

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) 00085529	2 Total pages filed: 40
3 COMMITTEE NAME TriCounty Republican Women's Club		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/17/2023	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2404 S Grand Blvd. Ste. 120 Pearland, TX 77581		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Andrea P.		
	NICKNAME LAST SUFFIX Williams		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2404 S Grand Blvd. Ste. 120 Pearland, TX 77581		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2404 Grand Blvd. Ste. 120 Pearland, TX 77581		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2404 Grand Blvd. Ste. 120 Pearland, TX 77581		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 997-2033		
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 01/01/2023	THROUGH	Month Day Year 06/30/2023
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME TriCounty Republican Women's Club	13 Filer ID (Ethics Commission Filers) 00085529
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,443.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,926.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,660.88
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. Andrea P. Williams

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

17 COMMITTEE NAME TriCounty Republican Women's Club		18 Filer ID (Ethics Commission Filers) 00085529
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,443.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,926.77
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/26 Rpt: 4/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batson, Elizabeth (Ms.)	7 Amount of Contribution (\$) \$17.00
	6 Contributor address; City; State; Zip Code Pearland, TX 77581	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biedefeld, Dietrich (Mr.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code West Columbia, TX 77486	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions)
Date 05/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodkins, Patti (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Pasadena, TX 77505	
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#: _____) Bradley, Jonda (Ms.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston, TX 77062	
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#: _____) Bradley, Jonda (Ms.)	Amount of Contribution (\$) \$17.00
	Contributor address; City; State; Zip Code Houston, TX 77062	
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: 5/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Jonda (Ms.)	7 Amount of Contribution (\$) \$17.00
	6 Contributor address; City; State; Zip Code Houston, TX 77062	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Jonda (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77062	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brannan, Elizabeth (Ms.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Houston, TX 77062	
Principal occupation / Job title (See Instructions) Archetecture/ Interior Design		Employer (See Instructions)
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brannan, Elizabeth (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77062	
Principal occupation / Job title (See Instructions) Architecture/Interior Design		Employer (See Instructions)
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burleigh, Denise (Ms.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/26 Rpt: 6/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 02/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burleigh, Denise (Ms.) 6 Contributor address; City; State; Zip Code Pearland, TX 77581	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burleigh, Denise (Ms.) Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Insurance Broker		Employer (See Instructions)
Date 05/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burleigh, Denise (Ms.) Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Insurance Broker		Employer (See Instructions)
Date 02/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cade, Layni (Ms.) Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$17.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 02/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cade, Layni (Ms.) Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Teacher		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: 7/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 03/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cade, Layni (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77581	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 01/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casper, Sara (Ms.) <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casper, Sara (Ms.) <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$17.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casper, Sara (Ms.) <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casper, Sara (Ms.) <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$12.00
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: 5/26 Rpt: 8/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 04/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaney, Deborah (Ms.)	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Friendswood, TX 77546		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Gayle (Ms.)	Amount of Contribution (\$) \$17.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Gayle (Ms.)	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Mindy (Ms.)	Amount of Contribution (\$) \$32.00
Contributor address; City; State; Zip Code Houston, TX 77062		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Mindy (Ms.)	Amount of Contribution (\$) \$12.00
Contributor address; City; State; Zip Code Houston, TX 77062		
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: 9/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Mindy (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77062	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Carolyn (Ms.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Carri (Ms.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$17.00
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#: _____) David, Carri (Ms.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$17.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Carri (Ms.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$17.00
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: 7/26 Rpt: 10/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 03/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Carri (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pearland, TX 77584	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVine, Gaylyn (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVine, Gaylyn (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckels, Donna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Marketing Coordinator		Employer (See Instructions)
Date 01/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckels, Donna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Marketing Coordinator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/26 Rpt: 11/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 02/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckels, Donna (Ms.) 6 Contributor address; City; State; Zip Code Pearland, TX 77581	7 Amount of Contribution (\$) \$17.00
8 Principal occupation / Job title (See Instructions) Marketing Coordinator		9 Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckels, Donna (Ms.) Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions)
Date 05/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckels, Donna (Ms.) Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions)
Date 01/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbert, Jane (Ms.) Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$17.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Patricia (Ms.) Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Homemaker		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: 12/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Patricia (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$17.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions)
