#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00054867 Date Received COMMITTEE Walker County Republican Women **ELECTRONICALLY FILED** NAME 09/27/2023 TREASURER Miller, Susan J. (Mrs.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Month Day Year Day Date Imaged **COVERED THROUGH** 01/01/2023 06/30/2023 **EXPLANATION OF CORRECTION** Do to being a NEW PAC Treasurer not understanding the report and being audited for Jan 23 filing, it made me go back and ensure that all my Contributions and Expenses were reported. I found that those numbers were off, therefore they have been corrected and filed accordingly. This experience has definitely given me the training I needed for going forward. Thank You. AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Susan Miller Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_\_\_ \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

#### 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) 00054867 3 COMMITTEE NAME **OFFICE USE ONLY** Walker County Republican Women Date Received **ELECTRONICALLY FILED** 09/27/2023 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 7382 Date Hand-delivered or Date Postmarked Change of Address Huntsville, TX 77342-7394 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Susan J. NAME NICKNAME LAST **SUFFIX** Miller STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1445 River Oaks Dr STREET **ADDRESS** (Residence or Business) Huntsville, TX 77340 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 7382 MAILING **ADDRESS** Huntsville, TX 77342 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 770-7253 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 Year 10 PERIOD 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

2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Walker County Republic	an Women			00054867	,
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(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.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTOR GUARANTEES OF LOTATION OF LO	DANS, ÖR )	\$	5,230.69
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUA	RANTEES OF LOANS)	\$	8,087.69
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITU	JRES	\$	854.82
	4. TOTAL POLITICA	L EXPENDITURES		\$	5,666.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING		AINED AS OF THE LAST	DAY \$	10,701.84
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTST REPORTING PERIOD	ANDING LOANS AS OF 1	THE \$	0.00
6 AFFIDAVIT					
		true and co	affirm, under penalty of pe rrect and includes all infor 15, Election Code.		
				an J. Miller	
AFFIX NOTABY	OTAMB / OFAL ABOVE		Signature of Ca	mpaign freasu	irei
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed I				nis the	day
of	, 20, to certify \	which, witness my hand ar	nd seal of office.		
Signature of officer adn	ninistering oath	Printed name of officer ad	Iministering oath	Title of office	cer administering oath

### **SUBTOTALS - GPAC**

#### FORM GPAC **COVER SHEET PG 3**

					4 of 20
<b>17</b> CO	MMITTE	E NAME	18 Filer ID	(Ethics Cor	nmission Filers)
Wa	lker Co	ounty Republican Women	00054867		
19 SC	HEDULE	SUBTOTALS			
l	ME OF S		SUBT	OTAL AMOUNT	
				-	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,990.74
					,
_ ا	Γ.J.	COLIEDULE A2. MON MONETARY (IN KIND) DOLITICAL CONTRIBUTIONS			2,000,05
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,096.95
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R	\$	
	ш_	ORGANIZATION			
		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	TION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.	П	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		_	
<b>'</b> .	Ш	ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	PRGANIZATION	\$	
9.	П	SCHEDULE E: LOANS		\$	
	ш			Ψ	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	5,666.69
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
				<u> </u>	
12	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONE		
12.	Ш	SCHEDOLE F3. FORCHASE OF INVESTMENTS FROM FOLITICAL CONTRIBUTION	JNS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
	Ш			Ψ	
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F	RETURNED	1.	
15.	Ш	TO FILER		\$	
l					
l					
l					
l					
ı					

