GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission F 00016322	Filers)	2 Total pages filed: 49	
3	COMMITTEE NAME		-	-		OFFICE U	SE ONLY
	Ector County Repu	ublican Women's Club				Date Received	
						ELECTRONICA 07/07/2023	LLY FILED
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; C	TY;	STATE;	ZIP CODE		
	ADDRESS	P.O. Box 14537				Date Hand-delivered or	Date Postmarked
	Change of Address						
		Odessa, TX 79768				Receipt #	Amount
						Date Processed	
						Data las sal	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR FIRST				MI	
	TREASURER NAME	Ms. Julie					
		NICKNAME LAST				SUFFIX	
		Adams					
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE)		APT / SU	JITE #; CITY;	STA	TE; ZIP CODE
	STREET	P.O. Box 14537					
	ADDRESS						
	(Residence or Business)	Odessa, TX 79768					
7	CAMPAIGN TREASURER	STREET OR PO BOX;		APT / S	SUITE #; CITY	; STA	ATE; ZIP CODE
	MAILING	P.O. Box 14537					
	ADDRESS						
	Change of Address	Odessa, TX 79768					
8	CAMPAIGN	AREA CODE PHONE NUMBER	EX	TENSION			
	TREASURER PHONE	(432) 664-3877					
9	REPORT TYPE	January 15	0th	day before election		Dissolution (Attach	n PAC-DR)
			th d	ay before election	Г	10th day after cam	paign treasurer
		X July 15	Runo	ff		termination	
			Curio				
10	PERIOD COVERED	Month Day Year			Month Day	Year	
	COVERED	01/01/2023	HR	DUGH	06/30/2023	3	
11	ELECTION	ELECTION DATE			LECTION TYPE		
			Prim			Other	
		11/07/2023					
			Gen	eral	Special		
⊢							
		GO	то	PAGE 2			
Fo	rms provided by Te	xas Ethics Commission www.e	ethic	s.state.tx.us		Versio	n V3.5.1.a18ea2ca

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Ector County Republica	n Women's Club		00016322	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2 . Марацияа	A Supported		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA			
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	10,994.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	20,607.69
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
			e Adams	ror
		Signature of Ca	mpaign Treasu	liei
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tl	his the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	I itle of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca
- onno provincu by Tendo L		·····		

FORM GPAC COVER SHEET PG 3 3 of 49

17 COMMITTI	EE NAME	18 Filer ID	(Ethics Commission Filers)			
Ector Cou						
	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$			
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$			
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$			
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$			
9.	SCHEDULE E: LOANS		\$			
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$			
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 12,434.66			
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

SUBTOTALS - GPAC

The Instruction Guide explains how to complete this form. 1 Total rages Schelule A1: Sch: 1/26 Rpt: 4/49 2 FILER NAME 3 File ID (Ethic Commission Filers) 00016322 4 Date 3 File ID (Ethic Commission Filers) 00016322 0.104/2023 AMONETT, ASHLEIGH 04:e4:site PAC (Dis:) 7 Amount of Contribution (\$) 0.104/2023 AMONETT, ASHLEIGH 9 Employer (See Instructions) \$100.00 6 Contributor address; City, State: Zip Code 000ESSA, TX 78762 Amount of Contribution (\$) 53ISTANT EX, DIRECTOR 9 Employer (See Instructions) Amount of Contribution (\$) 04/25/2023 Apolinario, Gloria (Ms.) Contributor address; City, State; Zip Code Amount of Contribution (\$) 04/25/2023 Full name of contributor oxed-state PAC (De:					
Ector County Republican Women's Club 00016322 4 Date 5 Full mame of contribution out-of-state PAC (Dir:	The Instru	ction Guide explains how to complete this f	orm.		
Ector County Republican Women's Club 00016322 4 Date 5 Full mame of contribution address; City: State; Zip Code 7 Amount of Contribution (\$) 01/04/2023 6 Contributor address; City: State; Zip Code 7 Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) ASSISTANT EX. DIRECTOR 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (10::::::::::::::::::::::::::::::::::::	2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
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6 Contributor address; City; State: Zip Code ODESSA, TX 79762 8 Principal occupation / Job title (See Instructions) ASSISTANT EX. DIRECTOR 9 Employer (See Instructions) Assist ANT EX. DIRECTOR Date 04/25/2023 Full name of contributor out-of-state PAC (IDI:) Apolinario, Gioria (MS.) Contributor address; City; State: Zip Code 0dessa, TX 79761 Amount of Contribution (\$) \$35.00 Principal occupation / Job title (See Instructions) RealTor Full name of contributor out-of-state PAC (IDI:) Austin, Patti (Mrs.) Amount of Contribution (\$) \$35.00 Date 05/18/2023 Full name of contributor out-of-state PAC (IDI:) Austin, Patti (Mrs.) Amount of Contribution (\$) \$35.00 Principal occupation / Job title (See Instructions) Refired Employer (See Instructions) Refired Amount of Contribution (\$) \$35.00 Date 01/31/2023 Full name of contributor out-of-state PAC (IDI:	4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
6 Contributor address; City; State; Zip Code 7 ODESSA, TX 79762 9 Employer (See Instructions) ASSISTANT EX. DIRECTOR 9 Date Full name of contributor 04/25/2023 Full name of contributor Odessa, TX 79761 Employer (See Instructions) Principal occupation / Job title (See Instructions) Real Estate Company Date Odessa, TX 79761 9 Employer (See Instructions) Realior Real Estate Company Austin, Path (Mrs.) Contributor address; City; State; 2ip Code 05/18/2023 Full name of contributor 04/25/2023 Full name of contributor 05/18/2023 Full name of contributor 01/31/2023 Full name of contributor 01/31/2023 Full name of contributor 01/31/2023 Employer (See Instructions) Retired Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Out-of-state PAC (ID# Amount of Contribution (\$) 01/31/2023 BRIGGS, MARY S35.00 01/31/2023 Full name of	01/04/2023	AMONETT, ASHLEIGH		\$10	00.00
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03/22/2023 BROWN, JAN Contributor address; City; State; Zip Code ODESSA, TX 79761 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code ODESSA, TX 79761 Principal occupation / Job title (See Instructions) Employer (See Instructions)			······································		35 00
ODESSA, TX 79761 Principal occupation / Job title (See Instructions) Employer (See Instructions)	00/22/2020				00.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
		UDESSA, TX 79761			
RETIRED	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
	RETIRED				

The Instruc	ction Guide explains how to complete th	nis form.	1 Total pages Schedule A1: Sch: 2/26 Rpt: 5/49	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	y Republican Women's Club		00016322	
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of Contribution (\$)	
03/22/2023	BROWN, STEVE		\$	35.00
	6 Contributor address; City; State; Zip Code		1	
	ODESSA, TX 79761			
8 Principal occu RETIRED	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
Date	Full name of contributor Out-of-state PAC (//D#.	Amount of Contribution (\$)	
04/19/2023		(ID#:)		.00.00
04/19/2023			ΦΤ.	.00.00
	Contributor address; City; State; Zip Code Gardendale, TX 79758			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	1 s)	
County Attor		Ector County	<i>•</i>	
Date	-		Amount of Contribution (\$)	
		(ID#:)	Amount of Contribution (\$)	
03/17/2023	Barker, Alicia Contributor address; City; State; Zip Code		φ.	35.00
- Dringingloggy	Midland, TX 79708	Frank ver (See Instruction	-	
Retired	ipation / Job title (See Instructions)	Employer (See Instructions	s) 	
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)	
03/06/2023	Bird, Alma (Mrs.)		\$	20.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79761			
Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Date	Full name of contributor out-of-state PAC ((ID#:)	Amount of Contribution (\$)	
02/15/2023	Black, Melissa (Mrs.)		\$1	.00.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79762			
-	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Mortgage Lo	an Officer	Bank		

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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/26 Rpt: 6/49
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		/ Republican Women's Club		00016322
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	05/18/2023	Bradley, Stormy (Mrs.)		\$500.00
		6 Contributor address; City; State; Zip Code		
Ļ	<u> </u>	Big Spring, TX 79720		<u> </u>
8	Business Ov	pation / Job title (See Instructions)	9 Employer (See Instructions	S)
	Business Ov			
	Date)	Amount of Contribution (\$)
	01/03/2023	Brown, B.J. (Miss)		\$35.00
		Contributor address; City; State; Zip Code		
		Odessa TV 70761		
⊢	Dringing ago	Odessa, TX 79761	Employer (Cool Instructions	
	lawyer	pation / Job title (See Instructions)	Employer (See Instructions Private Practice	»)
	-			
	Date)	Amount of Contribution (\$)
	01/27/2023	CHAVEZ, DOTTIE		\$100.00
		Contributor address; City; State; Zip Code		
		ODESSA, TX 79765		
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	() ()
	•	AFETY SPEC		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
╞			<u> </u>	Amount of Contribution (#)
	Date 01/31/2023	Full name of contributor out-of-state PAC (ID#: CHELETTE, MORGAN)	Amount of Contribution (\$) \$35.00
	01/31/2023			\$55.00
		Contributor address; City; State; Zip Code		
		ODESSA, TX 79762		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	l ;)
	REALTOR			,
⊢	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/31/2023	CRAIG, CHERYL)	\$100.00
	01,01,1010	Contributor address; City; State; Zip Code		
		Contributor address, City, State, Zip Code		
		ODESSA, TX 79762		
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	; ;)
	ACCT MGR			
⊢			1	