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Patricia (Ms.) <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Patricia (Ms.) <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flannery, Kelley (Ms.) <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586	Amount of Contribution (\$) \$49.00
Principal occupation / Job title (See Instructions) Homemaker/ SN Child Care		Employer (See Instructions)
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flickinger, Fred (Mr.) <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77345	Amount of Contribution (\$) \$17.00
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: 10/26 Rpt: 13/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort, Linda (Ms.)	7 Amount of Contribution (\$) \$17.00
6 Contributor address; City; State; Zip Code Pearland, TX 77584		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort, Linda (Ms.)	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grayson, Rachel (Ms.)	Amount of Contribution (\$) \$17.00
Contributor address; City; State; Zip Code Pearland, TX 77581		
Principal occupation / Job title (See Instructions) Team Leader		Employer (See Instructions)
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gresham, Regina (Ms.)	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Pearland, TX 77582		
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#: _____) Gresham, Regina (Ms.)	Amount of Contribution (\$) \$17.00
Contributor address; City; State; Zip Code Pearland, TX 77582		
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: 14/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gresham, Regina (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77582	7 Amount of Contribution (\$) \$17.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gresham, Regina (Ms.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77582	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gresham, Regina (Ms.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groff, Carol (Ms.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$17.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groff, Carol (Ms.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$30.00
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: 12/26 Rpt: 15/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 03/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groff, Carol (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pearland, TX 77581	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groff, Carol (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groff, Carol (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Carol (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77089	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Judith (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77089-5310	
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: 16/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 03/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Himel, Jo	7 Amount of Contribution (\$) \$12.00
	6 Contributor address; City; State; Zip Code League City, TX 77574	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloman, Shannon (Ms.)	Amount of Contribution (\$) \$34.00
	Contributor address; City; State; Zip Code Taylor Lake Village, TX 77586	
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions)
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloman, Shannon (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Taylor Lake Village, TX 77586	
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions)
Date 01/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamison, Heather (Ms.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Pearland, TX 77584	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landis, Judy	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Pearland, TX 77581	
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: 14/26 Rpt: 17/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Janis (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Friendswood, TX 77546	
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Janis (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 02/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Janis (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Janis (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 06/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Janis (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
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: 15/26 Rpt: 18/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Dawn (Ms.)	7 Amount of Contribution (\$) \$17.00
	6 Contributor address; City; State; Zip Code Houston, TX 77090	
8 Principal occupation / Job title (See Instructions) District Director		9 Employer (See Instructions)
Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Dawn (Ms.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Houston, TX 77090	
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Dawn (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77089	
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions)
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeil, Sandi (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 05/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medway, Carol (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code League City, TX 77573	
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: 19/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 04/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medway, Carole (Ms.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code League City, TX 77573	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molohosky, Stephen (Mr.)	Amount of Contribution (\$) \$32.00
	Contributor address; City; State; Zip Code Seabrook, TX 77586	
Principal occupation / Job title (See Instructions) Business Agent		Employer (See Instructions)
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molohosky, Stephen (Mr.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Seabrook, TX 77586	
Principal occupation / Job title (See Instructions) Business Agent		Employer (See Instructions)
Date 02/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molohosky, Stephen (Mr.)	Amount of Contribution (\$) \$17.00
	Contributor address; City; State; Zip Code Seabrook, TX 77586	
Principal occupation / Job title (See Instructions) Business Agent		Employer (See Instructions)
Date 01/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mondragon, Lydia (Ms.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Pearland, TX 77584	
Principal occupation / Job title (See Instructions) Travel Agent		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: 20/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mondragon, Lydia (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pearland, TX 77584	
8 Principal occupation / Job title (See Instructions) Travel Agent		9 Employer (See Instructions)
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mondragon, Lydia (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77584	
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions)
Date 02/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mondragon, Lydia (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77584	
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mondragon, Lydia (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77584	
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions)
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mondragon, Lydia (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77584	
Principal occupation / Job title (See Instructions) Travel Agent		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: 21/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Ken (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pearland, TX 77581	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Ken (Mr.)	Amount of Contribution (\$) \$17.00