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 5/20			
2	FILER NAME Walker Cour	nty Republican Women		3	Filer ID (Ethics Commission 00054867	n Filers)		
4	Date 01/10/2023	5 Full name of contributor out-of-state PAC (ID#:_ Bench, Tomalea (Mrs.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$12.00		
		Huntsville, TX 77340						
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions na	5)				
Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$300.00			
	Deireciant	Huntsville, TX 77340	Frankrije (O. a. krativskije ra	$\overline{\Gamma}$				
	Retired	pation / Job title (See Instructions)	Employer (See Instructions na	5)				
Date 05/15/2023		Full name of contributor out-of-state PAC (ID#:_ Bench, Tomelea (Mrs.)  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$24.00		
		Huntsville, TX 77340						
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions na	5)				
	Date 03/24/2023	Blythe, Dell (Mrs.)			Amount of Contribution (\$)	\$200.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	<u> </u> 5)				
	Date 03/24/2023	Full name of contributor out-of-state PAC (ID#:_Blythe, Dell (Mrs.)  Contributor address; City; State; Zip Code  Huntsville, TX 77340			Amount of Contribution (\$)	\$12.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 6/20	
2	FILER NAME Walker Cour	nty Republican Women		3	Filer ID (Ethics Commission 00054867	n Filers)
4	Date 02/28/2023	5 Full name of contributor out-of-state PAC (ID#:_ Lawson, Robert (Mr.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
_	<u> </u>	Huntsville, TX 77340				
8	Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions Retired	)		
	Date 03/24/2023	Full name of contributor out-of-state PAC (ID#:_Lawson, Robert (Mr.)  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$300.00
	Principal occu	Huntsville, TX 77340  pation / Job title (See Instructions)	Employer (See Instructions	_		
	Retired	pation 7 300 title (See instructions)	Retired	,		
	Date 01/07/2023	Full name of contributor out-of-state PAC (ID#:_ Lunsford, Renee (Mrs.)  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$11.68
		Huntsville, TX 77340				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 02/08/2023	Full name of contributor out-of-state PAC (ID#:_Lunsford, Renee (Mrs.)  Contributor address; City; State; Zip Code  Huntsville, TX 77340			Amount of Contribution (\$)	\$12.32
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 03/20/2023	Full name of contributor out-of-state PAC (ID#:_Lunsford, Renee (Mrs.)  Contributor address; City; State; Zip Code  Huntsville, TX 77340			Amount of Contribution (\$)	\$12.00
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 7/20	
2	FILER NAME Walker Cour	nty Republican Women		3	Filer ID (Ethics Commission 00054867	n Filers)
4	Date 03/24/2023	5 Full name of contributor out-of-state PAC (ID#:_ Lunsford, Renee (Mrs.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$112.00
_		Huntsville, TX 77340				
8	Principal occu Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions Retired	)		
	Date 04/20/2023	Full name of contributor out-of-state PAC (ID#:_Lunsford, Renee (Mrs.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$195.00
	Deignainal agai	Huntsville, TX 77340	Familia var (Can Instructions			
	Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 05/15/2023	Full name of contributor out-of-state PAC (ID#:_ Lunsford, Renee (Mrs.)  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$24.00
		Huntsville, TX 77340				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 01/10/2023	Full name of contributor out-of-state PAC (ID#:_McKenzie, Linda (Mrs.)  Contributor address; City; State; Zip Code  Huntsville, TX 77340			Amount of Contribution (\$)	\$12.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 02/28/2023	Full name of contributor out-of-state PAC (ID#:_McKenzie, Linda (Mrs.)  Contributor address; City; State; Zip Code  Huntsville, TX 77340			Amount of Contribution (\$)	\$36.00
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 8/20	
2	FILER NAME Walker Cour	nty Republican Women		3	Filer ID (Ethics Commission 00054867	n Filers)
4	Date 03/24/2023	5 Full name of contributor out-of-state PAC (ID#:_ McKenzie, Linda (Mrs.)  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$12.00
_	<u> </u>	Huntsville, TX 77340				
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	)		
	Date 04/20/2023	Full name of contributor out-of-state PAC (ID#:_McKenzie, Linda (Mrs.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$160.00
	Principal occu	Huntsville, TX 77340  pation / Job title (See Instructions)	Employer (See Instructions			
	Retired	pation / 300 title (See instructions)	Retired	,		
	Date 05/15/2023	Full name of contributor out-of-state PAC (ID#:_ McKenzie, Linda (Mrs.)  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$12.00
		Huntsville, TX 77340				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 04/05/2023	Full name of contributor out-of-state PAC (ID#:_Miller, Virginia (Mrs.)  Contributor address; City; State; Zip Code  Huntsville, TX 77342	)		Amount of Contribution (\$)	\$300.00
	Principal occu Retired	ppation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 04/20/2023	Full name of contributor out-of-state PAC (ID#:_Miller, Virginia (Mrs.)  Contributor address; City; State; Zip Code  Huntsville, TX 77342			Amount of Contribution (\$)	\$195.00
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	1 Total pages Sch: 5/5 R			
2	FILER NAME Walker Cour	nty Republican Women		3 Filer ID (E 00054867	thics Commission	n Filers)
4		Full name of contributor	)	<b>7</b> Amount of C	Contribution (\$)	\$200.00
		Huntsville, TX 77340	1			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	ns)		
	Date 04/20/2023	Full name of contributor out-of-state PAC (ID#: Rosenberger, John (Mr.)  Contributor address; City; State; Zip Code		Amount of C	Contribution (\$)	\$205.00
		Huntsville, TX 77320				
	Principal occu Small Busine	upation / Job title (See Instructions) ess Owner	Employer (See Instructions Walker County Remode			

