

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015561	2 Total pages filed: 18
3 COMMITTEE NAME Fort Bend Republican Women's Club PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/15/2023	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1910 Fawn Way Ct Richmond, TX 77406		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Lois	
		NICKNAME	LAST SUFFIX
			Gremminger
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1910 Fawn Way Ct Richmond, TX 77406		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1910 Fawn Way Ct Richmond, TX 77406		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(281)	723-3718	
9 REPORT TYPE	<input type="checkbox"/> January 15		
	<input type="checkbox"/> 30th day before election		
	<input type="checkbox"/> 8th day before election		
	<input type="checkbox"/> Runoff		
			<input type="checkbox"/> Dissolution (Attach PAC-DR)
			<input type="checkbox"/> 10th day after campaign treasurer termination
10 PERIOD COVERED	Month	Day	Year
	01	01	2023
		THROUGH	
		Month	Day
		06	30
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
			<input type="checkbox"/> Primary
			<input type="checkbox"/> Runoff
		<input type="checkbox"/> General	<input type="checkbox"/> Other
		<input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Fort Bend Republican Women's Club PAC	13 Filer ID (Ethics Commission Filers) 00015561
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,887.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Lois Gremminger

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 18

17 COMMITTEE NAME Fort Bend Republican Women's Club PAC		18 Filer ID 00015561	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,950.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	8,887.89
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	1,161.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/18
2 FILER NAME Fort Bend Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00015561
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Vicky <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77478	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Housewife		9 Employer (See Instructions) n/a
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dettling, Fayee <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) n/a
Date 05/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Tina <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Greater Houston Council
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gremminger, Lois (Ms.) <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 06/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Angela <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/18
2 FILER NAME Fort Bend Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00015561
4 Date 05/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Icenhower, Kim (Mrs.)	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions) consultant		9 Employer (See Instructions) self-employed
Date 01/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keister, Cynthia	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) n/a
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luckenbach, Katherine (Mrs.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Sugar Land, TX 77478-3727		
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) self
Date 01/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCutcheon, Carol	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) n/a
Date 05/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Nancy (Mrs.)	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Sugar Land, TX 77478		
Principal occupation / Job title (See Instructions) Board Member		Employer (See Instructions) FB CASA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/18
2 FILER NAME Fort Bend Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00015561
4 Date 05/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Carol (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Real Estate Manager		9 Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Kathy (Mrs.) <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 7/18	2 FILER NAME Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
4 Date 03/31/2023	5 Payee name Club Express	
6 Amount (\$) \$130.38 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1051 Perimeter dr suite 350 Schaumburg , IL 60173	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Use of transaction records on website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2023	Payee name Creel, Gail	
Amount (\$) \$103.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 19215 Mercant Mark Lane Richmond, TX 77407	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Memorial donation for Second Mile Ministry
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/08/2023	Payee name Gremminger, Lois (Mrs.)	