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North, Linda (Ms.)	Amount of Contribution (\$) \$23.00
	Contributor address; City; State; Zip Code Pasadena, TX 77505	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North, Linda (Ms.)	Amount of Contribution (\$) \$17.00
	Contributor address; City; State; Zip Code Pasadena, TX 77505	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfeiffer, Thomas (Mr.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/26 Rpt: 22/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 06/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pfeiffer, Thomas (Mr.)	7 Amount of Contribution (\$) \$75.00
	6 Contributor address; City; State; Zip Code Pearland, TX 77581	
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions)
Date 01/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Larissa (Ms.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) Construction Project Mgr/Estimator		Employer (See Instructions)
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasco, Lisa (Ms.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Prog Coor		Employer (See Instructions)
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redus, Rachel (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Team Leader		Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redus, Rachel (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Team Manager		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: 23/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kathy (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Friendswood, TX 77546	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kathy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kathy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kathy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kathy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
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: 21/26 Rpt: 24/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 06/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kathy (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Friendswood, TX 77546	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kathy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosser, Stephanie (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Alvin, TX 77581	
Principal occupation / Job title (See Instructions) Nurse Practioner		Employer (See Instructions)
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosser, Stephanie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Alvin, TX 77511	
Principal occupation / Job title (See Instructions) Nurse Practioner		Employer (See Instructions)
Date 01/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosser, Stephanie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Alvin, TX 77511	
Principal occupation / Job title (See Instructions) Nurse Practioner		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: 25/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 03/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Ruby	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Pearland, TX 77581	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheridan, Jonette (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheridan, Jonette (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Pearland, TX 77581	
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#: _____) Shumate, Sandra (Ms.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stearns, Winnie (Ms.)	Amount of Contribution (\$) \$17.00
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Entrepreneur		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: 26/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stearns, Winnie (Ms.)	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code Pearland, TX 77581		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stearns, Winnie (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Pearland, TX 77581		
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stearns, Winnie (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Pearland, TX 77581		
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions)
Date 02/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stepp, Joe (Mr.)	Amount of Contribution (\$) \$34.00
Contributor address; City; State; Zip Code Pasadena, TX 77505		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Buck (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Pearland, TX 77581		
Principal occupation / Job title (See Instructions) Constable		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: 27/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Carolyn (Ms.)	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Houston, TX 77089	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strouhal, Ann (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Pearland, TX 77584	
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions)
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strouhal, Ann (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Pearland, TX 77584	
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strouhal, Ann (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Pearland, TX 77584	
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions)
Date 05/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strouhal, Ann (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Pearland, TX 77584	
Principal occupation / Job title (See Instructions) HR Consultant		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: 28/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 03/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strouhal, Ann (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pearland, TX 77584	
8 Principal occupation / Job title (See Instructions) HR Consultant		9 Employer (See Instructions)
Date 01/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Colleen (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Colleen (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
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#: _____) Velasco, Paolo (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pasadena, TX 77504	
Principal occupation / Job title (See Instructions) Social Media Engagement CBN		Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velasco, Paolo (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pasadena, TX 77504	
Principal occupation / Job title (See Instructions) Social Media Engagement CBN		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: 29/40
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 02/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINNIE, STEARNS (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pearland, TX 77581	
8 Principal occupation / Job title (See Instructions) Entrepreneur		9 Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson-DeVine, Gaylyn (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) BusinessOwner		Employer (See Instructions)
Date 02/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) unknown, member	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77588	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) unknown, member	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77588	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/11 Rpt: 30/40	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
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4 Date 01/11/2023	5 Payee name Christian Engaged
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6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 472655 Garland, TX 75047
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense For Speaking
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/01/2023	Payee name Devine Promotions
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Amount (\$) \$105.54 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5411 Brookglen Suite B Houston, TX 77017
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Name Badges, forms, postcards
