

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016322	2 Total pages filed: 49
3 COMMITTEE NAME Ector County Republican Women's Club		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/07/2023	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 14537 Odessa, TX 79768		
	5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Ms. Julie NICKNAME LAST SUFFIX Adams		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 14537 Odessa, TX 79768		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 14537 Odessa, TX 79768		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (432) 664-3877		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2023 THROUGH 06/30/2023		
11 ELECTION	ELECTION DATE Month Day Year 11/07/2023	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Ector County Republican Women's Club	13 Filer ID (Ethics Commission Filers) 00016322
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,994.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,607.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Julie Adams

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 49

17 COMMITTEE NAME Ector County Republican Women's Club		18 Filer ID 00016322	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT	
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	10,994.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	12,434.66
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/26 Rpt: 4/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 01/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMONETT, ASHLEIGH	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code ODESSA, TX 79762	
8 Principal occupation / Job title (See Instructions) ASSISTANT EX. DIRECTOR		9 Employer (See Instructions)
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apolinario, Gloria (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Real Estate Company
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Patti (Mrs.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIGGS, MARY	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code MIDLAND, TX 79705	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, JAN	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code ODESSA, TX 79761	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/26 Rpt: 5/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 03/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, STEVE <hr/> 6 Contributor address; City; State; Zip Code ODESSA, TX 79761	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barber, Gregory (Mr.) <hr/> Contributor address; City; State; Zip Code Gardendale, TX 79758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) County Attorney		Employer (See Instructions) Ector County
Date 03/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Alicia <hr/> Contributor address; City; State; Zip Code Midland, TX 79708	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bird, Alma (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Melissa (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Mortgage Loan Officer		Employer (See Instructions) Bank

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/26 Rpt: 6/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 05/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Stormy (Mrs.)	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Big Spring, TX 79720		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, B.J. (Miss)	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Odessa, TX 79761		
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) Private Practice
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAVEZ, DOTTIE	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code ODESSA, TX 79765		
Principal occupation / Job title (See Instructions) TRAFFIC SAFETY SPEC		Employer (See Instructions)
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHELETTE, MORGAN	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code ODESSA, TX 79762		
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions)
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAIG, CHERYL	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code ODESSA, TX 79762		
Principal occupation / Job title (See Instructions) ACCT MGR		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/26 Rpt: 7/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calloway, Judy (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Odessa, TX 79761	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caron, Leta (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Midland, TX 79702	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Sheila (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79768	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay, , Debbie (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Administor Commissions Court		Employer (See Instructions) Ector County
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Patti (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/26 Rpt: 8/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 01/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Patti (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79762	7 Amount of Contribution (\$) \$28.00
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Kathleen <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crutcher, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79765	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crutcher, Lori (Mrs.) <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 06/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUDLEY, DEBORAH <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79761	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/26 Rpt: 9/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 06/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUDLEY, PHYLLIS <hr/> 6 Contributor address; City; State; Zip Code ODESSA, TX 79761	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrick, Donna <hr/> Contributor address; City; State; Zip Code Odessa, TX 79764	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Thana <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Wallace (Mr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self Employed
Date 04/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EARNEST, RIKKI <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79765	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/26 Rpt: 10/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 01/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgmom, Theresa (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Odessa, TX 79765	
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Higginbottan Edgmon Ins
Date 01/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgmom, Theresa (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Higginbottan Edgmon Ins
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgmom, Tim (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Higginbottan Edgmon Ins
Date 01/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgmom, Tim (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Higginbottan Edgmon Ins
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Gerald (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Estimator		Employer (See Instructions) interstate treating