Amount (\$) \$75.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1910 Fawn Way Ct Richmond, TX 77406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for registration for TFRW Conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/7 Rpt: 8/18	2 FILER NAME Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
4 Date 02/22/2023	5 Payee name Hilton Garden Inn	
6 Amount (\$) \$643.10 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 722 Bonaventure Pl Sugar Land, TX 77479	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting expense for luncheon
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/22/2023	Candidate/Officeholder name Hilton Garden Inn	
Amount (\$) \$615.14 <input type="checkbox"/> Expenditure from corporate funds	Office sought 722 Bonaventure Pl Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon expense
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/26/2023	Candidate/Officeholder name Hilton Garden Inn	
Amount (\$) \$782.91 <input type="checkbox"/> Expenditure from corporate funds	Office sought 722 Bonaventure Pl Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luncheon
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/7 Rpt: 9/18	2 FILER NAME Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
4 Date 05/24/2023	5 Payee name Hilton Garden Inn	
6 Amount (\$) \$3,646.91 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 722 Bonaventure Pl Sugar Land, TX 77479	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Evening Event to honor scholarship winners
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/03/2023	Payee name Icenhower, Kim	
Amount (\$) \$161.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3019 Arrowhead Dr Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet annual fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/29/2023	Payee name Icenhower, Kim	
Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3019 Arrowhead Dr Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Woman of the Year Reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 4/7 Rpt: 10/18	2	FILER NAME Fort Bend Republican Women's Club PAC	3	Filer ID (Ethics Commission Filers) 00015561
4	Date 05/23/2023	5	Payee name Pamela Printing		
6	Amount (\$) \$125.57	7	Payee address; City; State; Zip Code 550 Julie Rivers Dr #310 Sugar Land, TX 77478		
<input checked="" type="checkbox"/>	Expenditure from corporate funds				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Program printing		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/22/2023		Payee name Pay Pal		
	Amount (\$) \$29.69		Payee address; City; State; Zip Code 2211 N 1st St San Jose, CA 95131		
<input checked="" type="checkbox"/>	Expenditure from corporate funds				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense for each use		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/22/2023		Payee name Pay Pal		
	Amount (\$) \$28.07		Payee address; City; State; Zip Code 2211 N 1st St San Jose, CA 95131		
<input type="checkbox"/>	Expenditure from corporate funds				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense for use of each transaction		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/7 Rpt: 11/18	2 FILER NAME Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
4 Date 03/05/2023	5 Payee name Pay Pal	
6 Amount (\$) \$1.62	7 Payee address; City; State; Zip Code 2211 N 1st St San Jose, CA 95131	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense for use of transactions
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/22/2023	Payee name Pay Pal	
Amount (\$) \$27.11	Payee address; City; State; Zip Code 2211 N 1st St San Jose, CA 95131	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for each transaction
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/14/2023	Payee name Pay Pal	
Amount (\$) \$27.67	Payee address; City; State; Zip Code 2211 N 1st St San Jose, CA 95131	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for use of each transaction
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/7 Rpt: 12/18	2 FILER NAME Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
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4 Date 05/04/2023	5 Payee name Pay Pal
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6 Amount (\$) \$23.11	7 Payee address; City; State; Zip Code 2211 N 1st St San Jose, CA 95131
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for use of each transaction
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/14/2023	Payee name Pay Pal
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Amount (\$) \$46.67	Payee address; City; State; Zip Code 2211 N 1st St San Jose, CA 95131
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for each usage
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/24/2023	Payee name Simmons, Abigail (Ms.)
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 4715 Gainsborough Dr Brookshire, TX 77423
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scholarship Award
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/7 Rpt: 13/18	2 FILER NAME Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
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4 Date 05/06/2023	5 Payee name TFRW
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6 Amount (\$) \$395.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13740 US 183 hwy j4 Austin, TX 78750
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/24/2023	Payee name Watts, Cassidy (Ms.)
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Amount (\$) \$1,000.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6607 Alicant Dr Sugar Land, TX 77479
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scholarship award
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/5 Rpt: 14/18
2 FILER NAME Fort Bend Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00015561
4 Date 05/24/2023	5 Name of person from whom amount is received Appel, Emelia	8 Amount (\$) \$50.00