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/26/2023	Payee name Devine Promotions
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Amount (\$) \$75.12 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5411 Brookglen Suite B Houston, TX 77017
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Cards and postage
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/11 Rpt: 31/40	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
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4 Date 02/13/2023	5 Payee name Devine Promotions
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6 Amount (\$) \$73.61	7 Payee address; City; State; Zip Code 5411 Brookglen Suite B Houston, TX 77017
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Silent Auction Forms Program Printing Payer Forms Table Tents
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/16/2023	Payee name Devine Promotions
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Amount (\$) \$50.86	Payee address; City; State; Zip Code 5411 Brookglen Suite B Houston, TX 77017
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website domain renewal
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/17/2023	Payee name Devine Promotions
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Amount (\$) \$48.00	Payee address; City; State; Zip Code 5411 Brookglen Suite B Houston, TX 77017
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Name Badge for Sara Casper Jo Himel Kathey Rodgers Lydia Mondragon
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 3/11 Rpt: 32/40	2	FILER NAME TriCounty Republican Women's Club	3	Filer ID (Ethics Commission Filers) 00085529
4	Date 01/10/2023	5	Payee name Donham & Williams		
6	Amount (\$) \$695.00 <input type="checkbox"/> Expenditure from corporate funds	7	Payee address; City; State; Zip Code 2404 S Gran Blvd Suite 120 Pearland, TX 77581		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Campaign Finance report for 07/01/22 to 12/31/22		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 01/30/2023		Payee name Frost Bank		
	Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 5208 Broadway St Pearland, TX 77581		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/28/2023		Payee name Frost Bank		
	Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 5208 Broadway St Pearland, TX 77581		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/11 Rpt: 33/40	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
4 Date 03/31/2023	5 Payee name Frost Bank	
6 Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5208 Broadway St Pearland, TX 77581	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/30/2023	Candidate/Officeholder name Frost Bank	
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 5208 Broadway St Pearland, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/31/2023	Candidate/Officeholder name Frost Bank	
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 5208 Broadway St Pearland, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/11 Rpt: 34/40	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
4 Date 06/30/2023	5 Payee name Frost Bank	
6 Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5208 Broadway St Pearland, TX 77581	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/10/2023	Payee name Golfcrest Country Club	
Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2509 Country Club Dr Pearland, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2023	Payee name Golfcrest Country Club	
Amount (\$) \$292.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2509 Country Club Dr Pearland, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 6/11 Rpt: 35/40	2	FILER NAME TriCounty Republican Women's Club	3	Filer ID (Ethics Commission Filers) 00085529
4	Date 03/14/2023	5	Payee name Golfcrest Country Club		
6	Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	7	Payee address; City; State; Zip Code 2509 Country Club Dr Pearland, TX 77581		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Meeting		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 04/11/2023		Payee name Golfcrest Country Club		
	Amount (\$) \$420.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 2509 Country Club Dr Pearland, TX 77581		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Meeting		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 05/09/2023		Payee name Golfcrest Country Club		
	Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 2509 Country Club Dr Pearland, TX 77581		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Meeting		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/11 Rpt: 36/40	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
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4 Date 05/17/2023	5 Payee name One Source Web Development LLC
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6 Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 38201 Liberty St Lebanon, OR 97355
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Updates
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/20/2023	Payee name One Source Web Development LLC
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Amount (\$) \$159.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 38201 Liberty St Lebanon, OR 97355
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Plug in Renewal
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/27/2023	Payee name Square Inc
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Amount (\$) \$2.85 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St Ste 600 San Francisco, CO 94103
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/11 Rpt: 37/40	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
4 Date 05/24/2023	5 Payee name Square Inc	
6 Amount (\$) \$21.32 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1455 Market St Ste 600 San Francisco, CO 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/14/2023	Payee name Square Inc	
Amount (\$) \$21.32 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2023	Payee name Square Inc	
Amount (\$) \$53.44 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/11 Rpt: 38/40	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
4 Date 02/28/2023	5 Payee name Square Inc	
6 Amount (\$) \$26.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1455 Market St Ste 600 San Francisco, CO 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2023	Payee name Square Inc	
Amount (\$) \$16.96 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/30/2023	Payee name Square Inc	
Amount (\$) \$10.85 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/11 Rpt: 39/40	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
4 Date 05/30/2023	5 Payee name Square Inc	
6 Amount (\$) \$45.85 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1455 Market St Ste 600 San Francisco, CO 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2023	Payee name Square Inc	
Amount (\$) \$6.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/20/2023	Payee name Texas Comptroller	
Amount (\$) \$307.18 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 13528 Capitol Station Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SALES TAX	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sales Tax
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/11 Rpt: 40/40	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
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4 Date 02/10/2023	5 Payee name Texas State Directory
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6 Amount (\$) \$116.91 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1800 Nueces St Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative Handbook
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/23/2023	Payee name US Postal Office
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Amount (\$) \$98.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3519 E Walnut St Pearland, TX 77581
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Office Box Payment
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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