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) 00085254 3 COMMITTEE NAME **OFFICE USE ONLY** Southeast Texas Republican Women Date Received **ELECTRONICALLY FILED** 01/05/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 1071 Date Hand-delivered or Date Postmarked Change of Address Nederland, TX 77627 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Patricia A. NAME NICKNAME LAST **SUFFIX** Pat Greene STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2225 Stillwater Dr. STREET **ADDRESS** (Residence or Business) Beaumont, TX 77705 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 225 Stillwater Dr. MAILING **ADDRESS** Beaumont, TX 77705 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (409) 626-2585 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Southeast Texas Repu	blican Women		00085254	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,453.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	5,516.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	2,560.74
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>		<u>'</u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Patrici	a A. Greene	
		Signature of Ca	mpaign Treasure	er
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tl	his the	day
		which, witness my hand and seal of office.		
Signature of officer ac	ministering oath	Printed name of officer administering oath	Title of office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

					Page 3 of 45
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Southeast Texas Repu	blican Women			00085254	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)	A. SupportedB. Opposed	Republican		
paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Republican		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Political party not specified.		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					VER SHEET	4 of 45
17			EE NAME Texas Republican Women	18 Filer ID 00085254	(Ethics Commission	ı Filers)
19	SCH	IEDULE	E SUBTOTALS SCHEDULE		SUBTOTAL AI	MOUNT
	1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,403.37
	2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	50.00
	3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
	5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$	
	6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
	7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
	8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
	9.		SCHEDULE E: LOANS		\$	
	10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	5,516.07
	11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
	13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
	14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
	15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	0.66

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/26 Rpt: 5/45	
2	FILER NAME Southeast T	exas Republican Women		3	Filer ID (Ethics Commission 00085254	ı Filers)
4	Date 10/12/2023	5 Full name of contributor out-of-state PAC (ID#:_ Ashrafi, Mahmoona (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$53.00
_	Dringing Lagor	Beaumont, TX 77707	D. Frankrian (Con Instructions			
8	Commerical	pation / Job title (See Instructions) Realtor	Employer (See Instructions Self)		
	Date 08/08/2023	Full name of contributor out-of-state PAC (ID#:_ Bordelon, Elizabeth (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$53.00
	Dringing	Beaumont, TX 77707	Franksian (Cookastastastastastas			
	Clerk	ipation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#:_ Bordelon, Elizabeth (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Beaumont, TX 77707				
	Principal occu Clerk	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#:_Bordelon, Michael (Mr.) Contributor address; City; State; Zip Code Nederland, TX 77627			Amount of Contribution (\$)	\$26.50
	Principal occu Self Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/08/2023	Full name of contributor out-of-state PAC (ID#:_ Bordelon, Michael (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$53.00
	Principal occu Self Employe	upation / Job title (See Instructions) ed	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/26 Rpt: 6/45	
2	FILER NAME Southeast To	exas Republican Women		3	Filer ID (Ethics Commission 00085254	n Filers)
4	Date 08/18/2023	5 Full name of contributor out-of-state PAC (ID#:_ Brinkley, Dean (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$26.50
_	Deinsinal	Nederland, TX 77627	D. Faralana (Garalana)			
8	Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/18/2023	Full name of contributor			Amount of Contribution (\$)	\$42.00
		Nederland, TX 77627				
	Principal occu teacher	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#:_ Brown, Autumn (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$26.50
		Nederland, TX 77627				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 12/26/2023	Full name of contributor out-of-state PAC (ID#:_ Brown, Autumn (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$53.00
	Principal occu	Nederland, TX 77627 Ipation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:_Brown, Autumn (Ms.) Contributor address; City; State; Zip Code Nederland, TX 77627)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/26 Rpt: 7/45	
2	FILER NAME Southeast T	exas Republican Women		3	Filer ID (Ethics Commission 00085254	ı Filers)
4	Date 08/10/2023	 5 Full name of contributor out-of-state PAC (ID#:_Brown, Janet (Ms.) 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
_		Pt. Neches, TX 77651				
8	Principal occu Regional Ca	pation / Job title (See Instructions) sework Dir.	9 Employer (See Instructions)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:_ Brown, Janet (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Pt. Neches, TX 77651 pation / Job title (See Instructions)	Employer (See Instructions			
	Regional Ca		Employer (See instructions	,		
	Date 11/08/2023	Full name of contributor out-of-state PAC (ID#:_ Brown, Janet (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$26.50
		Pt. Neches, TX 77651				
	Principal occu Regional Ca	pation / Job title (See Instructions) sework Dir.	Employer (See Instructions)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#:_ CARR, DINA Contributor address; City; State; Zip Code Beaumont, TX 77705)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#:_ CARR, DINA Contributor address; City; State; Zip Code Beaumont, TX 77705			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/26 Rpt: 8/45	
2	FILER NAME Southeast To	exas Republican Women		3	Filer ID (Ethics Commission 00085254	n Filers)
4	Date 09/14/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_		Beaumont, TX 77705				
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#:_CARR, DINA Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$26.00
