FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015561 3 COMMITTEE NAME **OFFICE USE ONLY** Fort Bend Republican Women's Club PAC Date Received **ELECTRONICALLY FILED** 07/15/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1910 Fawn Way Ct Date Hand-delivered or Date Postmarked Change of Address Richmond, TX 77406 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Lois NAME NICKNAME LAST **SUFFIX** Gremminger STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1910 Fawn Way Ct STREET **ADDRESS** (Residence or Business) Richmond, TX 77406 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1910 Fawn Way Ct MAILING **ADDRESS** Richmond, TX 77406 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 723-3718 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME]1	13 Filer ID	(Ethics Commission Filers)
	n Women's Club PAC		00015561	,
4 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	8,887.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST E G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
6 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.		
		Lois Gre		
		Signature of Can	npaign Treast	irer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said _	, th	is the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	cer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

3 of 18					
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commission	Filers)
For	t Bend	Republican Women's Club PAC	00015561	`	,
		SUBTOTALS		1	
l	ME OF		SUBTOTAL AN	√OUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,950.00
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
				ļ .	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		 	
	<u> </u>			<u> </u>	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R	 \$	
"	Ш	ORGANIZATION]*	
_		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.		ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$	
9.	П	SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	 \$	8,887.89
	<u> </u>			<u> </u>	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		 \$	
	Ш	CONEDUCE TE. CIN THE INCOMINED OBLIGATIONS		٩	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONE	_	
12.	Ш	SCHEDULE F3. FORCHASE OF INVESTIMENTS FROM FOLITICAL CONTRIBUTION	JNS	\$	
40				_	
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		 \$	
14.	Ш	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	DETUDNED		
15.	X	TO FILER	KETOKNED	\$	1,161.00
-				<u> </u>	
I					

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/18	
2	FILER NAME Fort Bend Re	epublican Women's Club PAC		3	Filer ID (Ethics Commission 00015561	n Filers)
4	Date 01/03/2023	 Full name of contributor out-of-state PAC (ID#:_ Bergman, Vicky Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00
_		Sugar Land, TX 77478				
8	Principal occu Housewife	pation / Job title (See Instructions)	9 Employer (See Instructions n/a)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/03/2023 Dettling, Fayee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
	Principal occu	Sugar Land, TX 77478 pation / Job title (See Instructions)	Employer (See Instructions)		
	Housewife n/a			,		
	Date 05/25/2023	Full name of contributor)		Amount of Contribution (\$)	\$250.00
		Sugar Land, TX 77498				
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Greater Houston Counc	•		
	Date 05/02/2023	Full name of contributor out-of-state PAC (ID#:_ Gremminger, Lois (Ms.) Contributor address; City; State; Zip Code Richmond, TX 77406			Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions none)		
	Date 06/11/2023	Full name of contributor out-of-state PAC (ID#:_ Hayes, Angela Contributor address; City; State; Zip Code Sugar Land, TX 77478			Amount of Contribution (\$)	\$750.00
	Principal occu N/A	pation / Job title (See Instructions)	Employer (See Instructions Retired)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/18	
2	FILER NAME Fort Bend R	epublican Women's Club PAC		3	Filer ID (Ethics Commission 00015561	n Filers)
4	Date 05/10/2023	5 Full name of contributor out-of-state PAC (ID#:_ Icenhower, Kim (Mrs.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00
		Sugar Land, TX 77479				
8	Principal occu consultant	pation / Job title (See Instructions)	Employer (See Instructions self-employed)		
	Date 01/04/2023	Full name of contributor out-of-state PAC (ID#:_ Keister, Cynthia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Missouri City, TX 77459	Employer (See Instructions			
	Principal occupation / Job title (See Instructions) Housewife Employer (See Instruction n/a					
	Date 05/24/2023	Full name of contributor out-of-state PAC (ID#:_ Luckenbach, Katherine (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00
		Sugar Land, TX 77478-3727				
	Principal occu Housewife	pation / Job title (See Instructions)	Employer (See Instructions self)		
	Date 01/04/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Sugar Land, TX 77479 pation / Job title (See Instructions)	Employer (See Instructions)		
	Housewife	, ,	n/a			
	Date 05/24/2023	Full name of contributor out-of-state PAC (ID#:_Olson, Nancy (Mrs.) Contributor address; City; State; Zip Code Sugar Land, TX 77478)		Amount of Contribution (\$)	\$250.00
	Principal occu Board Memb	pation / Job title (See Instructions) Der	Employer (See Instructions FB CASA)		

ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/18
epublican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00015561
Scott, Carol (Mrs.)		7 Amount of Contribution (\$) \$500.00
Sugar Land, TX 77479	O Frankrije (O za krativatija v	
ipation / Job title (See Instructions) Manager	9 Employer (See Instructions	5)
Full name of contributor out-of-state PAC (ID#:_ Thompson, Kathy (Mrs.) Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$50.00
Sugar Land, TX 77478 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	N/A	
	epublican Women's Club PAC 5 Full name of contributor out-of-state PAC (ID#:_ Scott, Carol (Mrs.) 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479 pation / Job title (See Instructions) Manager Full name of contributor out-of-state PAC (ID#:_ Thompson, Kathy (Mrs.) Contributor address; City; State; Zip Code Sugar Land, TX 77478	5 Full name of contributor out-of-state PAC (ID#:) Scott, Carol (Mrs.) 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479 pation / Job title (See Instructions) Manager Full name of contributor out-of-state PAC (ID#:) Thompson, Kathy (Mrs.) Contributor address; City; State; Zip Code Sugar Land, TX 77478 pation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel in District
Travel Out of Dis
Contract Labor

Travel Out of Dis
OTHER (enter a

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/7 Rpt: 7/18	Fort Bend Republican Women's Club PAC	00015561
4 Date	5 Payee name	-
03/31/2023	Club Express	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$130.38	1051 Perimeter dr suite 350	
Expenditure from corporate funds	Schaumburg , IL 60173	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Use of transaction records on website
		Ose of transaction records on website
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/OI		diffice field
<u> </u>	Г	
Date	Payee name	
02/02/2023	Creel, Gail	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$103.00	19215 Mercant Mark Lane	
Expenditure from		
corporate funds	Richmond, TX 77407	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Memorial donation for Second Mile Ministry
		Wellonal donation for Second while willistry
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI		diffice field
Date	Payee name	
03/08/2023	Gremminger, Lois (Mrs.)	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$75.00	1910 Fawn Way Ct	
Expenditure from		
corporate funds	Richmond, TX 77406	
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 Reimbursement for registration for TFRW
		Conference
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	Laht Office held
expenditure to benefit C/OI		agnit Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/7 Rpt: 8/18	Fort Bend Republican Women's Club PAC 00015561
4 Date	5 Payee name
02/22/2023	Hilton Garden Inn
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$643.10	722 Bonaventure PI
Expenditure from corporate funds	Sugar Land, TX 77479
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Meeting expense for luncheon
	meening enperiod to tensore
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/22/2023	Hilton Garden Inn
Amount (\$)	Payee address; City; State; Zip Code
\$615.14	722 Bonaventure Pl
Expenditure from corporate funds	Sugar Land, TX 77479
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Luncheon expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/26/2023	Hilton Garden Inn
Amount (\$)	Payee address; City; State; Zip Code
\$782.91	722 Bonaventure Pl
Expenditure from	
corporate funds	Sugar Land, TX 77479
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Luncheon
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	o

