

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) 00054719	2 Total pages filed: 15
3 COMMITTEE NAME Chambers County Republican Women		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/15/2023	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 519 Anahuac, TX 77514		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST	MI	
	Mrs. Rachal D.		
	NICKNAME LAST	SUFFIX	
		Hisler	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 367 Pipeyard Rd #1575 Anahuac, TX 77514		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1575 Anahuac, TX 77514		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	496-4681	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	02/10/2023		06/30/2023
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Chambers County Republican Women	13 Filer ID (Ethics Commission Filers) 00054719
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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) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,285.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,855.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,074.77
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.

Mrs. Rachal D. Hisler

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

17 COMMITTEE NAME Chambers County Republican Women		18 Filer ID (Ethics Commission Filers) 00054719
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,285.00
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	\$ 2,855.48
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/6 Rpt: 4/15
2 FILER NAME Chambers County Republican Women		3 Filer ID (Ethics Commission Filers) 00054719
4 Date 04/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALINE CLARK REALTY <hr/> 6 Contributor address; City; State; Zip Code TX	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAUER, LANCE <hr/> Contributor address; City; State; Zip Code WINNIE, TX 77665	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) LAW ENFORCEMENT		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAUER, LISA <hr/> Contributor address; City; State; Zip Code WINNIE, TX 77665	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SELF EMPLOYEED		Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAIR, DANIELLE <hr/> Contributor address; City; State; Zip Code BAYTOWN, TX 77523	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) FLCA
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLESSING, CODIE <hr/> Contributor address; City; State; Zip Code BAYTOWN, TX 77523	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/15
2 FILER NAME Chambers County Republican Women		3 Filer ID (Ethics Commission Filers) 00054719
4 Date 05/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOLLICH, SUSAN <hr/> 6 Contributor address; City; State; Zip Code HANKAMER, TX 77560	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) DENTIST OFFICE		9 Employer (See Instructions) UNKNOWN
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURTON, STACY <hr/> Contributor address; City; State; Zip Code WALLVILLE, TX 77597	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions)
Date 05/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FREDRICHS, ELIZABETH <hr/> Contributor address; City; State; Zip Code MONT BEVIEU, TX 77535	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAULDING, JOHN <hr/> Contributor address; City; State; Zip Code WINNIE, TX 77665	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAULDING, VICKEY <hr/> Contributor address; City; State; Zip Code WINNIE, TX 77665	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/15
2 FILER NAME Chambers County Republican Women		3 Filer ID (Ethics Commission Filers) 00054719
4 Date 04/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GODSEY, JAMIE <hr/> 6 Contributor address; City; State; Zip Code BAYTOWN, TX 77523	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HART, KIM <hr/> Contributor address; City; State; Zip Code BAYTOWN, TX 77523	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HATFIELD, DAVID <hr/> Contributor address; City; State; Zip Code HANKAMER, TX 77560	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) JUSTICE OF THE PEACE		Employer (See Instructions) CHAMBERS COUNTY
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAWTHORNE, LOGAN/TANNER <hr/> Contributor address; City; State; Zip Code MONT BELVIEU, TX 77523	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENNIGAN, REBA <hr/> Contributor address; City; State; Zip Code ANAHUAC, TX 77514	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/15
2 FILER NAME Chambers County Republican Women		3 Filer ID (Ethics Commission Filers) 00054719
4 Date 02/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENNIGAN, REBA <hr/> 6 Contributor address; City; State; Zip Code ANAHUAC, TX 77514	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERRERA, KIM <hr/> Contributor address; City; State; Zip Code ANAHUAC, TX 77514	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HISLER, RACHAL <hr/> Contributor address; City; State; Zip Code Anahuac, TX 77514	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) BOOKKEEPER		Employer (See Instructions) GEORGE W. HISLER II, INC.
Date 04/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HISLER, RACHAL <hr/> Contributor address; City; State; Zip Code Anahuac, TX 77514	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) BOOKKEEPER		Employer (See Instructions) GEORGE W. HISLER II, INC.
Date 05/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, CHRISTIAN/CHAD <hr/> Contributor address; City; State; Zip Code DAYTON, TX 77535	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/15
2 FILER NAME Chambers County Republican Women		3 Filer ID (Ethics Commission Filers) 00054719
4 Date 04/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KISER, BRANDON	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code TX	
8 Principal occupation / Job title (See Instructions) LEGISLATIVE STAFFER		9 Employer (See Instructions)
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LASSETTER, DEANNA	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code ANAHUAC, TX 77514	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions)
Date 02/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBAUGH, DANIEL	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code BAYTOWN, TX 77521	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Date 05/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NETTLES, DAVID	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77027	
Principal occupation / Job title (See Instructions) TAX CONSULTANT		Employer (See Instructions)
Date 04/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'PRY, BROOK	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code BAYTOWN, TX 77524	
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/15