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 4/26 Rpt: 7/49	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	y Republican Women's Club		00016322	<i>'</i>)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/03/2023	Calloway, Judy (Mrs.)		\$100	0.00
	6 Contributor address; City; State; Zip Code			
	Odessa, TX 79761			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/27/2023	Caron, Leta (Mrs.)		\$3	5.00
	Contributor address; City; State; Zip Code			
	Midland, TX 79702			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/17/2023	Clark, Sheila (Mrs.)		\$100	0.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79768			
	ipation / Job title (See Instructions)	Employer (See Instructions))	
retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/22/2023	Clay, , Debbie (Mrs.)		\$100	0.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79762			
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
-	Commissions Court	Ector County)	
Date	Full name of contributor out-of-state PAC (ID#:	-	Amount of Contribution (\$)	
04/25/2023	Collins, Patti (Mrs.)	/		5.00
07/20/2020	Contributor address; City; State; Zip Code			0.00
	כטוונווטענטו מעטופיז, כונץ, גומוב, בוף כטעב			
	Odessa, TX 79762			
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions))	
Realtor			,	
		L		

	The Instru	ction Guide explains how to comp	lete this fo	rm.	1	Total pages Schedule A1: Sch: 5/26 Rpt: 8/49	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		Republican Women's Club				00016322	/
4	Date	5 Full name of contributor out-of-sta	ate PAC (ID#:)	7	Amount of Contribution (\$)	
	01/24/2023	Collins, Patti (Mrs.)					\$28.00
		6 Contributor address; City; State; Zip Coc	le				
		Odessa, TX 79762					
8		pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Realtor						
	Date	Full name of contributor 🛛 out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	01/03/2023	Cox, Kathleen					\$35.00
		Contributor address; City; State; Zip Coc					
		Odessa, TX 79762					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Housewife						
	Date	Full name of contributor 🛛 out-of-sta	ate PAC (ID#:)		Amount of Contribution (\$)	
	02/23/2023	Crutcher, Linda (Mrs.)					\$35.00
		Contributor address; City; State; Zip Coc	le				
		ODESSA, TX 79765					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Retired						
	Date	Full name of contributor	ate PAC (ID#:)		Amount of Contribution (\$)	
	01/17/2023	Crutcher, Lori (Mrs.)					\$500.00
		Contributor address; City; State; Zip Coc					
		ODESSA, TX 79762					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Attorney						
	Date	Full name of contributor	ate PAC (ID#:)		Amount of Contribution (\$)	
	06/01/2023	DUDLEY, DEBORAH					\$100.00
		Contributor address; City; State; Zip Coc	le				
		ODESSA, TX 79761	i-				
		pation / Job title (See Instructions)		Employer (See Instructions)		
	RETIRED						

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/26 Rpt: 9/49	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Ector County	y Republican Women's Club			00016322	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	06/01/2023	DUDLEY, PHYLLIS				\$100.00
	I	6 Contributor address; City; State; Zip Code		1		
		ODESSA, TX 79761				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	RETIRED					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/03/2023	Derrick, Donna				\$35.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
	Drive sized, apour	Odessa, TX 79764	European (Care Instructions	Ĺ		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
⊨				1		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#100.00
	01/19/2023	Dunn, Thana				\$100.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Odessa, TX 79761				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ו)		
	Retired			,		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/19/2023	Dunn, Wallace (Mr.)	/		/ mount of containents (+,	\$100.00
	•_,	Contributor address; City; State; Zip Code				
	I					
	I					
	I	Odessa, TX 79762				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sales		Self Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/27/2023	EARNEST, RIKKI				\$35.00
		Contributor address; City; State; Zip Code				
	I					
	I					
		ODESSA, TX 79765				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	ATTORNEY					

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/26 Rpt: 10/49
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Republican Women's Club		00016322
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/17/2023	Edgmom, Theresa (Mrs.)		\$100.00
	6 Contributor address; City; State; Zip Code		
	Odessa, TX 79765		
	pation / Job title (See Instructions)	9 Employer (See Instructions	
Insurance Ag	gent	Higginbottan Edgmon In	IS
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/24/2023	Edgmom, Theresa (Mrs.)		\$400.00
	Contributor address; City; State; Zip Code		
	Odessa, TX 79765		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Insurance Ag	gent	Higginbottan Edgmon In	IS
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
01/17/2023	Edgmom, Tim (Mr.))	\$100.00
0_/_//_0_0	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Odessa, TX 79765		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Insurance Ag	gent	Higginbottan Edgmon In	IS
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/24/2023	Edgmom, Tim (Mr.)		\$400.00
	Contributor address; City; State; Zip Code		
	Odessa, TX 79765		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Insurance Ag	gent	Higginbottan Edgmon In	IS
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/30/2023	Fox, Gerald (Mr.)		\$100.00
	Contributor address; City; State; Zip Code		•
	Odessa, TX 79761		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
Estimator		interstate treating	

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/26 Rpt: 11/49	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		y Republican Women's Club			00016322	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/30/2023	Fox, Sherry (Mrs.)				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		ODESSA, TX 79761-0000				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Vice Preside	ent				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/03/2023	GARZA, JANE				\$35.00
		Contributor address; City; State; Zip Code		1		
		ТХ				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	RETIRED					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/15/2023	GARZA, NATALI				\$20.00
		Contributor address; City; State; Zip Code				
		MIDLAND, TX 79701				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	RETIRED					
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/03/2023	Gregston, Traci (Ms.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		ODESSA, TX 79761-0000				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Barber					
	Date	Full name of contributor out-of-state PAC (ID#:)	·	Amount of Contribution (\$)	
	06/30/2023	Griffin, Teresa				\$35.00
		Contributor address; City; State; Zip Code				
		Dia Carina TV 70700				
\vdash	Duin air 1	Big Spring, TX 79720	Freedower (C. J. J. J.	<u> </u>		
Í		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Retired					

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 9/26 Rpt: 12/49	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	/ Republican Women's Club		00016322	1 11010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/22/2023	HARKNESS, BRENDA			\$20.00
	6 Contributor address; City; State; Zip Code			
	MIDLAND, TX 79707			
		9 Employer (See Instructions)	
EX. ADMINIS	STRATIVE ASST			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/30/2023	HARRISON, TERESA	,		\$100.00
	Contributor address, City, State, Zip Code			
	MIDLAND, TX 79706		<u></u>	
	pation / Job title (See Instructions)	Employer (See Instructions)	
DHS/ICE/HS	51			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/31/2023	HAYS, DWAYNE			\$100.00
	Contributor address; City; State; Zip Code			
	ODESSA, TX 79764			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
BUILDING IN				
Date	Full name of contributor out-of-state PAC (ID#:	\ \	Amount of Contribution (\$)	
01/31/2023)	Amount of Contribution (\$)	\$100.00
01/31/2023	HERNANDEZ, KLATA			\$100.00
	Contributor address; City; State; Zip Code			
	ODESSA, TX 79762			
	pation / Job title (See Instructions)	Employer (See Instructions)	
ACCOUNT N	MGR			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/27/2023	HICKS, RHONDA			\$35.00
	Contributor address; City; State; Zip Code			
	ODESSA, TX 79762			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
ACCOUNT N			,	
	-			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/26 Rpt: 13/49
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Ector Count	y Republican Women's Club		00016322
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/31/2023	HOGGARD, KELSEY		\$35.00
	6 Contributor address; City; State; Zip Code		
	SAGINAW, TX 76179		
8 Principal occu AMAZON	upation / Job title (See Instructions)	9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/31/2023	HOGGARD, STEPHANIE		\$35.00
	Contributor address; City; State; Zip Code		
	ODESSA TV 70762		
Principal occu	ODESSA, TX 79762 upation / Job title (See Instructions)	Employer (See Instructions	A
RETIRED)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/22/2023	Harris, Mary (Mrs.)		\$100.00
	Contributor address; City; State; Zip Code		
	Odessa, TX 79761		
-	upation / Job title (See Instructions)	Employer (See Instructions)
retired			
Date	Full name of contributor out-of-state PAC (ID#:))	Amount of Contribution (\$)
03/13/2023	Harris, Mary (Mrs.)		\$35.00
	Contributor address; City; State; Zip Code		
	Odessa, TX 79761		
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions)
retired			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
01/19/2023	Harrison, Danora (Mrs.)		\$35.00
	Contributor address; City; State; Zip Code		
	Gardendale, TX 79758		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	N
Retired			

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The Ins	truction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 11/26 Rpt: 14/49
2 FILER N	ME		3 Filer ID (Ethics Commission Filers)
	unty Republican Women's Club		00016322
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
03/22/20	123 Hawkins, Tammy		\$35.0
	6 Contributor address; City; State; Zip Code		
	· · · · · · · · · · · · · · · · · · ·		
	Odessa, TX 79762		
8 Principal	occupation / Job title (See Instructions)	9 Employer (See Instructions	5)
School I	Board	Self Employes	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/08/20	—		\$35.0
	Odessa, TX 79762		
Princinal	occupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Retired			2
Retireu			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/20	Hays, Debi (Mrs.)		\$100.0
	Contributor address; City; State; Zip Code		
	Odessa, TX 79764-1203		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	s)
County	ludge	Ector County	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/17/20			\$100.0
	Contributor address; City; State; Zip Code		
	Midland, TX 79711		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	5)
homema	ker	none	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/31/20		/	\$35.0
01/01/1			
	Contributor address; City; State; Zip Code		
	ODESSA, TX 79761		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
ACCT M			<i>יו</i>