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/7 Rpt: 9/18	Fort Bend Republican Women's Club PAC 00015561
4 Date	5 Payee name
05/24/2023	Hilton Garden Inn
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,646.91	722 Bonaventure Pl
- Funanditura from	
Expenditure from corporate funds	Sugar Land, TX 77479
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Evening Event to honor scholarship winners
	Evening Event to nonor scholarship winners
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/03/2023	Icenhower, Kim
Amount (\$)	Payee address; City; State; Zip Code
\$161.94	3019 Arrowhead Dr
Expenditure from corporate funds	Sugar Land, TX 77479
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Internet annual fee
	internet annual ree
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davisa nama
05/29/2023	Payee name
	Icenhower, Kim
Amount (\$)	Payee address; City; State; Zip Code
\$25.00	3019 Arrowhead Dr
Expenditure from corporate funds	Sugar Land, TX 77479
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Loan Repayment/Reimbursement
D. LIBITORE	Check if Austin, TX, officeholder living expense
	Woman of the Year Reimbursement
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			Expens /Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 4/7 Rpt: 10/18		Fort Bend F	Republican Womer	n's Club F	PAC				00015561		
4	Date	5	Payee name									
	05/23/2023		Pamela Prir	nting								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip C	ode					
	\$125.57		550 Julie Ri	vers Dr #310								
X	Expenditure from corporate funds		Sugar Land	, TX 77478								
8	PURPOSE	(a)	Category (Se	ee Categories listed at the t	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Solicitation/	Fundraising Expe	nse					de of Texas. Comp		
								_		officeholder living	expense	
								Program prin	ung	J		
9	Complete ONLY if direct	(Candidate/Offi	ceholder name	C	Office so	l ught			Office he	eld	_
	expenditure to benefit C/O						J					
	Date		Payee name			_						
	02/22/2023		Pay Pal									
	Amount (\$)		Payee addre	ss; City;	State;	Zip C	ode					
	\$29.69		2211 N 1st	St								
Х	Expenditure from corporate funds		San Jose, C	CA 95131								
	PURPOSE	(a)	Category (Se	ee Categories listed at the t	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Accounting/	Banking (Banking				ш		de of Texas. Comp		
								Expense for 6		officeholder living	елрепъе	
								Expense ion	cuc	ii usc		
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	C	Office so	ught			Office he	eld	
	Date		Payee name									_
	02/22/2023		Pay Pal									
	Amount (\$)		Payee addre	ss; City;	State;	Zip C	ode					
	\$28.07		2211 N 1st	St								
	Expenditure from											
L	corporate funds		San Jose, C				ī					
	PURPOSE OF	(a)		ee Categories listed at the t	top of this sche	edule)	(b)	Description	OI:+-'	do of Taylor O-	alata Sahadula T	
	EXPENDITURE		Accounting/	Banking						de of Texas. Comp officeholder living		
								Expense for u				
									_			
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office so	ught			Office he	eld	_
	expenditure to benefit C/O	4										

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Layment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/7 Rpt: 11/18	Fort Bend Republican Women's Club PAC	00015561
4 Date	5 Payee name	
03/05/2023	Pay Pal	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$1.62	2211 N 1st St	
Expenditure from		
corporate funds	San Jose, CA 95131	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense for use of transactions
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	I ught Office held
expenditure to benefit C/O		5.4
Date	Payee name	
03/22/2023	Pay Pal	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$27.11	2211 N 1st St	
·	222.1.20.0.	
X Expenditure from corporate funds	San Jose, CA 95131	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee for each transaction
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight Office held
expenditure to benefit C/OI	1	
Date	Payee name	
04/14/2023	Pay Pal	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$27.67	2211 N 1st St	
Expenditure from corporate funds	San Jose, CA 95131	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
LA LIBITORE		Check if Austin, TX, officeholder living expense
		Fees for use of each transaction
Complete ONLY if direct	Candidate/Officeholder name Office sou	 aht Office held
expenditure to benefit C/OI		gnit Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/7 Rpt: 12/18	Fort Bend Republican Women's Club PAC 00015561
4 Date	5 Payee name
05/04/2023	Pay Pal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$23.11	2211 N 1st St
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
LA LIBITORE	Check if Austin, TX, officeholder living expense
	Fees for use of each transaction
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
experioliture to benefit C/O	
Date	Payee name
05/14/2023	Pay Pal
Amount (\$)	Payee address; City; State; Zip Code
\$46.67	2211 N 1st St
Expenditure from corporate funds	San Jose, CA 95131
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fees for each usage
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/24/2023	Simmons, Abigail (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	4715 Gainsborough Dr
Expenditure from corporate funds	Brookshire, TX 77423
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Scholarship Award
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Il Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/7 Rpt: 13/18	Fort Bend Republican Women's Club PAC 00015561
4 Date	5 Payee name
05/06/2023	TFRW
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$395.00	13740 US 183 hwy j4
Expenditure from corporate funds	Austin, TX 78750
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.
	Check if Austin, TX, officeholder living expense
	Membership fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/24/2023	Watts, Cassidy (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	6607 Alicant Dr
Ψ1,000.00	5001 / Michille Di
X Expenditure from corporate funds	Sugar Land, TX 77479
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense
LAI ENDITORE	Check if Austin, TX, officeholder living expense
	Scholarship award
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: /5 Rpt: 14/18	
2	FILER NAME		3		(Ethics Commission	Filers)
	Fort Bend R	ort Bend Republican Women's Club PAC 00015				,
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	05/24/2023	Appel, Emelia				\$50.00
		6 Address of person from whom amount is received; City; State; Zip Code				
		Sugar Land, TX 77479				
		_	ck if polition	cal contr	ibution returned to filer	
		Scholarship				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/24/2023	Bennett, Traci				\$100.00
		Address of person from whom amount is received; City; State; Zip Code				
		Minarchi City TV 77450				
		Missouri City, TX 77459	1.16 1111			
		Purpose for which amount is received Chec Scholarship	ck if politic	cai contr	ibution returned to filer	
	Date	Name of person from whom amount is received			Amount (\$)	ΦΕΩ ΩΩ
	05/29/2023	Dansby, Sherry				\$50.00
		Address of person from whom amount is received; City; State; Zip Code				
		Sugar Land, TX 77478				
		Purpose for which amount is received	ck if polition	cal contr	ibution returned to filer	
		Scholarship				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/24/2023	Eclectic Attic				\$50.00
		Address of person from whom amount is received; City; State; Zip Code				
		Contarovilla CA 20121				
		Cartersville, GA 30121	1.16 1111			
		Purpose for which amount is received Check Scholarship	ск іт роііціс	cai contr	ibution returned to filer	
_	5.	· · · · · · · · · · · · · · · · · · ·				
	Date 05/24/2023	Name of person from whom amount is received Gremminger, Lois			Amount (\$)	\$25.00
	03/24/2023					Ψ25.00
		Address of person from whom amount is received; City; State; Zip Code				
		Richmond, TX 77406				
		Purpose for which amount is received	ck if politic	cal contr	ibution returned to filer	
		Scholarship				
		1				

