FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087338 3 COMMITTEE NAME **OFFICE USE ONLY** Heart of Tomball Republican Women Date Received **ELECTRONICALLY FILED** 07/11/2023 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1400 Graham Dr., Ste. 150 Date Hand-delivered or Date Postmarked Change of Address Tomball, TX 77375 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Stephanie NAME NICKNAME LAST **SUFFIX** Valdes STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 16011 Maycrest Ct STREET **ADDRESS** (Residence or Business) Tomball, TX 77377 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 16011 Maycrest Ct MAILING **ADDRESS** Tomball, TX 77377 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 594-0443 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/07/2023 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Heart of Tomball Rep	oublican Women		00087338	3
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican		
(Attach lists on plain				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)	7. Supported		
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,096.95
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,419.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAS G PERIOD	ST DAY \$	1,691.43
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS O REPORTING PERIOD	F THE \$	0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of true and correct and includes all int under Title 15, Election Code.		
			phanie Valdes Campaign Treas	
		Signature of C	zampaign meas	urei
AFFIX NOTA	RY STAMP / SEAL ABOVE			
			, 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 off	icer administering oath

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

Page 3 of 14 COMMITTEE NAME Heart of Tomball Republican Women COMMITTEE ACTIVITY (Identify by name or, if applicable, classify by party.) (Attach lists on plain paper to complete this) B. Opposed	Page 3 of 12 COMMITTEE NAME Heart of Tomball Republican Women COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed	COMMITTEE NAME Heart of Tomball Republican Women COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Describe by date and location of election and nature of ssue.) B. Opposed Republican Republican	PURPOSE					ADDENDOM
Heart of Tomball Republican Women COMMITTEE ACTIVITY Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed A. Supported B. Opposed B. Opposed A. Supported Republican Republican	Heart of Tomball Republican Women COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed B. Opposed A. Supported Republican Republican	Heart of Tomball Republican Women COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported A. Supported B. Opposed B. Opposed B. Opposed B. Opposed						Page 3 of 14
ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed	Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted A. Supported B. Opposed B. Opposed B. Opposed A. Supported B. Opposed Republican	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed B. Opposed A. Supported Republican Republican	2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
ACTIVITY (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed 3. Officeholders Assisted Republican	Attach lists on plain paper to complete this eport if necessary.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed	ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed A. Supported Republican Republican	Heart of Tomball Reput	olican Women			00087338	
Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed A. Supported Republican Republican	Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed A. Supported Republican Republican	(Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted A. Supported Republican	COMMITTEE				<u> </u>	
2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Republican	2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Republican	2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Republican	ACTIVITY	(Identify by name or, if applicable, classify by party.))			
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Republican	(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Republican	(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Republican	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Republican	(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Republican	(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Republican		2. Measures	A. Supported			
B. Opposed 3. Officeholders Assisted Republican	B. Opposed 3. Officeholders Assisted Republican	B. Opposed 3. Officeholders						
Assisted	Assisted	Assisted			B. Opposed			
(identify by name or, if applicable, classify by party.)	(dentify by name or, if applicable, classify thy party.)	(deadly by name or, if applicable, classify try party.)		3. Officeholders Assisted		Republican		
appricative, Ciassily by party-)	approcause; Criscolly by party-y	[aupriculate, customy try party.]		1				

