV 70622		
Dringingliggs	Georgetown, TX 78633		<u> </u>
Principal occi retired	upation / Job title (See Instructions)	Employer (See Instructions	;)
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 24/25 Rpt: 27/39
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Area Republican Women PAC		00054333
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/18/2023	Tucker, Donna		\$26.
	6 Contributor address; City; State; Zip Code		
	Round Rock, TX 78681		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)
Retired			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/15/2023	Tucker, Donna		\$28.
	Contributor address; City; State; Zip Code		
	Round Rock, TX 78681		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Retired			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/25/2023	Tucker, Donna		\$23.
	Contributor address; City; State; Zip Code		
	Round Rock, TX 78681		
-	pation / Job title (See Instructions)	Employer (See Instructions)
Retired			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/15/2023	Wilkie, Gigi		\$28.
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
	ipation / Job title (See Instructions)	Employer (See Instructions)
Real Estate	Agent		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
05/18/2023	Williams, Samantha		\$12.
	Contributor address; City; State; Zip Code		
	Georgetown, TX 78633		
-	upation / Job title (See Instructions)	Employer (See Instructions)
Health Coac	h		
		•	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 25/25 Rpt: 28/39 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Georgetown Area Republican Women PAC 00054333 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 06/29/2023 \$250.00 Wilson, Terry 6 Contributor address; City; State; Zip Code Taylor, TX 76574 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) State Representative

PLEDGED CONTRIBUTIONS SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 29/39 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Georgetown Area Republican Women PAC 00054333 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9 1 (If applicable) pledge (\$) 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

LOANS		SCHEDUI	LEE
The Instruction Guide explains how to complete this form.		ages Schedule E: '1 Rpt: 30/39	
2 FILER NAME Georgetown Area Republican Women PAC	3 Filer ID 000543	(Ethics Commission) 333	Filers)
⁴ TOTAL OF UNITEMIZED LOANS		\$	0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution? 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 15 Check if personal funds were None	re deposited	d into political account (See Instructions)	
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guarante	ed (\$)
not applicable 18 Guarantor address; City; State; Zip Code			
20 Principal occupation 21 Employer (See Instructions))		

