

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00054867	2 Total pages filed: 20	OFFICE USE ONLY	
3 COMMITTEE NAME Walker County Republican Women	Date Received ELECTRONICALLY FILED 09/27/2023		
4 TREASURER NAME Miller, Susan J. (Mrs.)	Date Hand-delivered or Date Postmarked		
5 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Amount
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____	Date Processed
6 ORIGINAL PERIOD COVERED	Month Day Year 01/01/2023	THROUGH	Month Day Year 06/30/2023
Date Imaged			

7 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.

8 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 _____ 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

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

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) 00054867	2 Total pages filed: 20
3 COMMITTEE NAME Walker County Republican Women		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 09/27/2023	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 7382 Huntsville, TX 77342-7394	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mrs. Susan J. NICKNAME LAST SUFFIX Miller	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1445 River Oaks Dr Huntsville, TX 77340	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 7382 Huntsville, TX 77342	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (281) 770-7253	
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED		Month Day Year Month Day Year 01/01/2023 THROUGH 06/30/2023	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/07/2023 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Walker County Republican Women	13 Filer ID (Ethics Commission Filers) 00054867
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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)	\$ 5,230.69
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,087.69
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 854.82
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,666.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,701.84
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.

Mrs. Susan J. Miller

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 Walker County Republican Women		18 Filer ID (Ethics Commission Filers) 00054867
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	5,990.74
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	2,096.95
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	\$	5,666.69
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: 1/5 Rpt: 5/20
2 FILER NAME Walker County Republican Women		3 Filer ID (Ethics Commission Filers) 00054867
4 Date 01/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bench, Tomalea (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Huntsville, TX 77340	7 Amount of Contribution (\$) \$12.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) na
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bench, Tomelea (Mrs.) <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77340	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) na
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bench, Tomelea (Mrs.) <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77340	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) na
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blythe, Dell (Mrs.) <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77340	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blythe, Dell (Mrs.) <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77340	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 6/20
2 FILER NAME Walker County Republican Women		3 Filer ID (Ethics Commission Filers) 00054867
4 Date 02/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Robert (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Huntsville, TX 77340	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 03/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Robert (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Huntsville, TX 77340	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lunsford, Renee (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Huntsville, TX 77340	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lunsford, Renee (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Huntsville, TX 77340	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lunsford, Renee (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Huntsville, TX 77340	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 7/20
2 FILER NAME Walker County Republican Women		3 Filer ID (Ethics Commission Filers) 00054867
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lunsford, Renee (Mrs.)	7 Amount of Contribution (\$) \$112.00
6 Contributor address; City; State; Zip Code Huntsville, TX 77340		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lunsford, Renee (Mrs.)	Amount of Contribution (\$) \$195.00
Contributor address; City; State; Zip Code Huntsville, TX 77340		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lunsford, Renee (Mrs.)	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Huntsville, TX 77340		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenzie, Linda (Mrs.)	Amount of Contribution (\$) \$12.00
Contributor address; City; State; Zip Code Huntsville, TX 77340		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenzie, Linda (Mrs.)	Amount of Contribution (\$) \$36.00
Contributor address; City; State; Zip Code Huntsville, TX 77340		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 8/20
2 FILER NAME Walker County Republican Women		3 Filer ID (Ethics Commission Filers) 00054867
4 Date 03/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenzie, Linda (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Huntsville, TX 77340	7 Amount of Contribution (\$) \$12.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenzie, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77340	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenzie, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77340	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Virginia (Mrs.) <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77342	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Virginia (Mrs.) <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77342	Amount of Contribution (\$) \$195.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 9/20
2 FILER NAME Walker County Republican Women		3 Filer ID (Ethics Commission Filers) 00054867
4 Date 06/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moxie Innovative <hr/> 6 Contributor address; City; State; Zip Code Huntsville, TX 77340	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenberger, John (Mr.) <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77320	Amount of Contribution (\$) \$205.00
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Walker County Remodel

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/20	
2 FILER NAME Walker County Republican Women		3 Filer ID (Ethics Commission Filers) 00054867	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1,596.95	
5 Date 04/20/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weisner Inc Huntsville <hr style="border-top: 1px dotted black;"/> 7 Contributor address; City; State; Zip Code Huntsville, TX 77320	8 Amount of contribution (\$) \$500.00	9 In-kind contribution description 2 coolers meat <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			