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/20 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Walker County Republican Women 00054867 \$ 1,596.95 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 04/20/2023 Weisner Inc Huntsville \$500.0012 coolers meat 7 Contributor address; City; State; Zip Code Huntsville, TX 77320 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### SCHEDULE F1

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

Fees Of Food/Beverage Expense Pc Gift/Awards/Memorials Expense Pr Legal Services Sa

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of Static

Credit Card Payment	The Instruction Guide explains how to complete this form.	a category not listed above)
1 Total pages Schedule F1:		(Ethics Commission Filers)
Sch: 1/10 Rpt: 11/20		,
4 Date	5 Payee name	
03/15/2023	Farmhouse Cafe	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$250.00	1004 14th Sreet	
Expenditure from corporate funds	Huntsville, TX 77340	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Event Expense Check if travel outside of Texas. Co	·
	Veterans Breakfast 2022	пу ехрепас
Complete ONLY if direct expenditure to benefit C/OI	L L Candidate/Officeholder name Office sought Office I OH	held
·		
Date	Payee name	
01/09/2023	Humphreys	
Amount (\$)	Payee address; City; State; Zip Code	
\$121.24	1930 Sam Houston Ave	
Expenditure from corporate funds	Huntsville, TX 77340	
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. Co	·
	Check if Austin, TX, officeholder livin  General Meeting Meals	ng expense
	Soliotal modeling model	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	hald
expenditure to benefit C/OI		ieiu
Date	Payee name	
02/20/2023	Humphreys	
Amount (\$)	Payee address; City; State; Zip Code	
\$181.86	1930 Sam Houston Ave	
Expenditure from corporate funds	Huntsville, TX 77340	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Co	
	General Meeting Meals	ng expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office I	 held
expenditure to benefit C/OI		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filer	s)
	Sch: 2/10 Rpt: 12/20		Walker Cou	nty Republican V	Vomen					00054867		
4		5	Payee name									
	03/20/2023		Humphreys									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode					
	\$164.54		1930 Sam H	Houston Ave								
	Expenditure from corporate funds		Huntsville, 7	ΓX 77340								
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				<b>=</b>			plete Schedule T.	
								General Meet		officeholder living	y expense	
								General Mee	uriy	ivicals		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office sou	l laht			Office he	eld	
	expenditure to benefit C/Oh						t				 	
	Date		Payee name									
	05/15/2023		Humphreys									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$155.88		1930 Sam F	louston Ave								
	Expenditure from corporate funds		Huntsville, 7	ΓX 77340								
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				<b>—</b>			plete Schedule T.	
								General Meet		officeholder living	j expense	
								Ceneral Mee	ung	ivicus		
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	C	office sou	<u>ı</u> ıght			Office he	eld	
	Date		Payee name									
	03/24/2023		Lunsford, R	enee (Mrs.)								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$76.99		1062 Elkins	Lk								
	TExpenditure from											
L	corporate funds		Huntsville, 7	ΓX 77340								
	PURPOSE OF	(a)		ee Categories listed at the	top of this sche	edule)	(b)	Description				
	EXPENDITURE		Event Expe	nse				ш		de of Texas. Com officeholder living	plete Schedule T.	
								_			ng, Envelopes	
									.,-0	,	J, — 5.5p55	
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	office sou	ıght			Office he	eld	
	expenditure to benefit C/OF						-					

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

t 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 c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3	3 Filer ID (Ethics Commission	n Filers)
Sch: 3/10 Rpt: 13/20	Walker County Republican Women		00054867	
4 Date	5 Payee name	•		
03/31/2023	Lunsford, Renee (Mrs.)			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$30.00	1062 Elkins Lk			
— Emanditus from				
Expenditure from corporate funds	Huntsville, TX 77340			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	l <u>—</u>	utside of Texas. Complete Schedule T.	
		ı —	TX, officeholder living expense on Council Membership Fee	
		Greater Houst	on Council Membership Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u>	Office held	
expenditure to benefit C/Ol	d Sandidate/Officerolder flame Office so	agrit	Omoc riciu	
Data				
Date 03/31/2023	Payee name Lunsford, Renee (Mrs.)			
	, ,	en al n		
Amount (\$) \$24.48	Payee address; City; State; Zip C 1062 Elkins Lk	ode		
Φ24.40	1002 EIKIIIS LK			
Expenditure from corporate funds	Huntsville, TX 77340			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	1 <del></del>	utside of Texas. Complete Schedule T.	
		Keys for GOP	TX, officeholder living expense	
		1.0,0.0.00	2.49	
Complete ONLY if direct	Candidate/Officeholder name Office so	<u> </u>	Office held	
expenditure to benefit C/O	4	-		
Date	Payee name			
04/20/2023	Lunsford, Renee (Mrs.)			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$37.88	1062 Elkins Lk			
Expenditure from corporate funds	Huntsville, TX 77340			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel ou	utside of Texas. Complete Schedule T.	
EXPENDITORE			TX, officeholder living expense	
		Casters for Ch	air	
Complete CNII V if direct	Condidate/Officeholder name	ught	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so H	ugfit	Office held	