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing	bayment/Reimbursement verhead/Rental Expense xpense xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 1/9 Rpt: 31/39	Georgetown Area Republican Women PAC		00054333	
4 Date	5 Payee name			
06/21/2023	Constant Contact			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$179.04	1601 Trapelo Road, Suite 329			
Expenditure from corporate funds	Waltham, MA 02451			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Online Marketing Application		e of Texas. Complete Schedule T.	
		Online Marketing	Application	
		Online Marketing	Application	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	I Candidate/Officeholder name Office so H	l ught	Office held	
Date	Payee name			
04/27/2023	Eventbrite			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$19.08	155 5th St, 7th Floor			
φ15.00				
Expenditure from corporate funds	San Francisco, CA 94103			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		e of Texas. Complete Schedule T. officeholder living expense 2 S	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so	l ught	Office held	
Date	Payee name			
05/18/2023	Eventbrite			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$113.49	155 5th St, 7th Floor			
Expenditure from corporate funds	San Francisco, CA 94103			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		e of Texas. Complete Schedule T. officeholder living expense 2 S	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so	ught	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhaed/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gitt/Awards/Memorials Expense Printing Expense Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 2/9 Rpt: 32/39	Georgetown Area Republican Women PAC 00054333			
4 Date	5 Payee name			
06/15/2023	Eventbrite			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$92.50	155 5th St, 7th Floor			
Expenditure from corporate funds	San Francisco, CA 94103			
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online Event Fees 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/25/2023	Eventbrite			
Amount (\$)	Payee address; City; State; Zip Code			
\$38.16	155 5th St, 7th Floor			
Expenditure from corporate funds	San Francisco, CA 94103			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online Event Fees 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
06/30/2023	FLAG ALL IN FOR AMERICA			
Amount (\$)	Payee address; City; State; Zip Code			
\$223.80	301 E Lemon St., Suite B			
Expenditure from corporate funds	Tarpon Springs , FL 34689			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Literacy Projects (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Literacy Projects 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 3/9 Rpt: 33/39	Georgetown Area Republican Women PAC 00054333			
4 Date	5 Payee name			
05/22/2023	GTX Awards and Engraving			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$47.63	202 South Austin Avenue Suite 104			
Expenditure from corporate funds	Georgetown, TX 78626			
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Nametags (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Nametags 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
06/27/2023	GTX Awards and Engraving			
Amount (\$)	Payee address; City; State; Zip Code			
\$47.63	202 South Austin Avenue Suite 104			
Expenditure from corporate funds	Georgetown, TX 78626			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Nametags (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Nametags 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/23/2023	Georgetown Chamber of Commerce			
Amount (\$)	Payee address; City; State; Zip Code			
\$350.00	1 Chamber Way			
Expenditure from corporate funds	Georgetown, TX 78626			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Conference Room Rental 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gitt/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 4/9 Rpt: 34/39	Georgetown Area Republican Women PAC 00054333			
4 Date	5 Payee name			
06/26/2023	Georgetown Chamber of Commerce			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$350.00	1 Chamber Way			
Expenditure from corporate funds	Georgetown, TX 78626			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense Conference Room Rental			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/22/2023	Schlotzsky's			
Amount (\$)	Payee address; City; State; Zip Code			
\$632.22	601 S I-35 Frontage Rd,			
Expenditure from corporate funds	Georgetown, TX 78626			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Catered Lunch 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
06/20/2023	Schlotzsky's			
Amount (\$)	Payee address; City; State; Zip Code			
\$562.90	601 S I-35 Frontage Rd,			
Expenditure from corporate funds	Georgetown, TX 78626			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Catered Lunch 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Eilore)		
Sch: 5/9 Rpt: 35/39	Georgetown Area Republican Women PAC 00054333	r Fileis)		
4 Date	5 Payee name			
04/27/2023	Square, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$0.62	500 Enterprise Drive Suite 500			
Expenditure from corporate funds	Flower Mound, TX 75028			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
EXPENDITORE	Check if Austin, TX, officeholder living expense			
	Online fee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	I I Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
05/18/2023	Square, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
.,				
\$4.00	500 Enterprise Drive Suite 500			
Expenditure from corporate funds	Flower Mound, TX 75028			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if taxel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online Fees 			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Davee name			
06/01/2023	Payee name			
	Square, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$6.47	500 Enterprise Drive Suite 500			
Expenditure from corporate funds	Flower Mound, TX 75028			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online Fees			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollinu /- Gift/Awards/Memorials Expense Printir	Repayment/Reinbursement Solicitation/Fundraising Expense Overhead/Rental Expense Transportation Equipment & Related Expense g Expense Travel in District ng Expense Travel Out of District es/Wages/Contract Labor OTHER (enter a category not listed above)		
4 Total pages Schodulo E1:				
1 Total pages Schedule F1: Sch: 6/9 Rpt: 36/39	Georgetown Area Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00054333		
4 Date	5 Payee name			
06/15/2023	Square, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip	Code		
\$9.04	500 Enterprise Drive Suite 500			
Expenditure from corporate funds	Flower Mound, TX 75028			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE		Check if Austin, TX, officeholder living expense		
		Online Fees		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office s H	sought Office held		
Date	Payee name			
06/22/2023	Square, Inc.			
Amount (\$)	Payee address; City; State; Zip	Code		
\$1.45	500 Enterprise Drive Suite 500			
φ1.45	Soo Enterprise Drive Suite Soo			
Expenditure from corporate funds	Flower Mound, TX 75028			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online Fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office s H	sought Office held		
Date	Payee name			
06/23/2023	Square, Inc.			
Amount (\$)	Payee address; City; State; Zip	Code		
\$1.45	500 Enterprise Drive Suite 500			
Expenditure from corporate funds	Flower Mound, TX 75028			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online Fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office s H	sought Office held		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense - Gift/Awards/Memorials Expense I Committee Legal Services	EGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Cabadula E1:	·	•	C Ethics Commission Eilors)	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)	
Sch: 7/9 Rpt: 37/39	Georgetown Area Republican Wor	nen PAC	00054333	
4 Date	5 Payee name			
06/24/2023	Square, Inc.			
6 Amount (\$)	7 Payee address; City; S	State; Zip Code		
\$1.45	500 Enterprise Drive Suite 500			
Expenditure from	Flower Mound, TX 75028			
corporate funds				
8 PURPOSE OF	(a) Category (See Categories listed at the top of the			
EXPENDITURE	Fees		outside of Texas. Complete Schedule T.	
		Online Fees	, TX, officeholder living expense	
		Offinite Fees		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held	
	1			
Date	Payee name			
06/29/2023	Square, Inc.			
Amount (\$)	-	State; Zip Code		
.,		state, Zip Code		
\$21.33	500 Enterprise Drive Suite 500			
Expenditure from corporate funds	Flower Mound, TX 75028			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Fees	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held	
expenditure to benefit C/OI		Once sought	Once heid	
Date	Payee name			
06/30/2023	Square, Inc.			
Amount (\$)	Payee address; City; S	State; Zip Code		
\$5.38	500 Enterprise Drive Suite 500			
Expenditure from corporate funds	Flower Mound, TX 75028			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Fees	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name I	Office sought	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 8/9 Rpt: 38/39	Georgetown Area Republican Women PAC 00054333			
4 Date	5 Payee name			
05/10/2023	TFRW PAC			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$126.50	13741 North Highway 183 Suite J4			
Expenditure from corporate funds	Austin, TX 78750			
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Membership Dues (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Dues 			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
05/23/2023	TFRW PAC			
Amount (\$)	Payee address; City; State; Zip Code			
\$126.50	13741 North Highway 183 Suite J4			
Expenditure from corporate funds	Austin, TX 78750			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Membership Dues (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Dues 			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
06/23/2023	TFRW PAC			
Amount (\$) \$177.10	Payee address; City; State; Zip Code 13741 North Highway 183 Suite J4			
Expenditure from corporate funds	Austin, TX 78750			
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Membership Dues (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Dues 			
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E - Gift/Awards/Memorials Expense Printing	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 9/9 Rpt: 39/39	Georgetown Area Republican Women PAC		00054333
4 Date	5 Payee name		
06/26/2023	TFRW PAC		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$101.20	13741 North Highway 183 Suite J4		
Expenditure from corporate funds	Austin, TX 78750		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Membership Dues		de of Texas. Complete Schedule T. officeholder living expense ES
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
04/28/2023	The Golden Rule		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$159.90	606 South Church St.		
Expenditure from corporate funds	Georgetown, TX 78626		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		de of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so	ught	Office held
Date	Payee name		
05/26/2023	The Golden Rule		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$267.36	606 South Church St.		
Expenditure from corporate funds	Georgetown, TX 78626		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		de of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so	ught	Office held