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: 1/10 Rpt: 11/20	2 FILER NAME Walker County Republican Women	3 Filer ID (Ethics Commission Filers) 00054867
4 Date 03/15/2023	5 Payee name Farmhouse Cafe	
6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1004 14th Sreet Huntsville, TX 77340	
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 Veterans Breakfast 2022
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/09/2023	Payee name Humphreys	
Amount (\$) \$121.24 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1930 Sam Houston Ave Huntsville, TX 77340	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 General Meeting Meals
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2023	Payee name Humphreys	
Amount (\$) \$181.86 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1930 Sam Houston Ave Huntsville, TX 77340	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 General Meeting Meals
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: 2/10 Rpt: 12/20	2 FILER NAME Walker County Republican Women	3 Filer ID (Ethics Commission Filers) 00054867
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4 Date 03/20/2023	5 Payee name Humphreys
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6 Amount (\$) \$164.54 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1930 Sam Houston Ave Huntsville, TX 77340
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 General Meeting Meals
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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 05/15/2023	Payee name Humphreys
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Amount (\$) \$155.88 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1930 Sam Houston Ave Huntsville, TX 77340
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 General Meeting Meals
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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 03/24/2023	Payee name Lunsford, Renee (Mrs.)
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Amount (\$) \$76.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1062 Elkins Lk Huntsville, TX 77340
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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 Fundraiser Expenses, Printing, Envelopes
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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: 3/10 Rpt: 13/20	2 FILER NAME Walker County Republican Women	3 Filer ID (Ethics Commission Filers) 00054867
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4 Date 03/31/2023	5 Payee name Lunsford, Renee (Mrs.)
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6 Amount (\$) \$30.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1062 Elkins Lk Huntsville, TX 77340
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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 Greater Houston Council Membership Fee
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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 03/31/2023	Payee name Lunsford, Renee (Mrs.)
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Amount (\$) \$24.48 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1062 Elkins Lk Huntsville, TX 77340
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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 Keys for GOP Bldg
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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 04/20/2023	Payee name Lunsford, Renee (Mrs.)
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Amount (\$) \$37.88 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1062 Elkins Lk Huntsville, TX 77340
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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 Casters for Chair
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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: 4/10 Rpt: 14/20	2 FILER NAME Walker County Republican Women	3 Filer ID (Ethics Commission Filers) 00054867
4 Date 04/20/2023	5 Payee name Lunsford, Renee (Mrs.)	
6 Amount (\$) \$280.28 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1062 Elkins Lk Huntsville, TX 77340	
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 Food and Decoration
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/06/2023	Payee name Mawthei, Ken (Mr.)	
Amount (\$) \$325.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 10795 College Station, TX 77842	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 WCRW LOGO on Window
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/11/2023	Payee name Miller, Susan (Mrs.)	
Amount (\$) \$253.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 288 Elkins Lk Huntsville, TX 77340	
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 Texas Federation of Republican Women Membership Dues Submission #2
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: 5/10 Rpt: 15/20	2 FILER NAME Walker County Republican Women	3 Filer ID (Ethics Commission Filers) 00054867
4 Date 02/20/2023	5 Payee name Miller, Susan (Mrs.)	
6 Amount (\$) \$27.54 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 288 Elkins Lk Huntsville, TX 77340	
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 Feb Meeting Copies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2023	Payee name Miller, Susan (Mrs.)	
Amount (\$) \$151.80 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 288 Elkins Lk Huntsville, TX 77340	
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 Texas Federation of Republican Women Membership Dues Submission #4
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/20/2023	Payee name Miller, Susan (Mrs.)	
Amount (\$) \$75.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 288 Elkins Lk Huntsville, TX 77340	
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 5
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: 6/10 Rpt: 16/20	2 FILER NAME Walker County Republican Women	3 Filer ID (Ethics Commission Filers) 00054867
4 Date 06/06/2023	5 Payee name Miller, Susan (Mrs.)	
6 Amount (\$) \$75.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 288 Elkins Lk Huntsville, TX 77340	
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 Texas Federation of Republican Women Membership Dues Submission #6 & 7
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/16/2023	Payee name Miller, Susan (Mrs.)	
Amount (\$) \$101.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 288 Elkins Lk Huntsville, TX 77340	
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 Texas Federation of Republican Women Membership Dues Submission #8
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/26/2023	Payee name Miller, Susan (Mrs.)	
Amount (\$) \$50.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 288 Elkins Lk Huntsville, TX 77340	
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 Texas Federation of Republican Women Membership Dues Submission #9
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: 7/10 Rpt: 17/20	2 FILER NAME Walker County Republican Women	3 Filer ID (Ethics Commission Filers) 00054867
4 Date 01/01/2023	5 Payee name Miller, Susan	
6 Amount (\$) \$1,158.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 288 Elkins Lk Huntsville, TX 77340	
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 TFRW Membership Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2023	Payee name Republican Party of Walker County	
Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1205 University Ave Huntsville, TX 77340	
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 Office/Storage Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/01/2023	Payee name Republican Party of Walker County	
Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1205 University Ave Huntsville, TX 77340	
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 Office/Storage Donation
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: 8/10 Rpt: 18/20	2 FILER NAME Walker County Republican Women	3 Filer ID (Ethics Commission Filers) 00054867
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4 Date 05/01/2023	5 Payee name Republican Party of Walker County
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6 Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1205 University Ave Huntsville, TX 77340
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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 Office/Storage Donation
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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 06/01/2023	Payee name Republican Party of Walker County
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Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1205 University Ave Huntsville, TX 77340
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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 Office/Storage Donation
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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 03/15/2023	Payee name Republican Party of Walker County
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Amount (\$) \$69.28 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1205 University Ave Huntsville, TX 77340
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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 Office Supplies
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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: 9/10 Rpt: 19/20	2 FILER NAME Walker County Republican Women	3 Filer ID (Ethics Commission Filers) 00054867
4 Date 01/09/2023	5 Payee name Sam Houston State University	
6 Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1402 19th St Huntsville, TX 77340	
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 Gibbs Hall Meeting Room Rental - Jan
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2023	Payee name Sam Houston State University	
Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1402 19th St Huntsville, TX 77340	
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 Gibbs Hall Meeting Room Rental - Feb
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/24/2023	Payee name Sam Houston State University	
Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1402 19th St Huntsville, TX 77340	
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 Gibbs Hall Meeting Room Rental - Mar
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: 10/10 Rpt: 20/20	2 FILER NAME Walker County Republican Women	3 Filer ID (Ethics Commission Filers) 00054867
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4 Date 05/15/2023	5 Payee name Sam Houston State University
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6 Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1402 19th St Huntsville, TX 77340
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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 Gibbs Hall Meeting Room Rental - May
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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 04/17/2023	Payee name Sam Houston State University
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Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1402 19th St Huntsville, TX 77340
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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 Gibbs Hall - Event Room Rental
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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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