2 FILER NAME Chambers County Republican Women		3 Filer ID (Ethics Commission Filers) 00054719
4 Date 04/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THORNHILL, RICHARD 6 Contributor address; City; State; Zip Code MONT BELVIEU, TX 77535	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions)
Date 04/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, TROY Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, GINGER Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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: 1/6 Rpt: 10/15	2 FILER NAME Chambers County Republican Women	3 Filer ID (Ethics Commission Filers) 00054719
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4 Date 02/21/2023	5 Payee name AMAZON
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6 Amount (\$) \$70.40 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 INK
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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 02/23/2023	Payee name AMAZON
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Amount (\$) \$62.92 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX
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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 STAMPS
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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 06/22/2023	Payee name BLAIR, DANIELLE
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Amount (\$) \$91.65 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10023 MARY LANE BAYTOWN, TX 77523
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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 SUPPLIES
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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
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: 2/6 Rpt: 11/15	2 FILER NAME Chambers County Republican Women	3 Filer ID (Ethics Commission Filers) 00054719
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4 Date 03/03/2023	5 Payee name CRAFT HOARDERS
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6 Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 22609 IH 10 W WALLISVILLE, TX 77597
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8 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 RENTAL 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 02/23/2023	Payee name GENESIS METAL WORKS
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Amount (\$) \$1,300.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code HANKAMER, TX 77560
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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 IN GOD WE TRUST SIGNS
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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 05/09/2023	Payee name HARLAND CLARKE
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Amount (\$) \$38.16 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 519 ANAHUAC, TX 77514
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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 CHECKS
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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
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: 3/6 Rpt: 12/15	2 FILER NAME Chambers County Republican Women	3 Filer ID (Ethics Commission Filers) 00054719
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4 Date 03/01/2023	5 Payee name JOE V'S
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6 Amount (\$) \$20.87 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code GARTH ROAD BAYTOWN, TX 77524
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8 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 FOOD
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/02/2023	Payee name KOMMERCIAL KITCHENS
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Amount (\$) \$30.15 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2520 I 10 EAST BEAUMONT, TX 77703
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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 SUPPLIES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/01/2023	Payee name LEBLANC, ANDREW
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Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7134 FM 563 WALLISVILLE, TX 77597
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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 A/V
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Complete ONLY 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
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: 4/6 Rpt: 13/15	2 FILER NAME Chambers County Republican Women	3 Filer ID (Ethics Commission Filers) 00054719
4 Date 05/12/2023	5 Payee name LEBLANC, SUSAN	
6 Amount (\$) \$251.65 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7134 FM 563 WALLISVILLE, TX 77597	
8 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 FOOD
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/13/2023	Candidate/Officeholder name LEBLANC, SUSAN	
Amount (\$) \$216.60 <input type="checkbox"/> Expenditure from corporate funds	Office sought 7134 FM 563 WALLISVILLE, TX 77597	
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 MEAL
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/01/2023	Candidate/Officeholder name PAYPAL	
Amount (\$) \$28.77 <input type="checkbox"/> Expenditure from corporate funds	Office sought 2211 NORTH 1ST STREET SAN JOSE, CA 95131	
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 FEES
9 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: 5/6 Rpt: 14/15	2 FILER NAME Chambers County Republican Women	3 Filer ID (Ethics Commission Filers) 00054719
4 Date 02/22/2023	5 Payee name PAYPAL	
6 Amount (\$) \$29.39 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 NORTH 1ST STREET SAN JOSE, CA 95131	
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 PAYPAL FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/02/2023	Payee name SAM'S CLUB #8281	
Amount (\$) \$345.46 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13600 EAST FWY HOUSTON, TX 77015	
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 FOOD
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/12/2023	Payee name TFRW	
Amount (\$) \$7.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13740 N HWY 183 STE J 4 AUSTIN, TX 78750-1832	
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 FINAL PAYMENT
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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 15/15	2 FILER NAME Chambers County Republican Women	3 Filer ID (Ethics Commission Filers) 00054719
4 Date 02/28/2023	5 Payee name WALMART	
6 Amount (\$) \$11.84 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8700 N HIGHWAY 146 BAYTOWN, TX 77523	
8 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 FOOD
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held