The Ir	struction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 12/26 Rpt: 15/49	
2 FILER	AME	3	Filer ID (Ethics Commission	Filers)
	ounty Republican Women's Club	_	00016322	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
03/22/2	023 Jones, Dennis (Mr.)			\$35.00
	6 Contributor address; City; State; Zip Code			
	Odessa, TX 79762			
8 Principa	occupation / Job title (See Instructions) 9 Employer (See Instructi	ions)		
Judge				
Date	Full name of contributor Out-of-state PAC (ID#:)		Amount of Contribution (\$)	
05/18/2				\$35.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79762			
Principa	occupation / Job title (See Instructions) Employer (See Instructi	ions)		
Teache	r ECISD			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
01/03/2				\$35.00
	Contributor address; City; State; Zip Code			
	ODESSA, TX 79762			
	occupation / Job title (See Instructions) Employer (See Instructions)	ions)		
LANDS	CAPER			
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
02/14/2				\$35.00
	Contributor address; City; State; Zip Code			
	ODESSA, TX 79762			
	occupation / Job title (See Instructions) Employer (See Instructi	ions)		
RETIR				
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
01/31/2	023 KUHLMANN, JANNA			\$35.00
	Contributor address; City; State; Zip Code			
	ODESSA, TX 79762			
	occupation / Job title (See Instructions) Employer (See Instructi	ions)		
RETIR				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 13/26 Rpt: 16/49
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	y Republican Women's Club		00016322
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/03/2023	Kelm, Donna (Mrs.)		\$100.0
	6 Contributor address; City; State; Zip Code		
	Odessa, TX 79762		
8 Principal occu Accountant	upation / Job title (See Instructions)	9 Employer (See Instructions Self Employed	3)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/06/2023	Kelm, Donna (Mrs.)		\$28.0
	Contributor address; City; State; Zip Code		
	Odessa, TX 79762		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Accountant		Self Employed	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/03/2023	Kimbrell, Pam (Mrs.)		\$100.0
	Contributor address; City; State; Zip Code		
Principal occu	ODESSA, TX 79762 upation / Job title (See Instructions)	Employer (See Instructions	;)
Retired			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
03/22/2023	LACY, RHONDA		\$20.0
	Contributor address; City; State; Zip Code		
	MIDLAND, TX 79705		
RETIRED	upation / Job title (See Instructions)	Employer (See Instructions	5)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/17/2023	LEONARD, VALARIE		\$35.0
	Contributor address; City; State; Zip Code		
	ODESSA, TX 79762		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	3)
CONTROLL			
		l	

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 14/26 Rpt: 17/49
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Ector County	y Republican Women's Club		00016322
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/31/2023	LEWIS, TRYON (Mr.)		\$100.
	6 Contributor address; City; State; Zip Code		
	ODESSA, TX 79763		
8 Principal occu Lawyer	upation / Job title (See Instructions)	9 Employer (See Instructions Law Firm Partner	ls)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/03/2023	Landgraf, Beverly (Mrs.)		\$100.
	Contributor address; City; State; Zip Code		
	Odessa, TX 79761-3429		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L IS)
Rancher		self employed	
Date	Full name of contributor Out-of-state PAC (ID#:	l)	Amount of Contribution (\$)
04/12/2023	Landgraf, Brooks (Mr.)		\$100.
	Contributor address; City; State; Zip Code		
ĺ	Odessa, TX 79762		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ls)
Tx State Rep	presentative	State of Texas	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/03/2023	Landgraf, John (Mr.)		\$100.
l	Contributor address; City; State; Zip Code		
ĺ			
	Odessa, TX 79761-3429		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Rancher		self employed	-
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/12/2023	Landgraf, Shelby (Mrs.)		\$100.
	Contributor address; City; State; Zip Code		
1	Odessa, TX 79762		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	 IS)
retired			-,
 			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 15/26 Rpt: 18/49	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	y Republican Women's Club		00016322	,,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
03/06/2023	Lane, Shaye (Mrs.)		\$	35.00
	6 Contributor address; City; State; Zip Code			
	Odessa, TX 79763			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions		
Pastor				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/27/2023	Lemley, Sherri			35.00
	Midland, TX 79705			
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions)	
Retired			, ,	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
01/31/2023	Lewallen, Cheryl (Mrs.))		.00.00
01/31/2023			ψ1	.00.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79762			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
Retired)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	~~~~
01/31/2023	Lewallen, David		\$1	.00.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79762			
Dringinglago		Employer (Cap Instructions	<u> </u>	
Owner	pation / Job title (See Instructions)	Employer (See Instructions)	
Owner				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/30/2023	Lewallen, Kathryn (Mrs.)		\$1	.00.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79762			
	pation / Job title (See Instructions)	Employer (See Instructions		
Retired				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 16/26 Rpt: 19/49	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	y Republican Women's Club		00016322	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/31/2023	Lewis, Trudy (Mrs.)			\$100.00
	6 Contributor address; City; State; Zip Code			
	Odessa, TX 79763			
	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/31/2023	Lucas, Marty			\$100.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79762			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/15/2023	Lucas, Marty			\$35.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79762			
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions))	
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷05 00
02/15/2023	MANCHA, EMILY			\$25.00
	Contributor address; City; State; Zip Code			
	ТХ			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
RETIRED)	
	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
Date 02/15/2023	Full name of contributor out-of-state PAC (ID#: MANCHA, VERONICA)		\$100.00
0211012020	Contributor address; City; State; Zip Code			Ψ100.00
	Continuation address, City, State, Zip Code			
	ODESSA, TX 79762			
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions))	
CONSTRUC			,	

The Inst	ruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 17/26 Rpt: 20/49	
2 FILER NA	ΛE		3 Filer ID (Ethics Commission	n Filers)
	nty Republican Women's Club		00016322	/
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
02/17/20				\$30.00
	6 Contributor address; City; State; Zip Code			
	ODESSA, TX 79762			
		9 Employer (See Instructions	;)	
TEACHE	2			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/06/202				\$35.00
	Contributor address; City; State; Zip Code			
	ODESSA, TX 79762			
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	3)	
HR DIRE	CTOR			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/19/20				\$20.00
	Contributor address; City; State; Zip Code			
	Midland, TX 79706			
	ccupation / Job title (See Instructions)	Employer (See Instructions	3)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/202	3 McCrone, Elizabeth			\$35.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79761			
	ccupation / Job title (See Instructions)	Employer (See Instructions	s)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/06/202	3 McMurray, Lisa (Mrs.)			\$500.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79765			
	ccupation / Job title (See Instructions)	Employer (See Instructions	3)	
retired				

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The Instru	ction Guide explains how to complete th	is form.	1 Total pages Schedule A1: Sch: 18/26 Rpt: 21/49	
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
	y Republican Women's Club		00016322	
4 Date	5 Full name of contributor Out-of-state PAC (I	ID#:)	7 Amount of Contribution (\$)	
01/31/2023	Milson, Karla (Mrs.)			\$100.00
	6 Contributor address; City; State; Zip Code			
	Odessa, TX 79762			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	1	
Retired				
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of Contribution (\$)	
01/03/2023	Minor, Rachel (Ms.)			\$100.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79765			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))	
Project Man	ager	First Tier Construction		
Date	Full name of contributor Out-of-state PAC (I	ID#:)	Amount of Contribution (\$)	
01/03/2023	Nabarrette, Jaye (Mrs.)			\$100.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79762			
-	upation / Job title (See Instructions)	Employer (See Instructions) Wood Foundation	1	
Administativ	-	WOOD Foundation		
Date		ID#:)	Amount of Contribution (\$)	to 7 00
01/03/2023				\$35.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79762			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	 \	
retired			!	
	Full name of contributor Out-of-state PAC (I		Amount of Contribution (\$)	
Date 01/27/2023	Full name of contributor Out-of-state PAC (I Nyborg, Williams (Mr.)	,D#:)	ΑΠΙΟΦΠΕΟΓΟΟΠΕΙΝΟΔΙΟΓΓ(Ψ)	\$100.00
UILIILOLO				Ψ100.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79765			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions))	
Business Ov		Self Employed		

The	e Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 19/26 Rpt: 22/49	
2 FILE	ER NAME			3 Filer ID (Ethics Commission Filers)	
		v Republican Women's Club		00016322	
4 Date	9	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/3	31/2023	OWENS, AMANDA		\$35	.00
		6 Contributor address; City; State; Zip Code			
		ODESSA, TX 79762			
		pation / Job title (See Instructions)	9 Employer (See Instructions)	
ACC	CT MGR				
Date	9	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/2	24/2023	PIERCE, CHARLES		\$100	.00
		Contributor address; City; State; Zip Code			
		ODESSA, TX 79762			
		pation / Job title (See Instructions)	Employer (See Instructions)	
RET	TIRED				
Date	9	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/2	25/2023	Patrick, Sandra (Mrs.)		\$35	.00
		Contributor address; City; State; Zip Code			
		Odessa, TX 79761			
		pation / Job title (See Instructions)	Employer (See Instructions		
retir	eu				
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/2	22/2023	Peden, Deanna		\$35	.00
		Contributor address; City; State; Zip Code			
		Odessa, TX 79765			
Drin	ainal agai		Employer (See Instructions		
	icher	pation / Job title (See Instructions)	Employer (See Instructions)	
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	~~
01/0	03/2023	Perkins, Betty (Mrs.)		\$35	.00
		Contributor address; City; State; Zip Code			
		Odessa, TX 79765			
Prine	cinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Reti				7	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 20/26 Rpt: 23/49
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Ector Count	ty Republican Women's Club		00016322
4 Date 01/19/2023			7 Amount of Contribution (\$)\$100.00
	6 Contributor address; City; State; Zip Code		
	Odessa, TX 79762		
8 Principal occu Plumber	upation / Job title (See Instructions)	9 Employer (See Instructions) Service Master	.)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/08/2023	Provance, Robin (Ms.)		\$100.00
	Contributor address; City; State; Zip Code		
	Odessa, TX 79763		
-	upation / Job title (See Instructions)	Employer (See Instructions)	j)
HR Director		Oil Services	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
01/05/2023	RAYNE, MELISSA	ļ	\$35.00
Principal occu	MIDLAND, TX 79705 upation / Job title (See Instructions)	Employer (See Instructions)	c)
RETIRED			·/
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/31/2023	REED, NORRIS		\$100.00
	Contributor address; City; State; Zip Code		
	ODESSA, TX 79765		
Principal occu SUPERVISC	upation / Job title (See Instructions) OR	Employer (See Instructions)	;)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/15/2023	RICHARD, ELLEN		\$100.00
	Contributor address; City; State; Zip Code		
1	MIDLAND, TX 79701		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	s)
REGIONAL	PROPERTY MGR		