#### SCHEDULE F1

vertising Expense Event Expense Loan Repayment/Reimbu

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

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 comple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/10 Rpt: 14/20	Walker County Republican Women	00054867
4 Date	5 Payee name	•
04/20/2023	Lunsford, Renee (Mrs.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$280.28	1062 Elkins Lk	
- Evnanditura from		
Expenditure from corporate funds	Huntsville, TX 77340	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		Food and Decoration
O Committee ONII V if discret	Condidate (Office halden name	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
03/06/2023	Mawthei, Ken (Mr.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$325.00	PO Box 10795	
Expenditure from corporate funds	College Station, TX 77842	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense WCRW LOGO on Window
		WCRVV LOGO OII VVIIIdow
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
D-4-		
Date	Payee name	
01/11/2023	Miller, Susan (Mrs.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$253.00	288 Elkins Lk	
Expenditure from		
corporate funds	Huntsville, TX 77340	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Texas Federation of Republican Women Membership Dues Submission #2
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experience to benefit 6/61	<u> </u>	

#### SCHEDULE F1

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

Event Expense Loai Fees Offic Food/Beverage Expense Pollii Gitt/Awards/Memorials Expense Print Lenal Sayrices Sala

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/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/10 Rpt: 15/20	Walker County Republican Women 00054867
4 Date	5 Payee name
02/20/2023	Miller, Susan (Mrs.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$27.54	288 Elkins Lk
Expenditure from corporate funds	Huntsville, TX 77340
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  Feb Meeting Copies
	1 ob Modaling Copies
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date 03/01/2023	Payee name  Millor, Sugan (Mrs.)
	Miller, Susan (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$151.80	288 Elkins Lk
Expenditure from	
corporate funds	Huntsville, TX 77340
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Texas Federation of Republican Women
	Membership Dues Submission #4
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name  Miller Sugan (Mrs.)
04/20/2023	Miller, Susan (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$75.90	288 Elkins Lk
Expenditure from	
corporate funds	Huntsville, TX 77340
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 6/10 Rpt: 16/20	Walker County Republican Women 00054867
4 Date	5 Payee name
06/06/2023	Miller, Susan (Mrs.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$75.90	288 Elkins Lk
Expenditure from corporate funds	Huntsville, TX 77340
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Texas Federation of Republican Women
	Membership Dues Submission #6 & 7
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/OI	
Date	Payee name
06/16/2023	Miller, Susan (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$101.20	288 Elkins Lk
Expenditure from corporate funds	Huntsville, TX 77340
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Texas Federation of Republican Women
	Membership Dues Submission #8
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/26/2023	Miller, Susan (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$50.60	288 Elkins Lk
νο.υσφ	200 LINIIS LN
Expenditure from corporate funds	Huntsville, TX 77340
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Texas Federation of Republican Women  Membership Dues Submission #9
Complete CNII V if direct	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