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/26 Rpt: 11/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 01/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Sherry (Mrs.) 6 Contributor address; City; State; Zip Code ODESSA, TX 79761-0000	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, JANE Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, NATALI Contributor address; City; State; Zip Code MIDLAND, TX 79701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregston, Traci (Ms.) Contributor address; City; State; Zip Code ODESSA, TX 79761-0000	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Barber		Employer (See Instructions)
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Teresa Contributor address; City; State; Zip Code Big Spring, TX 79720	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/26 Rpt: 12/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 03/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARKNESS, BRENDA <hr/> 6 Contributor address; City; State; Zip Code MIDLAND, TX 79707	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) EX. ADMINISTRATIVE ASST		9 Employer (See Instructions)
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRISON, TERESA <hr/> Contributor address; City; State; Zip Code MIDLAND, TX 79706	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) DHS/ICE/HSI		Employer (See Instructions)
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAYS, DWAYNE <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79764	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) BUILDING INSPECTOR		Employer (See Instructions)
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, KLATA <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ACCOUNT MGR		Employer (See Instructions)
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HICKS, RHONDA <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) ACCOUNT MGR		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/26 Rpt: 13/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 01/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOGGARD, KELSEY <hr/> 6 Contributor address; City; State; Zip Code SAGINAW, TX 76179	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) AMAZON		9 Employer (See Instructions)
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOGGARD, STEPHANIE <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Mary (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 03/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Mary (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Danora (Mrs.) <hr/> Contributor address; City; State; Zip Code Gardendale, TX 79758	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/26 Rpt: 14/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 03/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tammy <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79762	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) School Board		9 Employer (See Instructions) Self Employes
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawley, Rayanne (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hays, Debi (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79764-1203	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) County Judge		Employer (See Instructions) Ector County
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurt, Sherry (Mrs.) <hr/> Contributor address; City; State; Zip Code Midland, TX 79711	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) none
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, SUSAN <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79761	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) ACCT MGR		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/26 Rpt: 15/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 03/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Dennis (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Odessa, TX 79762	
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions)
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones , Tammy L (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) ECISD
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELM, DEREK	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) LANDSCAPER		Employer (See Instructions)
Date 02/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRUGER, EDNA	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KUHLMANN, JANNA	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/26 Rpt: 16/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 01/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelm, Donna (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Odessa, TX 79762	
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Self Employed
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelm, Donna (Mrs.)	Amount of Contribution (\$) \$28.00
	Contributor address; City; State; Zip Code Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self Employed
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimbrell, Pam (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LACY, RHONDA	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code MIDLAND, TX 79705	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 01/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARD, VALARIE	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) CONTROLLER		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/26 Rpt: 17/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 01/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, TRYON (Mr.) <hr/> 6 Contributor address; City; State; Zip Code ODESSA, TX 79763	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Law Firm Partner
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landgraf, Beverly (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761-3429	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) self employed
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landgraf, Brooks (Mr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Tx State Representative		Employer (See Instructions) State of Texas
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landgraf, John (Mr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761-3429	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) self employed
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landgraf, Shelby (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/26 Rpt: 18/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 03/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Shaye (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79763	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Pastor		9 Employer (See Instructions)
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemley, Sherri <hr/> Contributor address; City; State; Zip Code Midland, TX 79705	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewallen, Cheryl (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewallen, David <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewallen, Kathryn (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/26 Rpt: 19/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 01/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Trudy (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Odessa, TX 79763	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Marty	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Marty	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANCHA, EMILY	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code TX	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANCHA, VERONICA	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) CONSTRUCTION		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/26 Rpt: 20/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 02/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCLEAD, MORGAN <hr/> 6 Contributor address; City; State; Zip Code ODESSA, TX 79762	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) TEACHER		9 Employer (See Instructions)
Date 02/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCWILLIAMS, DANA <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) HR DIRECTOR		Employer (See Instructions)