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The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 21/26 Rpt: 24/49	
2 FILER NAME			3 Filer ID (Ethics Commission Filers))
	/ Republican Women's Club		00016322	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
01/27/2023	RICHARD, RONALD		\$100).00
	6 Contributor address; City; State; Zip Code			
	· · · · · · · · · · · · · · · · · · ·			
	YUKON, OK 73099			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
SELF-EMPL	OYED			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/26/2023	RICHARD , VICKI		\$100).00
	Contributor address; City; State; Zip Code			
	YUKON, OK 73099			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
SELF-EMPL	OYED			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/03/2023	Rhodes, Betsy (Mrs.)		\$100	0.00
	Contributor address; City; State; Zip Code			
	F F			
	Odessa, TX 79762			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Treasurer		Metal Specialties Inc		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/08/2023	Robinson, Edith (Mrs.)		\$500).00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79765			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Office Mana	ger	Business Owner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/30/2023	Saulsbury, Jody (Mrs.)		\$100).00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79765			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Housewife				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
			Sch: 22/26 Rpt: 25/49
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	/ Republican Women's Club		00016322
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/30/2023	Saulsbury, Matthew (Mr.)		\$100.00
	6 Contributor address; City; State; Zip Code		
	Odessa, TX 79765		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
VP Saulsbur	У	Saulsbury Inc	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/16/2023	Sewell, Canda (Mrs.)		\$100.00
	Contributor address; City; State; Zip Code		
	Odessa, TX 79765		
-	pation / Job title (See Instructions)	Employer (See Instructions	3)
retired			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/24/2023	Simmons, Cami (Mrs.)		\$100.00
	Contributor address; City; State; Zip Code		
	Odessa, TX 79762		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Housewife			>/
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 01/24/2023	Full name of contributor out-of-state PAC (ID#: Simmons, Greg (Mr.))	Amount of Contribution (\$) \$100.00
01/24/2023	- · ·		\$100.00
	Contributor address; City; State; Zip Code		
	Odessa, TX 79762		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
BANKER		Security State Bank	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/13/2023	Smith, Carole (Mrs.)		\$35.00
	Contributor address; City; State; Zip Code		
	Odessa, TX 79762		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Housewife			

	The Instru	ction Guide explains how to complete	e this fo	orm.	1	Total pages Schedule A1: Sch: 23/26 Rpt: 26/49	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		y Republican Women's Club				00016322	
4	Date	5 Full name of contributor out-of-state F	PAC (ID#:)	7	Amount of Contribution (\$)	
	02/15/2023	Smith, Donna					\$35.00
		6 Contributor address; City; State; Zip Code					
		Odessa, TX 79761					
8	Principal occu	ipation / Job title (See Instructions)		9 Employer (See Instructions))		
	Retired						
	Date	Full name of contributor out-of-state F	PAC (ID#:)		Amount of Contribution (\$)	
	03/08/2023	Smith, Margie (Mrs.)					\$35.00
		Contributor address; City; State; Zip Code					
		Odessa, TX 79761					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Retired						
	Date	Full name of contributor 🔲 out-of-state F	PAC (ID#:)		Amount of Contribution (\$)	
	01/19/2023	Stringer, Don (Mrs.)					\$100.00
		Contributor address; City; State; Zip Code					
		Odessa, TX 79761	r				
		pation / Job title (See Instructions)		Employer (See Instructions))		
	Retired						
	Date		PAC (ID#:)		Amount of Contribution (\$)	
	01/19/2023	Stringer, Shawn (Mrs.)					\$100.00
		Contributor address; City; State; Zip Code					
		Odessa, TX 79761					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	\		
	Housewife)		
	Date 01/31/2023	Full name of contributor out-of-state F	PAC (ID#:)		Amount of Contribution (\$)	ቀንፍ ሰብ
	01/31/2023	Swanner, Denise (Mrs.)					\$35.00
		Contributor address; City; State; Zip Code					
		Odessa, TX 79762					
⊢	Principal occu	pation / Job title (See Instructions)	I	Employer (See Instructions	<u></u>		
		Administrator			,		
┝							

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 24/26 Rpt: 27/49	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Ector County	y Republican Women's Club			00016322	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/18/2023	TALIAFERRO, DANA				\$35.00
	I	6 Contributor address; City; State; Zip Code				
		ODESSA, TX 79765				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	;)		
	RETIRED					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/25/2023	TENNESON - CAMERON, MELODY (Mrs.)				\$100.00
	ł	Contributor address; City; State; Zip Code				
\vdash		ODESSA, TX 79765	The second secon	Ĺ		
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
L				=		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷25.00
	01/26/2023	TROUT, JULIE				\$35.00
		Contributor address; City; State; Zip Code				
		ODESSA, TX 79762				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u>لــــــــــــــــــــــــــــــــــــ</u>		
	OFFICE MG		— r - y - (,	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	01/03/2023	Thompson, Sunshine (Mrs.)	/		,	\$100.00
		Contributor address; City; State; Zip Code				•
		Odessa, TX 79764				
	-	pation / Job title (See Instructions)	Employer (See Instructions)	;)		<u> </u>
L	Veteran Serv	vice Officer	Ector County			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/15/2023	Tidwell, Rhonda (Mrs.)				\$35.00
	I	Contributor address; City; State; Zip Code				
		Odeece TV 70761				
┡	Drivel easy	Odessa, TX 79761		ŕ		
		pation / Job title (See Instructions)	Employer (See Instructions)	;)		
L	Business Ow	/ner				

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/26 Rpt: 28/49	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		v Republican Women's Club			00016322	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/22/2023	VAN DEVENTER, JONI				\$35.00
		6 Contributor address; City; State; Zip Code		1		
		ODESSA, TX 79765				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	FLORIST					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/14/2023	Van Cleave, Denise (Mrs.)				\$100.00
				ł		
		Odessa, TX 79762				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/14/2023	Vincent, Carol	/			\$35.00
		Contributor address; City; State; Zip Code		ł		
		Odessa, TX 79765				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired					
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	06/30/2023	WEGNER, JANA				\$35.00
		Contributor address; City; State; Zip Code		1		
		тх				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	RETIRED					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/15/2023	Walters, Cynthia (Mrs.)				\$35.00
		Contributor address; City; State; Zip Code		ł		
I		Odessa, TX 79766				
┢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Radio					
⊢						

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 26/26 Rpt: 29/49	
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	y Republican Women's Club		00016322	
4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)	
01/19/2023	Welling, Tonny			\$28.00
	6 Contributor address; City; State; Zip Code			
	Odessa, TX 79760			
Sales	upation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
01/27/2023	Wheeler, April (Mrs.)			\$100.00
	Contributor address; City; State; Zip Code			
	ODESSA, TX 79764	-		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Business Ov	wner			
Date	Full name of contributor Out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
01/31/2023	Whisednhunt, Sandra			\$35.00
	Contributor address; City; State; Zip Code			
	Odesse TV 70762			
Dringinglagg	Odessa, TX 79762	Employer (Cap Instructions		
Retired	upation / Job title (See Instructions)	Employer (See Instructions	>)	
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)	
05/08/2023	Williams, Melissa (Ms.)			\$100.00
	Contributor address; City; State; Zip Code			
	ODESSA, TX 79765			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>	
Attorney		District Attorney Office E		
Date 03/22/2023	Full name of contributor out-of-state PAC (ID# Williams, Paula (Ms.)	:)	Amount of Contribution (\$)	\$100.00
03/22/2023	, <i>, , , , , , , , , , , , , , , , , , </i>			\$100.00
	Contributor address; City; State; Zip Code			
	Odessa, TX 79762			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
retired			,	

Sch. 1/20 Rpt: Ector County Republican Women's Club 00016322 Date 5 Payee name	Total pages Sabadula I:	2 EILED NAME		3 Filer ID (Ethics Commission Filer
03/27/2023 A-1 Sign Engravers INC Amount (\$) 7 Payee Address; City; State; Zip 277.12 P O Box 2641 Expenditure from OF EXPENDITURE Midland, TX 79702 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description BADGES Date 05/22/2023 A-1 Sign Engravers INC Amount (\$) Payee name 05/22/2023 A-1 Sign Engravers INC Amount (\$) Payee Address; City; State; Zip 97.43 P O Box 2641 Expenditure from Corporate funds Midland, TX 79702 PURPOSE Expenditure from Corporate funds (a) Category (See instructions for examples of acceptable categories) (b) Description BADGES Date Payee name 05/18/2023 A-LLIANZ GLOBAL ASSISTANCE Amount (\$) Payee Address; City; State; Zip 23.25 9950 MAYLAND DR Expenditure from Corporate funds RICHMOND, VA 23233 PURPOSE Expenditure from Corporate funds (a) Category (See instructions for examples of acceptable categories) Date Payee name 05/18/2023 (a) Category (See instructions for examples of acceptable categories) Corporate funds RICHMOND, VA 23233 PuRPOSE Payee name 05/18/202	Total pages Schedule I: Sch: 1/20 Rpt:			
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	EXPENDITURE			