#### 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 co	mplete this for	rm.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 7/10 Rpt: 17/20	Walker County Republican Women		00054867	
4 Date	5 Payee name		<u> </u>	
01/01/2023	Miller, Susan			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$1,158.50	288 Elkins Lk			
Expenditure from corporate funds	Huntsville, TX 77340			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti	ion	
OF EXPENDITURE	Fees		if travel outside of Texas. Com if Austin, TX, officeholder living	
			Membership Fees	g expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office he	eld
expenditure to benefit C/O		<b>3</b> -		
Date	Payee name			
03/01/2023	Republican Party of Walker County			
Amount (\$)	Payee address; City; State; Zip Co	ndo.		
\$150.00	1205 University Ave	iue		
Ψ130.00	1200 Offiversity Ave			
Expenditure from corporate funds	Huntsville, TX 77340			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti	ion	
OF EXPENDITURE	Office Overhead/Rental Expense		if travel outside of Texas. Com	
			if Austin, TX, officeholder living Storage Donation	g expense
		O moore	otorago Boriation	
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office he	eld
expenditure to benefit C/O		5		
Date	Payee name			
04/01/2023	Payee name Republican Party of Walker County			
		-1-		
Amount (\$) \$150.00	Payee address; City; State; Zip Co 1205 University Ave	oue		
\$150.00	1205 Offiversity Ave			
Expenditure from corporate funds	Huntsville, TX 77340			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti	ion	
OF EXPENDITURE	Office Overhead/Rental Expense		if travel outside of Texas. Com	
			if Austin, TX, officeholder living Storage Donation	g expense
		Onice/S	noraye Donation	
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office he	<u></u>
expenditure to benefit C/O		giit	Office III	Jiu

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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
OTHER (outer a extracounce) listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
4 Tatal marian Calcadida F1.				
1 Total pages Schedule F1: Sch: 8/10 Rpt: 18/20	2 FILER NAME Walker County Republican Women 3 Filer ID (Ethics Commission Filers) 00054867			
4 Date	5 Payee name			
05/01/2023	Republican Party of Walker County			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$150.00	1205 University Ave			
Expenditure from	Huntsville, TX 77340			
corporate funds	Hurisville, 1X 77340			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Office Overhead/Rental Expense			
	Check if Austin, TX, officeholder living expense			
	Office/Storage Donation			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
06/01/2023	Republican Party of Walker County			
Amount (\$)	Payee address; City; State; Zip Code			
` '				
\$150.00	1205 University Ave			
- Cynonditure from				
Expenditure from corporate funds	Huntsville, TX 77340			
PURPOSE	(a) Cotagon: (b) Description			
OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
	Office/Storage Donation			
	Since/Storage Boriation			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Dato	Daysa nama			
Date	Payee name			
03/15/2023	Republican Party of Walker County			
Amount (\$)	Payee address; City; State; Zip Code			
\$69.28	1205 University Ave			
Expenditure from	Human illa TV 77040			
corporate funds	Huntsville, TX 77340			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Office Overhead/Rental Expense			
LAFLINDITURE	Check if Austin, TX, officeholder living expense			
	Office Supplies			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

#### 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 comp	plete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 9/10 Rpt: 19/20	Walker County Republican Women	00054867		
4 Date	5 Payee name			
01/09/2023	Sam Houston State University			
6 Amount (\$)	7 Payee address; City; State; Zip Code	;		
\$100.00	1402 19th St			
Expenditure from corporate funds	Huntsville, TX 77340			
8 PURPOSE OF	, , ,	Description		
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
		Gibbs Hall Meeting Room Rental - Jan		
		<b>3</b> 11		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held		
Date	British washing			
02/20/2023	Payee name			
	Sam Houston State University			
Amount (\$)	Payee address; City; State; Zip Code	<del>;</del>		
\$100.00	1402 19th St			
Expenditure from corporate funds	Huntsville, TX 77340			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description		
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Gibbs Hall Meeting Room Rental - Feb		
		Olbbo Fidil Mooting Room Roma. 1 55		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ot Office held		
experiulture to benefit 6/01	<u> </u>			
Date	Payee name			
03/24/2023	Sam Houston State University			
Amount (\$)	Payee address; City; State; Zip Code	;		
\$100.00	1402 19th St			
Expenditure from corporate funds	Huntsville, TX 77340			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Gibbs Hall Meeting Room Rental - Mar		
		Olddo Fran Moding Room Roma. Ma.		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sough	office held		
expenditure to benefit C/OH				

#### 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		, , ,
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/10 Rpt: 20/20	Walker County Republican Women	00054867
4 Date	5 Payee name	
05/15/2023	Sam Houston State University	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 1402 19th St	
corporate funds	Huntsville, TX 77340	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	cription
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense bs Hall Meeting Room Rental - May
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
04/17/2023	Sam Houston State University	
Amount (\$)	Payee address; City; State; Zip Code	
\$200.00	1402 19th St	
Expenditure from corporate funds	Huntsville, TX 77340	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Design	· ·
OF EXPENDITURE	L LVCIII Experise	Check if travel outside of Texas. Complete Schedule T.
	I □	Check if Austin, TX, officeholder living expense
	Gibi	bs Hall - Event Room Rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held