Date 01/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauldin, Monica <hr/> Contributor address; City; State; Zip Code Midland, TX 79706	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrone, Elizabeth <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMurray, Lisa (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/26 Rpt: 21/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 01/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milson, Karla (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Odessa, TX 79762	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minor, Rachel (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) First Tier Construction
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nabarrette, Jaye (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Administrative Asst.		Employer (See Instructions) Wood Foundation
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Brenda (Mrs.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Odessa, TX 79762	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nyborg, Williams (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/26 Rpt: 22/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 01/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OWENS, AMANDA <hr/> 6 Contributor address; City; State; Zip Code ODESSA, TX 79762	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) ACCT MGR		9 Employer (See Instructions)
Date 01/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PIERCE, CHARLES <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 01/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Sandra (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peden, Deanna <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Betty (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/26 Rpt: 23/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 01/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Richard (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Odessa, TX 79762	
8 Principal occupation / Job title (See Instructions) Plumber		9 Employer (See Instructions) Service Master
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Provance, Robin (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79763	
Principal occupation / Job title (See Instructions) HR Director		Employer (See Instructions) Oil Services
Date 01/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYNE, MELISSA	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code MIDLAND, TX 79705	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REED, NORRIS	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code ODESSA, TX 79765	
Principal occupation / Job title (See Instructions) SUPERVISOR		Employer (See Instructions)
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD, ELLEN	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code MIDLAND, TX 79701	
Principal occupation / Job title (See Instructions) REGIONAL PROPERTY MGR		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/26 Rpt: 24/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD, RONALD <hr/> 6 Contributor address; City; State; Zip Code YUKON, OK 73099	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) SELF-EMPLOYED		9 Employer (See Instructions)
Date 01/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RICHARD , VICKI <hr/> Contributor address; City; State; Zip Code YUKON, OK 73099	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SELF-EMPLOYED		Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Betsy (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Treasurer		Employer (See Instructions) Metal Specialties Inc
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Edith (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Business Owner
Date 01/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saulsbury, Jody (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/26 Rpt: 26/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 02/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Donna <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79761	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Margie (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stringer, Don (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stringer, Shawn (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanner, Denise (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Teen Court Administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/26 Rpt: 27/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 01/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TALIAFERRO, DANA <hr/> 6 Contributor address; City; State; Zip Code ODESSA, TX 79765	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 01/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TENNESON - CAMERON, MELODY (Mrs.) <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79765	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 01/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TROUT, JULIE <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) OFFICE MGR		Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Sunshine (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79764	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Veteran Service Officer		Employer (See Instructions) Ector County
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tidwell, Rhonda (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/26 Rpt: 28/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 03/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAN DEVENTER, JONI <hr/> 6 Contributor address; City; State; Zip Code ODESSA, TX 79765	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) FLORIST		9 Employer (See Instructions)
Date 02/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Cleave, Denise (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 02/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Carol <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEGNER, JANA <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 02/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters, Cynthia (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79766	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Radio		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/26 Rpt: 29/49
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 01/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welling, Tonny <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79760	7 Amount of Contribution (\$) \$28.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions)
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, April (Mrs.) <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79764	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whisednhunt, Sandra <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Melissa (Ms.) <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79765	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) District Attorney Office Ector Co
Date 03/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paula (Ms.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 03/27/2023	5 Payee name A-1 Sign Engravers INC	
6 Amount (\$) 277.12 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P O Box 2641 Midland, TX 79702	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) BADGES
Date 05/22/2023	Payee name A-1 Sign Engravers INC	
Amount (\$) 97.43 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P O Box 2641 Midland, TX 79702	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) BADGES
Date 05/18/2023	Payee name ALLIANZ GLOBAL ASSISTANCE	
Amount (\$) 23.25 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 9950 MAYLAND DR RICHMOND, VA 23233	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel In District	(b) Description (See instructions regarding type of information required.) TRAVEL INSURANCE FOR D. KELM NFRW CONVENTION
Date 05/18/2023	Payee name Amazon	
Amount (\$) 43.29 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 9804 S. 25th Ave 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.) AUREDAY BACKDROP STAND