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					4 of 14
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics Commission	on Filers)
Hea	art of T	omball Republican Women	00087338		,
19 SCH	HEDULI	E SUBTOTALS	<u> </u>		
NAN	ME OF	SCHEDULE		SUBTOTAL /	AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,096.95
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
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.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	1,419.32
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.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUT	TONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 5/14	
2	FILER NAME Heart of Tom	ıball Republican Women		3	Filer ID (Ethics Commission 00087338	n Filers)
4	Date 02/28/2023	 Full name of contributor out-of-state PAC (I Aitken, Anna Lee Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$147.00
_		Tomball, TX 77377				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 06/28/2023	Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	Tomball, TX 77377 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 04/08/2023	Full name of contributor out-of-state PAC (I Alberti-Vu, Dawn Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00
		Tomball, TX 77377				
	Principal occu homemaker	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 03/07/2023	Full name of contributor out-of-state PAC (I Boudreaux, Gary Contributor address; City; State; Zip Code Tomball, TX 77377	D#:)		Amount of Contribution (\$)	\$20.00
	Principal occuretired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 03/07/2023	Full name of contributor out-of-state PAC (I Clepper, Rebecca Contributor address; City; State; Zip Code Tomball, TX 77375	D#:)		Amount of Contribution (\$)	\$60.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 6/14	
2	FILER NAME Heart of Tom	nball Republican Women			3	Filer ID (Ethics Commission 00087338	n Filers)
4	Date 03/07/2023	5 Full name of contributor [Clingerman, Joyce6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$30.00
8	Principal occu	Houston, TX 77037 pation / Job title (See Instructions)	ام	Employer (See Instructions	-/- 		
Ü	histology tec		j	disabled	P)		
	Date 03/07/2023	Full name of contributor Danna, Joe Contributor address; City; Sta)		Amount of Contribution (\$)	\$20.00
	Principal occu	Houston, TX 77292 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	law enforcen			Harris County Sheriff Of		e	
	Date 04/08/2023	Full name of contributor [Dunagin, Dane Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$20.00
		Tomball, TX 77375					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/06/2023	Full name of contributor Dunagin, Marilyn Contributor address; City; Sta Tomball, TX 77375	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$300.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/28/2023	Full name of contributor [Dunagin, Marilyn Contributor address; City; Sta Tomball, TX 77375	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$47.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 7/14	
2	FILER NAME Heart of Ton	nball Republican Women		3	Filer ID (Ethics Commission 00087338	n Filers)
4	Date 06/28/2023	 Full name of contributor out-of-state PAC (ID#:_ Dunagin, Marilyn Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$250.00
_		Tomball, TX 77375				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/07/2023	Full name of contributor out-of-state PAC (ID#:_ Glasscock, Kay Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
	Drincinal occu	Tomball, TX 77375 pation / Job title (See Instructions)	Employer (See Instructions			
	retired	pation / 300 title (See Instructions)	Employer (See instructions	,		
	Date 05/02/2023	Full name of contributor out-of-state PAC (ID#:_ Glasscock, Kay Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Tomball, TX 77375				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Glasscock, Leslie Contributor address; City; State; Zip Code Magnolia, TX 77355			Amount of Contribution (\$)	\$24.95
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Tomball ISD)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Hillegeist, Bruce Contributor address; City; State; Zip Code Tomball, TX 77377			Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions) namber of Commerce	Employer (See Instructions Greater Tomball Area C		mber of Commerce	

	MONET	ARY POLITICAL CONTR	RIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	plete this for	m.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 8/14	
2	FILER NAME Heart of Tom	ıball Republican Women			3	Filer ID (Ethics Commission 00087338	n Filers)
4	Date 06/28/2023	 Full name of contributor out-of-s Hubbard, Rose Contributor address; City; State; Zip Co)	7	Amount of Contribution (\$)	\$25.00
_		Tomball, TX 77375					
8	Principal occu retired	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 03/07/2023	Hudgens, Terry Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$40.00
	Principal occu	Tomball, TX 77375 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	homemaker/	mom/volunteer					
	Date Full name of contributor out-of-state PAC (ID#: 02/28/2023 Johnson, Angie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00	
		Tomball, TX 77375					
	Principal occu contract spec	oation / Job title (See Instructions) cialist		Employer (See Instructions State of Texas)		
	Date 05/02/2023	Kaiser, Pamela)		Amount of Contribution (\$)	\$35.00
	Principal occu retired	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/28/2023	Kasper, Beth	state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			·				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 9/14	
2	FILER NAME Heart of Ton	nball Republican Women		3	Filer ID (Ethics Commission 00087338	n Filers)
4	Date 06/28/2023	 Full name of contributor out-of-state PAC (ID#:_ Kasper, Beth Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
_		Tomball, TX 77377				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/17/2023	Full name of contributor out-of-state PAC (ID#:_ Lawrence, Laurie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$42.00
	Dringing aggr	Tomball, TX 77375	Employer (See Instructions			
	teacher	pation / Job title (See Instructions)	Magnolia ISD)		
	Date 03/07/2023	Full name of contributor out-of-state PAC (ID#:_ McCoy, Mary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$47.00
		Tomball, TX 77375				
	Principal occu host	pation / Job title (See Instructions)	Employer (See Instructions Tomball Museum)		
	Date 04/08/2023	Full name of contributor out-of-state PAC (ID#:_McDonald, Stacey Contributor address; City; State; Zip Code Pinehurst, TX 77362			Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/27/2023	Full name of contributor out-of-state PAC (ID#:_McStravick, Jennifer Contributor address; City; State; Zip Code Magnolia, TX 77355			Amount of Contribution (\$)	\$57.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 10/14	
2	FILER NAME Heart of Ton	nball Republican Women		3	Filer ID (Ethics Commission 00087338	ı Filers)
4	Date 04/18/2023	 Full name of contributor out-of-state PAC (ID#:_McStravick, John Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$20.00
		Magnolia, TX 77355	.			
8	Principal occu attorney	pation / Job title (See Instructions)	9 Employer (See Instructions self	s)		
	Date 04/18/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	supply chain		AWS			
	Date 04/08/2023	Full name of contributor out-of-state PAC (ID#:_ Quinn, Lori Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Tomball, TX 77375				
	Principal occu mayor	pation / Job title (See Instructions)	Employer (See Instructions City of Tomball	5)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_Salem, Tina Contributor address; City; State; Zip Code Tomball, TX 77375			Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Г	Amount of Contribution (\$)	
	04/08/2023	Thomas, Theresa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$42.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.		otal pages Schedule A1: ch: 7/7 Rpt: 11/14	
2	FILER NAME Heart of Ton	nball Republican Women			ler ID (Ethics Commission) (087338	n Filers)
4	Date 02/28/2023	5 Full name of contributor out-of-state PAC (ID#:_ Tyner, Kay 6 Contributor address; City; State; Zip Code		7 Ar	mount of Contribution (\$)	\$100.00
8	Principal occu	Houston, TX 77095 pation / Job title (See Instructions)	9 Employer (See Instructions	`		
•	retired	pation / 300 title (See Instructions)	S Employer (See Instructions)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Tyner, Kay Contributor address; City; State; Zip Code Houston, TX 77095		Ar	mount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/28/2023	Full name of contributor out-of-state PAC (ID#:_Valdes, Stephanie Contributor address; City; State; Zip Code		Ar	mount of Contribution (\$)	\$30.00
	Principal occu	Tomball, TX 77377 pation / Job title (See Instructions) nager	Employer (See Instructions)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#: Valdes, Stephanie Contributor address; City; State; Zip Code Tomball, TX 77377)	Ar	mount of Contribution (\$)	\$75.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/3 Rpt: 12/14	Heart of Tomball Republican Women		00087338
4	Date	5 Payee name		-
	03/17/2023	Clepper, Rebecca		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$30.00	713 Clayton St		
	Expenditure from corporate funds	Tomball, TX 77375		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				3 badges printed from PostNet for Kay Tyner, Marilyn Dunagin, and Anna Lee Aitken
_	0 1: 0 1: 0			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	06/28/2023	Glasscock, Kay		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$1,013.80	11506 Crestbrook Park Ln		
_	T Expenditure from			
	corporate funds	Tomball, TX 77375		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Reimbursement for paying for printing (Morris Press
				Cookbooks) for fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office souc	ht	Office held
	expenditure to benefit C/O	~	JIIL	Office field
	Date	Payee name		
	05/22/2023	JK Graphics		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$126.11	28155 Tomball Pkwy, Ste 3		
_	T Expenditure from			
	corporate funds	Tomball, TX 77375		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Printing for Memorial Day Wreath Laying Ceremony
				programs
	Complete ONL V if direct	Candidate/Officeholder name Office souc	nht	Office held
	Complete ONLY if direct expenditure to benefit C/O		JIIL	Office field