	The Instru	ction Guide explains how to complete this form.	1	. Т	otal pa	ages Schedule K:	
	THE IIISHU	ction duide explains now to complete this form.		S	Sch: 2/	/5 Rpt: 15/18	
2	FILER NAME		3	F	iler ID	(Ethics Commission F	-ilers)
	Fort Bend R	t Bend Republican Women's Club PAC 00015			0015	561	
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	05/24/2023	Heathcock, Elizabeth					\$20.00
		6 Address of person from whom amount is received; City; State; Zip Code					
		Sugar Land, TX 77498					
		7 Purpose for which amount is received	Check if polit	tica	l contri	ibution returned to filer	
		Scholaraship					
F	Date	Name of person from whom amount is received				Amount (\$)	
	05/24/2023	Henderson, Helen					\$50.00
		Address of person from whom amount is received; City; State; Zip Code					
		Sugar Land, TX 77479					
		Purpose for which amount is received	Check if polit	tica	l contri	ibution returned to filer	
		Scholarship					
	Date	Name of person from whom amount is received				Amount (\$)	
	05/25/2023	Icenhower, Kim					\$6.00
		Address of person from whom amount is received; City; State; Zip Code					
		Sugar Land, TX 77479					
		Purpose for which amount is received	Check if polit	tica	l contri	ibution returned to filer	
		Scholarship					
	Date Name of person from whom amount is received					Amount (\$)	
	05/24/2023	Knipling, Richard					\$50.00
		Address of person from whom amount is received; City; State; Zip Code					
		Richmond, TX 77469					
		<u> </u>	Check if polit	tica	l contri	ibution returned to filer	
		Scholarship					
Г	Date	Name of person from whom amount is received				Amount (\$)	
	05/24/2023	Kwiatkowski, Donna					\$75.00
		Address of person from whom amount is received; City; State; Zip Code					
		Sugar Land, TX 77478					
		Purpose for which amount is received	Check if polit	tica	l contri	ibution returned to filer	
		Scholarship					
I							