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1 Total pages Schedule I: Sch: 2/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 05/23/2023	5 Payee name Amazon	
6 Amount (\$) 24.02 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 9804 S. 25th Ave Seattle, WA 68123	
8 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 01/09/2023	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave 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 01/09/2023	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave 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 02/02/2023	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave 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 - FEB 2023

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 03/04/2023	5 Payee name Armic Systems	
6 Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3405 Clearmont Ave Odessa, TX 79762	
8 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 - MAR 2023
Date 04/01/2023	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave 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 -APR 2023
Date 05/01/2023	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave 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 - MAY 2023
Date 06/01/2023	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave 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 - JUNE 2023

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1 Total pages Schedule I: Sch: 4/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 06/02/2023	5 Payee name Armic Systems	
6 Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3405 Clearmont Ave Odessa, TX 79762	
8 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 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1305 Bonham 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 Calloway, Judy (Mrs.)	
Amount (\$) 75.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1305 Bonham 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 02/06/2023	Payee name Calloway, Judy (Mrs.)	
Amount (\$) 4.39 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1305 Bonham 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.) CC FEES

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SCHEDULE I

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

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1 Total pages Schedule I: Sch: 6/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 05/03/2023	5 Payee name KIRBY CPA, RON (Mr.)	
6 Amount (\$) 210.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2626 JBS PKWY ODESSA, TX 79761	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) PREP 2022 FORM 990
Date 02/16/2023	Payee name MARRIOTT HOTEL & CONFERENCE CENTER	
Amount (\$) 184.13 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 305 E 5TH ST 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.) VIP DINNER
Date 02/17/2023	Payee name MARRIOTT HOTEL & CONFERENCE CENTER	
Amount (\$) 325.45 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 305 E 5TH STREET 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.) POS PURCHASE
Date 05/15/2023	Payee name MARRIOTT HOTEL & CONFERENCE CENTER	
Amount (\$) 446.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 305 E 5TH 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.) LODGING FOR SHERRONA BISHOP

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1 Total pages Schedule I: Sch: 7/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 05/16/2023	5 Payee name MARRIOTT HOTEL & CONFERENCE CENTER	
6 Amount (\$) 208.01 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 305 E 5TH ODESSA, TX 79761	
8 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 CENTER	
Amount (\$) 17.28 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 305 E. 5TH 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.) POS PURCHASE
Date 01/05/2023	Payee name MILLER, JILL	
Amount (\$) 100.00 <input type="checkbox"/> 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 <input type="checkbox"/> 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

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1 Total pages Schedule I: Sch: 8/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 04/28/2023	5 Payee name NFRW	
6 Amount (\$) 25.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 124 N Alfred St Alexandria, VA 22314	
8 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 MARION MARTIN BUILDING FUND
Date 04/28/2023	Payee name NFRW	
Amount (\$) 25.00 <input type="checkbox"/> 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.) 2022 MARION MARTIN BUILDING FUND
Date 04/28/2023	Payee name NFRW	
Amount (\$) 25.00 <input type="checkbox"/> 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.) 2022 FEDERATION FUND
Date 06/16/2023	Payee name NFRW	
Amount (\$) 75.00 <input type="checkbox"/> 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) REGISTRATION	(b) Description (See instructions regarding type of information required.) DONNA KELM REGISTRATION NFRW CONVENTION

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1 Total pages Schedule I: Sch: 9/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 06/16/2023	5 Payee name NFRW	
6 Amount (\$) 605.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 124 N Alfred St Alexandria, VA 22314	
8 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 06/16/2023	Payee name NFRW	
Amount (\$) 530.00 <input type="checkbox"/> 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) REGISTRATION	(b) Description (See instructions regarding type of information required.) DONNA KELM REGISTRATION NFRW CONVENTION
Date 04/07/2023	Payee name OMNI HOTEL	
Amount (\$) 238.53 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 420 DECKER DR 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 01/31/2023	Payee name Odessa Country Club	
Amount (\$) 11.52 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7293 Club Dr 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

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1 Total pages Schedule I: Sch: 10/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 03/31/2023	5 Payee name Odessa Country Club	
6 Amount (\$) 98.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 7293 Club Dr Odessa, TX 79765	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) MARCH 2023 LUNCHEON
Date 04/30/2023	Payee name Odessa Country Club	
Amount (\$) 723.20 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7293 Club Dr 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.) APRIL 2023 LUNCHEON
Date 05/31/2023	Payee name Odessa Country Club	
Amount (\$) 423.25 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7293 Club Dr 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.) MAY 2023 LUNCHEON
Date 06/05/2023	Payee name Pizza Hut	
Amount (\$) 60.34 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4020 E. University Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) LUNCH FOR BOARD MEETING