	6 Address of person from whom amount is received; City; State; Zip Code Sugar Land, TX 77479	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Scholarship	
Date 05/24/2023	Name of person from whom amount is received Bennett, Traci	Amount (\$) \$100.00
	Address of person from whom amount is received; City; State; Zip Code Missouri City, TX 77459	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Scholarship	
Date 05/29/2023	Name of person from whom amount is received Dansby, Sherry	Amount (\$) \$50.00
	Address of person from whom amount is received; City; State; Zip Code Sugar Land, TX 77478	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Scholarship	
Date 05/24/2023	Name of person from whom amount is received Eclectic Attic	Amount (\$) \$50.00
	Address of person from whom amount is received; City; State; Zip Code Cartersville, GA 30121	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Scholarship	
Date 05/24/2023	Name of person from whom amount is received Gremminger, Lois	Amount (\$) \$25.00
	Address of person from whom amount is received; City; State; Zip Code Richmond, TX 77406	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Scholarship	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/5 Rpt: 15/18
2 FILER NAME Fort Bend Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00015561
4 Date 05/24/2023	5 Name of person from whom amount is received Heathcock, Elizabeth	8 Amount (\$) \$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 Scholaraship <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/24/2023	Name of person from whom amount is received Henderson, Helen	Amount (\$) \$50.00
	Address of person from whom amount is received; City; State; Zip Code Sugar Land, TX 77479	
	Purpose for which amount is received Scholarship <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/25/2023	Name of person from whom amount is received Icenhower, Kim	Amount (\$) \$6.00
	Address of person from whom amount is received; City; State; Zip Code Sugar Land, TX 77479	
	Purpose for which amount is received Scholarship <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/24/2023	Name of person from whom amount is received Knipling, Richard	Amount (\$) \$50.00
	Address of person from whom amount is received; City; State; Zip Code Richmond, TX 77469	
	Purpose for which amount is received Scholarship <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/24/2023	Name of person from whom amount is received Kwiatkowski, Donna	Amount (\$) \$75.00
	Address of person from whom amount is received; City; State; Zip Code Sugar Land, TX 77478	
	Purpose for which amount is received Scholarship <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 3/5 Rpt: 16/18
2 FILER NAME Fort Bend Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00015561
4 Date 05/24/2023	5 Name of person from whom amount is received Luckenbach, Katherine	8 Amount (\$) \$75.00
6 Address of person from whom amount is received; City; State; Zip Code Sugar Land, TX 77478		
7 Purpose for which amount is received Scholarship		
<input type="checkbox"/> Check if political contribution returned to filer		
Date 05/25/2023	Name of person from whom amount is received Moffett, Marie	Amount (\$) \$50.00
Address of person from whom amount is received; City; State; Zip Code Sugar Land, TX 77479		
Purpose for which amount is received Scholarship		
<input type="checkbox"/> Check if political contribution returned to filer		
Date 05/24/2023	Name of person from whom amount is received Nixon, Rhonda	Amount (\$) \$100.00
Address of person from whom amount is received; City; State; Zip Code Missouri City, TX 77459		
Purpose for which amount is received Scholarship		
<input type="checkbox"/> Check if political contribution returned to filer		
Date 06/03/2023	Name of person from whom amount is received Oates, Heidi	Amount (\$) \$50.00
Address of person from whom amount is received; City; State; Zip Code Missouri City, TX 77459		
Purpose for which amount is received Scholarship		
<input type="checkbox"/> Check if political contribution returned to filer		
Date 05/24/2023	Name of person from whom amount is received Olsen, Monica	Amount (\$) \$75.00
Address of person from whom amount is received; City; State; Zip Code Richmond, TX 77406		
Purpose for which amount is received Scholarship		
<input type="checkbox"/> Check if political contribution returned to filer		

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 4/5 Rpt: 17/18
2 FILER NAME Fort Bend Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00015561
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	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution 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 <input type="checkbox"/> Check if political contribution 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 <input type="checkbox"/> Check if political contribution 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 <input type="checkbox"/> Check if political contribution returned to filer Scholarship	
Date	Name of person from whom amount is received	Amount (\$)
05/24/2023	Townsend, Lori	\$25.00
	Address of person from whom amount is received; City; State; Zip Code	
	Sugar Land, TX 77478	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Scholarship	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 5/5 Rpt: 18/18
2 FILER NAME Fort Bend Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00015561
4 Date 06/08/2023	5 Name of person from whom amount is received Wendt, Mary	8 Amount (\$) \$50.00
6 Address of person from whom amount is received; City; State; Zip Code Willis, TX 77318		
7 Purpose for which amount is received Scholarship		
<input type="checkbox"/> Check if political contribution returned to filer		
Date 05/24/2023	Name of person from whom amount is received Wilson, Lisa	Amount (\$) \$20.00
Address of person from whom amount is received; City; State; Zip Code Missouri City, TX 77459		
Purpose for which amount is received Scholarship		
<input type="checkbox"/> Check if political contribution returned to filer		