Total pages Schedule I: Sch: 2/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
Date 05/23/2023	5 Payee name Amazon	
Amount (\$) 24.02	7Payee Address;City; State; Zip9804 S. 25th Ave	
Expenditure from corporate funds	Seattle , WA 68123	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required. 6 PC GIANT BIG CHECK FOR PRESENTATION
Date	Payee name	L
01/09/2023	Armic Systems	
Amount (\$) 129.00	Payee Address;City; State; Zip3405 Clearmont Ave	
Expenditure from corporate funds	Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required. WEBSITE MANAGEMENT - DECEMBER 2022
Date	Payee name	I
01/09/2023	Armic Systems	
Amount (\$) 129.00	Payee Address; City; State; Zip 3405 Clearmont Ave	
Expenditure from corporate funds	Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required. WEBSITE MANAGEMENT - JAN 2023
Date	Payee name	
02/02/2023	Armic Systems	
Amount (\$)	Payee Address; City; State; Zip	
129.00	3405 Clearmont Ave	
Expenditure from corporate funds	Odessa, TX 79762	
		(b) Description (See instructions regarding type of information required.
PURPOSE	Advertising Expense	WEBSITE MANAGEMENT - FEB 2023

Date 5 Payee name 03/04/2023 Armic Systems Amount (\$) 7 Payee Address; City; State; Zip 129.00 3405 Clearmont Ave Odessa, TX 79762 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required WEBSITE MANAGEMENT - MAR 2023 Date Payee name Advertising Expense (if) Description (See instructions regarding type of information required WEBSITE MANAGEMENT - MAR 2023 Date Payee name Armic Systems Armic Systems Anount (\$) Payee Address; City; State; Zip City 129.00 129.00 3405 Clearmont Ave Veertising Expense (See instructions regarding type of information required WEBSITE MANAGEMENT - APR 2023 Date Odessa, TX 79762 Odessa, TX 79762 (See instructions regarding type of information required WEBSITE MANAGEMENT - APR 2023 Date Of Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required WEBSITE MANAGEMENT - APR 2023 Date Of See name Advertising Expense State; Zip 3405 Clearmont Ave 05/01/2023 Arm	Date 5 Payee name 03/04/2023 Armic Systems Anourt (\$) 7 Payee Address; City; State; Zip 129,00 3405 Clearmont Ave PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information regard Date Payee name Advertising Expense (b) Description (See instructions regarding type of information regard Date Payee name Advertising Expense (b) Description (See instructions regarding type of information regard Date Payee name (b) Description (See instructions regarding type of information regard 04(01/2023 Armic Systems (b) Description (See instructions regarding type of information regard PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information regard 05/01/2023 Armic Systems (b) Description (See instructions regarding type of information regard 04/02/2023 Armic Systems (b) Description (See instructions regarding type of information regard 05/01/2023 Payee Address; City; State; Zip (b) Description	Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers
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L29.00 Expenditure from corporate funds Odessa, TX 79762 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required WEBSITE MANAGEMENT1UNE 2023	L29.00 Output	Amount (\$)		
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PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required OF Advertising Expense WEBSITE MANAGEMENT1UNE 2023	PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require WEBSITE MANAGEMENT - JUNE 2023		Odessa TX 70762	
OF Advertising Expense WEBSITE MANAGEMENT - JUNE 2023	OF Advertising Expense WEBSITE MANAGEMENT - JUNE 2023			(h) Decemination (Soo instructions respecting time of information required
		OF		

	The Instruction Guide explains how to	
Total pages Schedule I: Sch: 4/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
Date 06/02/2023	5 Payee name Armic Systems	
Amount (\$) 129.00	 7 Payee Address; City; State; Zip 3405 Clearmont Ave 	
Expenditure from corporate funds	Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required. WEBSITE MANAGEMENT - JULY 2023
Date 02/06/2023	Payee name Calloway, Judy (Mrs.)	
Amount (\$) 85.00	Payee Address; City; State; Zip 1305 Bonham	
Expenditure from corporate funds	odessa, TX 79761	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. TFRW LEGISLATIVE DAY REGISTRATION
Date 02/06/2023	Payee name	
Amount (\$) 75.00	Calloway, Judy (Mrs.) Payee Address; City; State; Zip 1305 Bonham	
Expenditure from corporate funds	odessa, TX 79761	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. TFRW BOARD MEETING REGISTRATION
Date	Payee name	
02/06/2023	Calloway, Judy (Mrs.)	
Amount (\$) 4.39	Payee Address; City; State; Zip 1305 Bonham	
	odessa, TX 79761	
Expenditure from corporate funds		(b) Description (See instructions regarding type of information required.

SCHEDULE |

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filer
Sch: 5/20 Rpt:	Ector County Republican Women's Club	00016322
Date	5 Payee name	
02/17/2023	Community National Bank	
Amount (\$)	7 Payee Address; City; State; Zip	
5.00	619 N Grant ste100	
Expenditure from	Odessa, TX 79761	
corporate funds		(b) Description (See instructions regarding type of information required
PURPOSE OF EXPENDITURE	Accounting/Banking	STATEMENT PRINTING CHARGE
Date	Payee name	
03/06/2023	GRIMES, HEATHER (Mrs.)	
Amount (\$)	Payee Address; City; State; Zip	
85.00	50 COBBLESTONE LN	
Expenditure from corporate funds	ODESSA, TX 79765	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required
OF EXPENDITURE	Fees	LEGISLATIVE DAY - REIMBURSE REGISTRATIO
Date	Payee name	
03/06/2023	GRIMES, HEATHER (Mrs.)	
Amount (\$)	Payee Address; City; State; Zip	
2.27	50 COBBLESTONE LN	
Expenditure from corporate funds	ODESSA, TX 79765	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required
OF EXPENDITURE	Fees	CC FEES
Date	Payee name	
04/27/2023	Homemade Wines	
	Payee Address; City; State; Zip	
Amount (\$)		
Amount (\$) 564.30	1541 JBS PARKWAY	
564.30 Expenditure from		
564.30	DDESSA, TX 79761 (a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required

R NAME or County Republican Women's Club ee name BY CPA, RON (Mr.) ee Address; City; State; Zip 6 JBS PKWY ESSA, TX 79761 egory (See instructions for examples of acceptable categories) ounting/Banking	3 Filer ID (Ethics Commission Filers) 00016322
BY CPA, RON (Mr.) ee Address; City; State; Zip 6 JBS PKWY ESSA, TX 79761 gory (See instructions for examples of acceptable categories)	
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6 JBS PKWY ESSA, TX 79761 gory (See instructions for examples of acceptable categories)	
ESSA, TX 79761 gory (See instructions for examples of acceptable categories)	
gory (See instructions for examples of acceptable categories)	
gory (See instructions for examples of acceptable categories)	
<u> </u>	(b) Description (See instructions regarding type of information required.) PREP 2022 FORM 990
ee name	
RRIOTT HOTEL & CONFERENCE CENTE	R
ee Address; City; State; Zip	
E 5TH ST	
	VIP DINNER
ee name	
RRIOTT HOTEL & CONFERENCE CENTE	R
ee Address; City; State; Zip	
ESSA, TX 79761	
- · · ·	(b) Description (See instructions regarding type of information required.)
el In District	POS PURCHASE
20. 0200	
	R
ESSA, TX 79761	
gory (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
	LODGING FOR SHERRONA BISHOP
	RRIOTT HOTEL & CONFERENCE CENTE ee Address; City; State; Zip E 5TH ST ESSA, TX 79761 egory (See instructions for examples of acceptable categories) vel In District ee name RRIOTT HOTEL & CONFERENCE CENTE

SCHEDULE |

	Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/20 Rpt:	Ector County Republican Women's Club	00016322
	Date 05/16/2023	5 Payee name MARRIOTT HOTEL & CONFERENCE CENTE	R
	Amount (\$) 208.01 Expenditure from	7 Payee Address; City; State; Zip 305 E 5TH	
	corporate funds	ODESSA, TX 79761	
•	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel In District	(b) Description (See instructions regarding type of information required.) DINNER WITH SPEAKER
	Date 05/18/2023	Payee name MARRIOTT HOTEL & CONFERENCE CENTE	R
	Amount (\$) 17.28 Expenditure from	Payee Address; City; State; Zip 305 E. 5TH ODESSA, TX 79761	
	Corporate funds PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel In District	(b) Description (See instructions regarding type of information required. POS PURCHASE
	Date	Payee name	
	01/05/2023	MILLER, JILL	
	Amount (\$) 100.00 Expenditure from corporate funds	Payee Address; City; State; Zip 7223 DONATELLO ODESSA, TX 79765	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. REFUND FOR DUPLICATE PAYMENT
	Date 04/28/2023	Payee name NFRW	
	Amount (\$) 25.00 Expenditure from corporate funds	Payee Address; City; State; Zip 124 N Alfred St Alexandria, VA 22314	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required. 2023 FEDERATION FUND