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1 Total pages Schedule I: Sch: 11/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 01/23/2023	5 Payee name Quickbooks/Intuit Inc	
6 Amount (\$) 58.63 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
8 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 02/21/2023	Payee name Quickbooks/Intuit Inc	
Amount (\$) 58.63 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave 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 03/21/2023	Payee name Quickbooks/Intuit Inc	
Amount (\$) 58.63 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave 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 04/21/2023	Payee name Quickbooks/Intuit Inc	
Amount (\$) 58.63 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave 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

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1 Total pages Schedule I: Sch: 12/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 05/21/2023	5 Payee name Quickbooks/Intuit Inc	
6 Amount (\$) 58.63 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
8 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 06/21/2023	Payee name Quickbooks/Intuit Inc	
Amount (\$) 58.63 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave 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 01/04/2023	Payee name Squareup.com	
Amount (\$) 128.29 <input type="checkbox"/> 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 - JAN 2023
Date 02/06/2023	Payee name Squareup.com	
Amount (\$) 22.85 <input type="checkbox"/> 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 - FEB 2023

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1 Total pages Schedule I: Sch: 13/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 03/06/2023	5 Payee name Squareup.com	
6 Amount (\$) 76.47 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 14500 FAA Blvd Suite 100 Ft Worth, TX 76155	
8 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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

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

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1 Total pages Schedule I: Sch: 15/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 01/10/2023	5 Payee name TFRW	
6 Amount (\$) 250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 13740 US-183 J4, Austin, TX 78750	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) DUES	(b) Description (See instructions regarding type of information required.) PATRON MEMBERSHIP FOR DONNA KELM PER BOARD VOTE
Date 01/25/2023	Payee name TFRW	
Amount (\$) 450.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 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.) 18 MEMBERSHIP DUES #2
Date 02/28/2023	Payee name TFRW	
Amount (\$) 925.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 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.) 37 MEMBERSHIP DUES - #3
Date 03/31/2023	Payee name TFRW	
Amount (\$) 275.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 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.) 11 MEMBERSHIP DUES - #4

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1 Total pages Schedule I: Sch: 16/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 05/26/2023	5 Payee name TFRW	
6 Amount (\$) 325.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 13740 US-183 J4, Austin, TX 78750	
8 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 01/09/2023	Payee name TFRW	
Amount (\$) 15.51 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 N HWY 183 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 01/10/2023	Payee name TFRW	
Amount (\$) 3.75 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US-183 J4, 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.) FEES
Date 01/25/2023	Payee name TFRW	
Amount (\$) 5.40 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US-183 J4, 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 17/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 02/28/2023	5 Payee name TFRW	
6 Amount (\$) 11.10 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 13740 US-183 J4, Austin, TX 78750	
8 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 03/31/2023	Payee name TFRW	
Amount (\$) 3.90 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US-183 J4, 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 05/26/2023	Payee name TFRW	
Amount (\$) 3.90 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US-183 J4, 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 02/08/2023	Payee name TRAVEL GUARD	
Amount (\$) 59.95 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3300 BUSINESS PARK DR STEVENS POINT, WI 54482	
PURPOSE OF EXPENDITURE	(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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 18/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 01/03/2023	5 Payee name Textedly App	
6 Amount (\$) 6.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
8 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 02/09/2023	Payee name Textedly App	
Amount (\$) 6.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave 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.) DDA PURCHASE
Date 03/01/2023	Payee name Textedly App	
Amount (\$) 6.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave 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 04/01/2023	Payee name Textedly App	
Amount (\$) 7.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 19/20 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 05/01/2023	5 Payee name Textedly App	
6 Amount (\$) 7.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
8 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 06/01/2023	Payee name Textedly App	
Amount (\$) 7.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave 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 02/08/2023	Payee name UNITED AIRLINES	
Amount (\$) 922.25 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 77 W WACKER DR CHICAGO, IL 60601	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel In District	(b) Description (See instructions regarding type of information required.) AIRLINE TICKETS - MAYRA FLORES
Date 02/08/2023	Payee name UNITED AIRLINES	
Amount (\$) 19.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 77 W WACKER DR CHICAGO, IL 60601	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel In District	(b) Description (See instructions regarding type of information required.) AIRLINE ZONE FEE - MAYRA FLORES

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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