			1	Tota	al pages Schedule K:	
	The Instru	ction Guide explains how to complete this form.	1		: 3/5 Rpt: 16/18	
2	FILER NAME		3	Filer	ID (Ethics Commission Filer	s)
	Fort Bend R	Bend Republican Women's Club PAC 00015			15561	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	05/24/2023	Luckenbach, Katherine			\$7!	5.00
		6 Address of person from whom amount is received; City; State; Zip Code				
		Sugar Land TV 77470				
		Sugar Land, TX 77478 7 Purpose for which amount is received			natuile, stiene west wood to file.	
		Scholarship	ponu	cai cc	ontribution returned to filer	
	5.	·			1 4 (4)	
	Date 05/25/2023	Name of person from whom amount is received			Amount (\$)	0.00
	05/25/2023	Moffett, Marie			······	0.00
		Address of person from whom amount is received; City; State; Zip Code				
		Sugar Land, TX 77479				
		Purpose for which amount is received	politio	cal co	ontribution returned to filer	
		Scholarship				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/24/2023	Nixon, Rhonda			\$100	0.00
		Address of person from whom amount is received; City; State; Zip Code				
		Microuri City, TV 77450				
		Missouri City, TX 77459	!!#!			
		Purpose for which amount is received	politio	cai co	ontribution returned to filer	
	Data				Δ (Φ)	
	Date 06/03/2023	Name of person from whom amount is received Oates. Heidi			Amount (\$)	0.00
	00/03/2023					0.00
		Address of person from whom amount is received; City; State; Zip Code				
		Missouri City, TX 77459				
		Purpose for which amount is received	politio	cal co	ontribution returned to filer	
		Scholarship				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/24/2023	Olsen, Monica			\$7!	5.00
		Address of person from whom amount is received; City; State; Zip Code				
		Dishmond TV 77406				
		Richmond, TX 77406				
		Purpose for which amount is received	politio	cal co	ontribution returned to filer	

	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K:	
_			4_			5 Rpt: 17/18	
	FILER NAME 3 Filer I				•	ilers)	
_	Fort Bend R	epublican Women's Club PAC		000)155		
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	05/24/2023	Stryk, Debbi]		\$25.00
		6 Address of person from whom amount is received; City; State; Zip Code					
		Richmond, TX 77469					
			polit	ical c	ontri	bution returned to filer	
		Scholarship					
	Date	Name of person from whom amount is received				Amount (\$)	
	05/24/2023	Sury, Erica					\$50.00
		Address of person from whom amount is received; City; State; Zip Code					
		Wallis, TX 77485					
		Purpose for which amount is received	polit	ical c	ontri	bution returned to filer	
		Scholarship					
	Date	Name of person from whom amount is received				Amount (\$)	
	05/24/2023	Tait, Carolyn					\$65.00
		Address of person from whom amount is received; City; State; Zip Code					
		Sugar Land, TX 77479					
		Purpose for which amount is received	polit	ical c	ontri	bution returned to filer	
		Scholarship					
	Date	Name of person from whom amount is received				Amount (\$)	
	06/02/2023	Tassin, Kristin				\$	100.00
		Address of person from whom amount is received; City; State; Zip Code					
		,					
		Missouri City, TX 77459					
		Purpose for which amount is received Check if	polit	ical c	ontri	bution returned to filer	
		Scholarship					
_	Date	Name of person from whom amount is received			T	Amount (\$)	
	05/24/2023	Townsend, Lori					\$25.00
		Address of person from whom amount is received; City; State; Zip Code					
		Address of person from whom amount is received, Oily, State, 219 Sode					
		Sugar Land, TX 77478					
		<u> </u>	polit	ical c	ontri	bution returned to filer	
		Scholarship					
		<u>'</u>					

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 5/5 Rpt: 18/18 2 FILER NAME Filer ID (Ethics Commission Filers) Fort Bend Republican Women's Club PAC 00015561 8 Amount (\$) Date 5 Name of person from whom amount is received 06/08/2023 Wendt, Mary \$50.00 6 Address of person from whom amount is received; City; State; Zip Code Willis, TX 77318 Purpose for which amount is received Check if political contribution returned to filer Scholarship Amount (\$) Name of person from whom amount is received Date 05/24/2023 Wilson, Lisa \$20.00 Address of person from whom amount is received; City; State; Zip Code Missouri City, TX 77459 Purpose for which amount is received Check if political contribution returned to filer Scholarship