OF Gift/Awards/Memorials Expense 2023 MARION MARTIN BUILDING FUND Date Payee name NFRW Amount (\$) Payee Address; City; State; Zip 25.00 124 N Alfred St Depropriate funds Alexandria, VA 22314 PURPOSE (a) Category (See instructions for examples of acceptable categories) Of Gift/Awards/Memorials Expense Date Payee name 04/28/2023 NFRW Date Gift/Awards/Memorials Expense OF Gift/Awards/Memorials Expense Date Payee name 04/28/2023 NFRW Amount (\$) Payee Address; 25.00 124 N Alfred St 25.00 Gift/Awards/Memorials Expense Ob Description (See instructions regarding type of information requine 2022 FEDERATION FUND 2022 FEDERATION FUND 2022 FEDERATION FUND Date Payee name 06/16/2023 NFRW Amount (\$) Payee Address; City; State; Zip <	Total pages Schedule I: Sch: 8/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers 00016322
25.00 124 N Alfred St Incorporate funds Alexandria, VA 22314 PURPOSE EXPENDITURE (a) Category Gee instructions for examples of acceptable categories) Gift/Awards/Memorials Expense (b) Description (See instructions regarding type of information regin 2023 MARION MARTIN BUILDING FUND Date Payee name NFRW Amount (5) Payee Address; City; State; Zip 25.00 124 N Alfred St Zopondiume from corporate funds Alexandria, VA 22314 PURPOSE OF EXPENDITURE (a) Category Gee instructions for examples of acceptable categories) Gift/Awards/Memorials Expense (b) Description (See instructions regarding type of information regin 2022 MARION MARTIN BUILDING FUND Date Payee name (A) Category Gee instructions for examples of acceptable categories) Gift/Awards/Memorials Expense (b) Description (See instructions regarding type of information regin 2022 MARION MARTIN BUILDING FUND Date Payee name NFRW Amount (6) Payee Address; City; State; Zip 125,00 124 N Alfred St 2022 FEDERATION FUND Date Of Category Gee instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information regin 2022 FEDERATION FUND Date Payee name (A) Category Gee instructions for examples of acceptable categories) (b) Description (See instructions regard		,	
PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required 2023 MARION MARTIN BUILDING FUND Date Payee name NFRW Amount (\$) Payee Address; City; State; Zip 25.00 124 N Alfred St Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require 2022 MARION MARTIN BUILDING FUND PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require 2022 MARION MARTIN BUILDING FUND Date Payee name Od/28/2023 NFRW 25.00 124 N Alfred St 25.00 124 N Alfred St 25.00 124 N Alfred St 2022 MARION MARTIN BUILDING FUND Date Payee name Od/28/2023 NFRW 2022 MARION MARTIN BUILDING require Corporate funds Alexandria, VA 22314 VA 22314 2022 FEDERATION FUND Date Payee name Od/26/2023 NFRW 2022 FEDERATION FUND Category (See instructors for examples of acceptable categories) (b) Description (See instructions regarding type of information require 2022 FEDERATION FUND <tr< td=""><td>25.00</td><td>124 N Alfred St</td><td></td></tr<>	25.00	124 N Alfred St	
04/28/2023 NFRW Amount (\$) Payee Address; City; State; Zip 25.00 124 N Alfred St Expenditure from Corporate funds Alexandria, VA 22314 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requine 2022 MARION MARTIN BUILDING FUND Date 04/28/2023 Payee name 04/28/2023 NFRW	PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	
25.00 124 N Alfred St Alexandria, VA 22314 Alexandria, VA 22314 PURPOSE of EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense (b) Description (See instructions regarding type of information requin 2022 MARION MARTIN BUILDING FUND Date 04/28/2023 Payee name 04/28/2023 NFRW Amount (\$) Payee Address; 25.00 City; State; Zip 124 N Alfred St Expenditure from corporate funds Alexandria, VA 22314 PURPOSE of EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense (b) Description Date 06/16/2023 Payee name 06/16/2023 (b) Description (See instructions regarding type of information requin 2022 FEDERATION FUND Date 06/16/2023 Payee name 06/16/2023 NFRW 2022 FEDERATION FUND Amount (\$) Payee name 06/16/2023 NFRW Amount (\$) Payee Address; 75.00 City; State; Zip 124 N Alfred St Texpenditure from corporate funds Alexandria, VA 22314 PURPOSE 0F (a) Category (See instructions for examples of acceptable categories) 0F After of Expenditure from corporate funds (a) Category (See instructions for examples of acceptable categories) 0F			
Icorporate funds Alexandria, VA 22314 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense (b) Description (See instructions regarding type of information requin 2022 MARION MARTIN BUILDING FUND Date Payee name NFRW Adexandria, VA 22314 VA Amount (\$) Payee Address; City; State; Zip (b) Description (See instructions regarding type of information requin 2022 MARION MARTIN BUILDING FUND PURPOSE OF EXPENDITURE Payee Address; City; State; Zip (b) Description (See instructions regarding type of information requin 2022 FEDERATION FUND Date Payee name (b) Description (See instructions regarding type of information requin 2022 FEDERATION FUND Date Payee name (b) Description (See instructions regarding type of information requin 2022 FEDERATION FUND Date Payee name (Ja Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requin 2022 FEDERATION FUND Toto Payee Address; City; State; Zip (Ja Category (See Instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requin 2022 FEDERATION FUND Toto PuPRPOSE (a) Ca	25.00	124 N Alfred St	
04/28/2023 NFRW Amount (\$) Payee Address; City; State; Zip 25.00 124 N Alfred St Expenditure from Corporate funds Alexandria, VA 22314 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense (b) Description (See instructions regarding type of information require 2022 FEDERATION FUND Date 06/16/2023 Payee name NFRW Alexandria, VA 22314 Amount (\$) Payee Address; City; State; Zip 124 N Alfred St Expenditure from Corporate funds Alexandria, VA 22314 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require 2022 FEDERATION FUND	PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	•
25.00 124 N Alfred St Expenditure from corporate funds Alexandria, VA 22314 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense (b) Description (See instructions regarding type of information require 2022 FEDERATION FUND Date 06/16/2023 Payee name NFRW NFRW Amount (\$) Payee Address; 75.00 City; State; Zip 124 N Alfred St Expenditure from corporate funds Alexandria, VA 22314 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) REGISTRATION (b) Description (See instructions regarding type of information require DONNA KELM REGISTRATION NFRW			
PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense (b) Description (See instructions regarding type of information require 2022 FEDERATION FUND Date Payee name 06/16/2023 NFRW Amount (\$) Payee Address; 75.00 City; State; Zip City; State; Zip Image: Sependiture from corporate funds Alexandria, VA 22314 VA 22314 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) REGISTRATION (b) Description (See instructions regarding type of information require DONNA KELM REGISTRATION NFRW	25.00 Expenditure from	124 N Alfred St	
06/16/2023 NFRW Amount (\$) Payee Address; City; State; Zip 75.00 124 N Alfred St Expenditure from corporate funds Alexandria, VA 22314 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require DONNA KELM REGISTRATION NFRW	PURPOSE OF		•
75.00 124 N Alfred St Expenditure from corporate funds Alexandria, VA 22314 PURPOSE OF REGISTRATION (a) Category (See instructions for examples of acceptable categories) REGISTRATION NFRW (b) Description (See instructions regarding type of information require DONNA KELM REGISTRATION NFRW		,	
PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require OF REGISTRATION DONNA KELM REGISTRATION NFRW	75.00	124 N Alfred St	
CONVENTION	PURPOSE	(a) Category (See instructions for examples of acceptable categories)	•

Total pages Schedule I: Sch: 9/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
Date 06/16/2023	5 Payee name NFRW	
Amount (\$) 605.00 Expenditure from	7 Payee Address; City; State; Zip 124 N Alfred St	
corporate funds	Alexandria, VA 22314	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) REGISTRATION	(b) Description (See instructions regarding type of information required. JUDY CALLOWAY REGISTRATION NFRW CONVENTION
Date	Payee name	
06/16/2023	NFRW	
Amount (\$) 530.00	Payee Address; City; State; Zip 124 N Alfred St	
Expenditure from corporate funds	Alexandria, VA 22314	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) REGISTRATION	(b) Description (See instructions regarding type of information required. DONNA KELM REGISTRATION NFRW CONVENTION
Date	Payee name	
04/07/2023	OMNI HOTEL	
Amount (\$) 238.53	Payee Address; City; State; Zip 420 DECKER DR	
Expenditure from corporate funds	IRVING, TX 75062	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel Out of District	(b) Description (See instructions regarding type of information required. NFRW CONVENTION
Date	Payee name	
01/31/2023	Odessa Country Club	
Amount (\$) 11.52	Payee Address; City; State; Zip 7293 Club Dr	
Expenditure from corporate funds	Odessa, TX 79765	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required. JANUARY 2023 LUNCHEON
	1	L

Date 03/31/2023 Amount (\$) Expenditure corporate fu		5 Payee name Odessa Country Club			
و Expenditure ہے	7				
corporate fu	98.50 from	7293 Club Dr			
PURPOS	nds	Odessa, TX 79765 a) Category (See instructions for examples of acceptable categories)	(b) Description	See instructions regard	ing type of information required.)
OF	- [Food/Beverage Expense	MARCH 2023		ng ypo or mornation required.
Date		Payee name			
04/30/2023	3	Odessa Country Club			
	23.20	Payee Address; City; State; Zip 7293 Club Dr			
Expenditure		Odessa, TX 79765			
PURPOS OF EXPENDITI		a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (S APRIL 2023 L		ing type of information required.
Date		Payee name			
05/31/2023	3	Odessa Country Club			
Amount (\$)	23.25	Payee Address;City; State; Zip7293 Club Dr			
Expenditure		Odessa, TX 79765			
PURPOS OF EXPENDITI	E (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (s) MAY 2023 LU		ing type of information required.
Date		Payee name			
06/05/2023	3	Pizza Hut			
Amount (\$)	60.34	Payee Address;City; State; Zip4020 E. University			
Expenditure		Odessa, TX 79762			
corporate fu		a) Category (See instructions for examples of acceptable categories)	(b) Description	See instructions regard	ing type of information required.)
OF		Food/Beverage Expense		BOARD MEETI	