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.	<i>i</i> e)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	n Filers)
Sch: 2/3 Rpt: 13/14	Heart of Tomball Republican Women 00087338	
4 Date	5 Payee name	
04/13/2023	Martha's Mexican Restaurant	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$49.62	1025 Alma St	
- Evpanditura from		
Expenditure from corporate funds	Tomball, TX 77375	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense SEL event with Dr Webb/TISD presenting -	meals for
	Dr Webb & David Flowers	neals loi
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		ĺ
Date	Payee name	
04/13/2023	Martha's Mexican Restaurant	
Amount (\$)	Payee address; City; State; Zip Code	
\$33.64	1025 Alma St	
Expenditure from corporate funds	Tomball, TX 77375	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense	
	Check if Austin, TX, officeholder living expense SEL event with Dr Webb/TISD presenting -	mode for
	additional sound guy	licais ioi
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
Data		
Date	Payee name	
05/02/2023	Pecos Grill	
Amount (\$)	Payee address; City; State; Zip Code	
\$44.85	28900 Hwy 249	
Expenditure from	Tomball, TX 77375	
corporate funds	I	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	May 2 Mtg - dinner for Laryssa Korduba and	l her
	chief deputy	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	DH .	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/3 Rpt: 14/14	Heart of Tomball Republican Women 00087338
4 Date	5 Payee name
05/02/2023	PostNet
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$66.30	27708 Tomball Pkwy
- "	
Expenditure from corporate funds	Tomball, TX 77375
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Printing of badges for 7 people (I forgot to document
	the names)
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	
Date	Payee name
05/25/2023	Tomball Museum
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	510 N. Pine St
Expenditure from corporate funds	Tomball, TX 77375
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense \$50 donation to Tomball Museum for use during
	Memorial Day Wreath Laying Ceremony
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	
Date	Payee name
02/15/2023	Woodforest National Bank
Amount (\$)	Payee address; City; State; Zip Code
\$5.00	14235 FM2920
Expenditure from	
corporate funds	Tomball, TX 77377
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	\$5 charge for not maintaining certain balance
	40 Shargo is not maining ostall building
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	