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 11/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
Date 01/23/2023	5 Payee name Quickbooks/Intuit Inc	
Amount (\$) 58.63 – Expenditure from	7 Payee Address; City; State; Zip 2700 Coast Ave	
corporate funds	Mountain View, CA 94043	
B PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) MONTHLY QB FEES
Date	Payee name	
02/21/2023	Quickbooks/Intuit Inc	
Amount (\$) 58.63	Payee Address; City; State; Zip 2700 Coast Ave	
Expenditure from corporate funds	Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) MONTHLY QB FEES
Date	Payee name	
03/21/2023	Quickbooks/Intuit Inc	
Amount (\$) 58.63	Payee Address;City; State; Zip2700 Coast Ave	
Expenditure from corporate funds	Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) MONTHLY QB FEES
	Pavee name	
Date	Quickbooks/Intuit Inc	
Date 04/21/2023		
04/21/2023 Amount (\$) 58.63	Payee Address; City; State; Zip 2700 Coast Ave	
04/21/2023 Amount (\$)	Payee Address; City; State; Zip	

	The Instruction Guide explains how to complete this form.
Total pages Schedule I: Sch: 12/20 Rpt:	2 FILER NAME 3 Filer ID (Ethics Commission Filers 00016322 Ector County Republican Women's Club 00016322 (Ethics Commission Filers 00016322
Date 05/21/2023	5 Payee name Quickbooks/Intuit Inc
Amount (\$) 58.63	7 Payee Address; City; State; Zip 2700 Coast Ave
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Accounting/Banking MONTHLY QB FEES
Date 06/21/2023	Payee name Quickbooks/Intuit Inc
Amount (\$) 58.63	Payee Address; City; State; Zip 2700 Coast Ave
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required. Accounting/Banking MONTHLY QB FEES
Date 01/04/2023	Payee name Squareup.com
Amount (\$) 128.29 Expenditure from corporate funds	Payee Address; City; State; Zip 14500 FAA Blvd Suite 100 Ft Worth, TX 76155
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required SQUARE FEES - JAN 2023
Date 02/06/2023	Payee name Squareup.com
Amount (\$) 22.85 Expenditure from corporate funds	Payee Address;City; State; Zip14500 FAA BlvdSuite 100Ft Worth, TX 76155
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Fees SQUARE FEES - FEB 2023

Date		
03/06/2023	5 Payee name Squareup.com	
Amount (\$) 76.47 Expenditure from corporate funds	 Payee Address; City; State; Zip 14500 FAA Blvd Suite 100 Ft Worth, TX 76155 	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) SQUARE FEES - MAR 2023
Date 04/08/2023	Payee name Squareup.com	
Amount (\$) 61.05 Expenditure from corporate funds	Payee Address; City; State; Zip 14500 FAA Blvd Suite 100 Ft Worth, TX 76155	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. SQUARE FEES - APR 2023
Date 05/03/2023	Payee name Squareup.com	
Amount (\$) 75.58 Expenditure from corporate funds	Payee Address; City; State; Zip 14500 FAA Blvd Suite 100 Ft Worth, TX 76155	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. SQUARE FEES - MAY 2023
Date 06/01/2023	Payee name Squareup.com	
Amount (\$) 6.40 Expenditure from corporate funds	Payee Address; City; State; Zip 14500 FAA Blvd Suite 100 Ft Worth, TX 76155	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) SQUARE FEES - JUNE 2023

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/20 Rpt:	Ector County Republican Women's Club	00016322
Date	5 Payee name	
06/30/2023	Squareup.com	
Amount (\$)	7 Payee Address; City; State; Zip	
2.64	14500 FAA Blvd	
- Expenditure from	Suite 100	
corporate funds	Ft Worth, TX 76155	
PURPOSE OF		(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Fees	CC FEES
Date	Payee name	
01/09/2023	TERW	
Amount (\$)	Payee Address; City; State; Zip 13740 US-183 J4,	
60.00	10140 00 100 04,	
Expenditure from corporate funds	Austin, TX 78750	
		(b) Description (See instructions regarding type of information required.
OF	Fees	BROOKS LANDGRAF LUNCHEON FEE
EXPENDITURE		
Date	Payee name	
01/09/2023	TFRW	
Amount (\$)	Payee Address; City; State; Zip	
170.00	13740 US-183 J4,	
Expenditure from		
corporate funds	Austin, TX 78750	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	•
OF EXPENDITURE	Fees	JILL, ASHLEIGH, SHELLEY, SANDY, RACHEL, DONNA
		DONNA
Date	Payee name	
05/16/2023	TFRW	
Amount (\$)	Payee Address; City; State; Zip 13740 US-183 J4,	
204.77	10140 00-100 04,	
Expenditure from corporate funds	Austin, TX 78750	
		(b) Description (See instructions regarding type of information required.
OF	Fees	DONNA KELM REGISTRATION
EXPENDITURE		

	al pages Schedule I: 15/20 Rpt:	2 FILER NAME Ector County Republican Women's	3 Filer ID (Ethics Commission Filers) Club 00016322
Date 01/1	e 10/2023	5 Payee name TFRW	
	ount (\$) 250.00 enditure from	7 Payee Address; City; State; 13740 US-183 J4,	Zip
	porate funds	Austin, TX 78750	
	PURPOSE OF PENDITURE	(a) Category (See instructions for examples of accepta DUES	ble categories) (b) Description (See instructions regarding type of information required. PATRON MEMBERSHIP FOR DONNA KELM PER BOARD VOTE
Date	9	Payee name	
01/2	25/2023	TFRW	
	ount (\$) 450.00	Payee Address; City; State; 13740 US-183 J4,	Zip
	enditure from porate funds	Austin, TX 78750	
	PURPOSE OF PENDITURE	(a) Category (See instructions for examples of accepta DUES	ble categories) (b) Description (See instructions regarding type of information required. 18 MEMBERSHIP DUES #2
Date	9	Payee name	
02/2	28/2023	TFRW	
Amo	925.00	Payee Address; City; State; 13740 US-183 J4,	Zip
	enditure from porate funds	Austin, TX 78750	
	PURPOSE OF PENDITURE	(a) Category (See instructions for examples of accepta DUES	ble categories) (b) Description (See instructions regarding type of information required.) 37 MEMBERSHIP DUES - #3
Date	9	Payee name	
03/3	31/2023	TFRW	
Amo	ount (\$) 275.00	Payee Address; City; State; 13740 US-183 J4,	Zip
	enditure from porate funds	Austin, TX 78750	
P	PURPOSE OF PENDITURE	(a) Category (See instructions for examples of accepta DUES	ble categories) (b) Description (See instructions regarding type of information required.) 11 MEMBERSHIP DUES - #4

Date 5 Payee name 05/26/2023 TFRW Amount (\$) 7 Payee Address; City; State; Zip 325.00 13740 US-183 J4, Corporate funds Austin, TX 78750 PURPOSE (a) Category (see instructors for examples of acceptable categortes) (b) Description Get instructors regarding type of informator required to the mature of informator	Date 5 Payee name 05/26/2023 TFRW Amount (\$) 25.00 13740 US-183 34. Dependiture from Corporate funds PURPOSE OF OP Date 01/09/2023 TFRW Amount (\$) 15.51 15.51 13740 N HWY 183 Austin, TX 78750 PURPOSE 01/09/2023 TFRW Amount (\$) 15.51 13740 N HWY 183 Corporate funds AUSTIN, TX 78750 PURPOSE Fees City: State; Zip 13.40 N HWY 183 AUSTIN, TX 78750 PURPOSE Fees City: State; Zip 3.75 13740 US-183 34, City: State; Zip 3.75 13740 US-183 34, Expenditure from corporate funds Austin, TX 78750 PURPOSE PURPOSE	Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers
05/26/2023 TFRW Amount (\$) 7 Payee Address; City; State; Zip 325.00 13740 US-183 J4, PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information regarding type of inform	05/26/2023 TFRW Amount (\$) 7 Payee Address: City: State; Zip 325.00 13740 US-183 J4, Expenditure from corporate funds Austin, TX 78750 PURPOSE of EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required 13 MEMBERSHIP DUES Date Payee name 01/09/2023 TFRW Amount (\$) Payee Address: City: State; Zip 15.51 13740 N HWY 183 Expenditure from corporate funds AUSTIN, TX 78750 PURPOSE of Expenditure from corporate funds (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required ONLINE FEES Date Payee Address: City: State; Zip 01/0/2023 TFRW Amount (\$) Payee Address: City: State; Zip 3.75 13740 US-183 J4, 13740 U	Sch: 16/20 Rpt:	Ector County Republican Women's Club	00016322
Amount (\$) 7 Payee Address; 13740 US-183 J4, City; State; State; Zip Zip State; purpose corporate funds (a) Category (See instructors for examples of acceptable categories) (b) Description (See instructors regarding type of information requi 13 MEMBERSHIP DUES Date 01/09/2023 Payee name TFRW Payee Address; City; State; City; State; Zip Date 01/09/2023 Payee Address; Fees City; State; Zip Date 01/09/2023 Payee name TFRW AUSTIN, TX 78750 (b) Description (See instructors regarding type of information requi ONLINE FEES Date 0 CF EXPENDITURE Payee name City; State; City; State; State; Zip (b) Description (See instructors regarding type of information requi ONLINE FEES Date 0 F expenditure from carporate funds Payee name TFRW (b) Description (See instructors regarding type of information requi ONLINE FEES Date 0 F expenditure from carporate funds Payee name Fees (b) Description (See instructors regarding type of information requi FEES Date 0 F Payee name TFRW Austin, TX 78750 (b) Description (See instructors regarding type of information requi FEES	Amount (\$) 7 Payee Address; City; State; Zip 325.00 13740 US-183 J4, Austin, TX 78750 PURPOSE corporate funds (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required 13 MEMBERSHIP DUES Date Payee name 13740 NHVY 183 13740 NHVY 183 13740 NHVY 183 Amount (\$) Payee Address; City; State; Zip (b) Description (See instructions regarding type of information required 13 MEMBERSHIP DUES Date Payee Address; City; State; Zip (b) Description (See instructions regarding type of information required ONLINE FEES Date Payee name (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required ONLINE FEES Date Payee name 13740 US-183 J4, See See ONLINE FEES PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required ONLINE FEES Date Payee Address; City; State; Zip (b) Description (See instructions regarding type of information required Fees Date Payee Address;			
325.00 Lexpenditure from Corporate funds 13740 US-183 J4, Austin, TX 78750 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) DUES (b) Description I3 MEMBERSHIP DUES Date 01/09/2023 Payee name TFRW 13740 N HWY 183 Amount (\$) 15.51 13740 N HWY 183 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Purpose EXPENDITURE (b) Description (See instructions regarding type of information requires of acceptable categories) Purpose EXPENDITURE Date 01/10/2023 Payee name TFRW Amount (\$) Expenditure from 01/10/2023 Payee name TFRW Amount (\$) 13.75 Payee name 13.75 Date 01/10/2023 Payee name TFRW Amount (\$) 12.75 Payee name 13.75 Date 01/10/2023 Payee name TFRW Amount (\$) 13.75 Payee name 13.75 01/10/2023 TFRW Amount (\$) 13.75 Payee name 13.75 01/10/2023 TFRW Amount (\$) 2.75 Payee name 13.75 01/10/2023 TFRW Amount (\$) 5.40 Payee name 13.75 0.41 Payee name 11.75 0.5.40 Payee name 13.75 0.61 Payee name 13.75 0.75 13.740 US-183 J4, 13.740 US-183 J4, 13.740 US-183 J4, 13.740 US-183 J4, 13.740 US-183 J4, 13.740 US-183 J4, 13.740 US-183 J4	325.00 Lexpenditure from comportate funds 13740 US-183 J4, Austin, TX 78750 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) DUES (b) Description (See instructions regarding type of information required 13 MEMBERSHIP DUES Date Outports Payee name TFRW (a) Category (See instructions for examples of acceptable categories) PURPOSE Expenditure from AUSTIN, TX 78750 (b) Description (See instructions regarding type of information required 0 NLINE FEES Date Outportate funds AUSTIN, TX 78750 (b) Description (See instructions regarding type of information required 0 NLINE FEES Date OU10/2023 Payee name Fees (b) Description (See instructions regarding type of information required 0 NLINE FEES Date OU10/2023 Payee name TFRW (b) Description (See instructions regarding type of information required 0 NLINE FEES Date OF Expenditure from Corporate funds Austin, TX 78750 (b) Description (See instructions regarding type of information required 0 NLINE FEES Date OF Expenditure from Corporate funds (a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information required 0 NLINE FEES Date OF Expenditure from Corporate funds Payee Address; City; State; Zip 13740 US-183 J4, S.40 City City State; Zip 13740 US-183 J4, S.40 (See instructions regarding type of information required FEES PURPOSE OF (a) Category (Se	05/26/2023	TFRW	
325.00 Austin, TX 78750 PURPOSE OF EXPENDITURE (a) Category Gee instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requinder the seamples of acceptable categories) Date Payee name 01/09/2023 TFRW Amount (\$) Payee Address; City; State; Zip 15.51 13740 N HWY 183 15.51 13740 N HWY 183 AUSTIN, TX 78750 PurPOSE PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requind) Date Payee name ONLINE FEES 01/00/2023 TFRW Austin, TX 78750 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information requind FEES Date Payee name Fees Fees (b) Description (See instructions regarding type of information requind FEES Date Payee name Fees (b) Description (See instructions regarding type of inform	S25.00 Austin, TX 78750 PURPOSE OC EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required 13 MEMBERSHIP DUES Date Payee Address; City; State; Zip (b) Description (See instructions regarding type of information required 13 MEMBERSHIP DUES PURPOSE Payee Address; City; State; Zip (b) Description (See instructions regarding type of information required 00/10/2023 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required 01/10/2023 Date Payee name (b) Description (See instructions regarding type of information required 01/10/2023 Date Payee name (D) Description (See instructions regarding type of information required 01/10/2023 TFRW Amount (s) Payee Address; City; State; Zip (b) Description (See instructions regarding type of information required Fees Date Payee name (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required FEES Date Payee name (a) Category (See instructions for examples of acceptable categories) (b) Descriptio	Amount (\$)		
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Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 17/20 Rpt:	Ector County Republican Women's Club	00016322
Date 02/28/2023	5 Payee name TFRW	
Amount (\$) 11.10 Carter Street Stre	7 Payee Address; City; State; Zip 13740 US-183 J4,	
corporate funds	Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. ONLINE FEES
Date	Payee name	I
03/31/2023	TFRW	
Amount (\$) 3.90	Payee Address; City; State; Zip 13740 US-183 J4,	
Expenditure from corporate funds	Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. ONLINE FEES
Date	Payee name	
05/26/2023	TFRW	
Amount (\$) 3.90	Payee Address;City; State; Zip13740 US-183 J4,	
Expenditure from corporate funds	Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. 13 MEMBERS
Date	Payee name	
02/08/2023	TRAVEL GUARD	
Amount (\$) 59.95	Payee Address; City; State; Zip 3300 BUSINESS PARK DR	
Expenditure from corporate funds	STEVENS POINT, WI 54482	
	(a) Category (See instructions for examples of acceptable categories) Travel In District	(b) Description (See instructions regarding type of information required. TRAVEL GUARD INS - MAYRA FLORES

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 18/20 Rpt:	Ector County Republican Women's Club	00016322
Date	5 Payee name	
01/03/2023	Textedly App	
Amount (\$)	7 Payee Address; City; State; Zip	
6.00	349 Fifth Ave	
Expenditure from corporate funds	New York, NY 10016	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Advertising Expense	RECURRING PAYMENT
Date	Payee name	
02/09/2023	Textedly App	
Amount (\$)	Payee Address; City; State; Zip	
	349 Fifth Ave	
6.00		
Expenditure from corporate funds	New York, NY 10016	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Advertising Expense	DDA PURCHASE
Date	Payee name	
03/01/2023	Textedly App	
Amount (\$)	Payee Address; City; State; Zip	
6.00	349 Fifth Ave	
Expenditure from		
corporate funds	New York, NY 10016	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	
OF EXPENDITURE	Advertising Expense	RECURRING PAYMENT
Date	Payee name	
04/01/2023	Textedly App	
Amount (\$)	Payee Address; City; State; Zip	
7.00	349 Fifth Ave	
Expenditure from		
corporate funds	New York, NY 10016	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required, RECURRING PAYMENT
EXPENDITURE		
	<u> </u>	

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers
Sch: 19/20 Rpt:	Ector County Republican Women's Club	00016322
Date	5 Payee name	
05/01/2023	Textedly App	
Amount (\$)	7 Payee Address; City; State; Zip	
7.00	349 Fifth Ave	
Expenditure from		
corporate funds	New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories Advertising Expense	 (b) Description (See instructions regarding type of information required. RECURRING PAYMENT
Date	Payee name	
06/01/2023	Textedly App	
Amount (\$)	Payee Address; City; State; Zip	
7.00	349 Fifth Ave	
Expenditure from	New York, NY 10016	
_ corporate funds PURPOSE	(a) Category (See instructions for examples of acceptable categories	(b) Description (See instructions regarding type of information required.
OF	Advertising Expense	RECURRING PAYMENT
EXPENDITURE		
Date		
02/08/2023	UNITED AIRLINES	
Amount (\$)	Payee Address; City; State; Zip	
922.25	77 W WACKER DR	
Expenditure from corporate funds	CHICAGO, IL 60601	
PURPOSE	(a) Category (See instructions for examples of acceptable categories	(b) Description (See instructions regarding type of information required.
OF	Travel In District	AIRLINE TICKETS - MAYRA FLORES
EXPENDITURE		
Date	Payee name	
02/08/2023	UNITED AIRLINES	
Amount (\$)	Payee Address; City; State; Zip	
, unount (¢)	77 W WACKER DR	
40.00	-	
19.00		
19.00 Expenditure from corporate funds	CHICAGO, IL 60601	
Expenditure from corporate funds PURPOSE	(a) Category (See instructions for examples of acceptable categories	(b) Description (See instructions regarding type of information required.
Expenditure from corporate funds		(b) Description (See instructions regarding type of information required. AIRLINE ZONE FEE - MAYRA FLORES

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 20/20 Rpt:	Ector County Republican Women's Club	00016322
Date 06/01/2023	5 Payee name USPS	
Amount (\$) 354.00	7 Payee Address; City; State; Zip East 52nd Street	
Expenditure from corporate funds	Odessa, TX 79768	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (Office Overhead/Rental Expense	(See instructions regarding type of information required. PO BOX RENT 12 MONTHS
Date	Payee name	
05/02/2023	Vistaprint	
Amount (\$) 474.11	Payee Address; City; State; Zip hudsonweg 8	
Expenditure from corporate funds	Venlo Venlo 5928LW Netherlands	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (Printing Expense	b) Description (See instructions regarding type of information required. BUSINESS CARDS
Date	Payee name	
02/17/2023	WIX.COM	
Amount (\$) 415.68	Payee Address;City; State; ZipP O Box 40190	
Expenditure from corporate funds	San Francisco, CA 94104	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (Advertising Expense	b) Description (See instructions regarding type of information required.) WIX FEES
Date	Payee name	
01/03/2023	Wix	
Amount (\$)	Payee Address; City; State; Zip	
47.70	7095 HOLLYWOOD BLVD	
Expenditure from	LOS ANGELES, TX 90028	
corporate funds	(a) Category (See instructions for examples of acceptable categories) (Advertising Expense	b) Description (See instructions regarding type of information required.) WIX FEES