	Principal occu	Beaumont, TX 77705	Employer (See Instructions			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#: CARR, DINA Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		Beaumont, TX 77705				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:_ CARR, DINA Contributor address; City; State; Zip Code Beaumont, TX 77705)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/08/2023	Full name of contributor out-of-state PAC (ID#:_ Carr, Dina (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77705)		Amount of Contribution (\$)	\$26.50
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/26 Rpt: 9/45	
2	FILER NAME Southeast T	exas Republican Women		3	Filer ID (Ethics Commission 00085254	ı Filers)
4	Date 07/10/2023	5 Full name of contributor out-of-state PAC (ID#:_ Carroll, Kate (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_	Dringing Logg	Beaumont, TX 77713	0 Employer (Coo Instructions			
8	Investments	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/28/2023	Full name of contributor out-of-state PAC (ID#:_ Carroll, Kate (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$26.50
	Deinsingle	Beaumont, TX 77713	Faralassa (Caralassa trastica)			
	Investments	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/02/2023	Full name of contributor out-of-state PAC (ID#:_ Carroll, Kate (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$26.50
		Beaumont, TX 77713				
	Principal occu Investments	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:_ Carroll, Kate (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77713)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/10/2023	Full name of contributor out-of-state PAC (ID#:_ Carroll, Rod (Mr.)			Amount of Contribution (\$)	\$25.00
	Principal occu Chief of Poli	pation / Job title (See Instructions) ce	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULI	E A1
	The Instruc	tion Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 6/26 Rpt: 10/45	
2	FILER NAME Southeast Te	xas Republican Women		3	Filer ID (Ethics Commission 00085254	ı Filers)
4	Date 11/14/2023	 Full name of contributor out-of-state PAC (IE Carroll, Rod (Mr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$25.00
_	Deire sin al a second	Beaumont, TX 77713	lo Faralana (One la describio			
8	Chief of Police	eation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (IE Cates, Norma (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$25.00
		Nederland, TX 77627				
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (IE Cates, Norma (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$25.00
		Nederland, TX 77627				
	Principal occup Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (IE Chambers, Kent (Mr.) Contributor address; City; State; Zip Code Willis, TX 77378	D#:)		Amount of Contribution (\$)	\$50.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (IE Chambers, Kent (Mr.) Contributor address; City; State; Zip Code Willis, TX 77378	<u> </u>		Amount of Contribution (\$)	\$53.00
	Principal occup	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			- 1			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 7/26 Rpt: 11/45	
2	FILER NAME Southeast Te	exas Republican Women		3	Filer ID (Ethics Commission 00085254	Filers)
4	Date 09/13/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_	Discourse	Ned, TX 77627	D. Faralana (On Instruction	$\overline{\Gamma}$		
8	Principal occur Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID# Dyer, Holli (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
		Pt. Neches, TX 77651				
	Principal occur X Ray Tech	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID# Dyer, Kim (Ms.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$25.00
		Pt. Neches, TX 77651				
	Principal occu Teller Superv	oation / Job title (See Instructions) visor	Employer (See Instructions	;)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID# Ebeling, Jeanene (Ms.) Contributor address; City; State; Zip Code Port Arthur, TX 77640)		Amount of Contribution (\$)	\$25.00
	Principal occu Bookkeeper	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> 5)		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID# Ebeling, Jeanene (Ms.) Contributor address; City; State; Zip Code Port Arthur, TX 77640			Amount of Contribution (\$)	\$25.00
	Principal occu Bookkeeper	oation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/26 Rpt: 12/45	
2	FILER NAME Southeast T	exas Republican Women		3	Filer ID (Ethics Commission 00085254	ı Filers)
4	Date 10/12/2023	 5 Full name of contributor out-of-state PAC (ID#:_ Ebeling, Jeanene (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Port Arthur, TX 77640 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Bookkeeper		Employer (See Instructions)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:_ Ebeling, Jeanene (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Port Arthur, TX 77640				
	Principal occu Bookkeeper	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/09/2023	Full name of contributor out-of-state PAC (ID#:_ Erickson, Cary (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$26.50
		Nederland, TX 77627				
	County Com	pation / Job title (See Instructions) missioner	Employer (See Instructions Jefferson County)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#:_ Errington, Marie (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Port Arthur, TX 77642 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#:_ Errington, Marie (Ms.) Contributor address; City; State; Zip Code Port Arthur, TX 77642			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/26 Rpt: 13/45	
2	FILER NAME Southeast T	exas Republican Women		3	Filer ID (Ethics Commission 00085254	Filers)
4	Date 11/14/2023	5 Full name of contributor out-of-state PAC (ID#:_ Errington, Marie (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
0	Dringing occu	Port Arthur, TX 77642 pation / Job title (See Instructions)	Employer /See Instructions			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:_ Errington, Marie (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$12.81
		Port Arthur, TX 77642				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/09/2023	Full name of contributor out-of-state PAC (ID#:_ Esthay, Gerald (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$26.50
		Beaumont, TX 77705				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#:_ Estlay, Elizabeth (Ms.) Contributor address; City; State; Zip Code Nederland, TX 77627			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#:_ Estlay, Elizabeth (Ms.) Contributor address; City; State; Zip Code Nederland, TX 77627			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/26 Rpt: 14/45	
2	FILER NAME Southeast To	exas Republican Women		3	Filer ID (Ethics Commission 00085254	Filers)
4	Date 11/14/2023	5 Full name of contributor out-of-state PAC (ID#:_ Estlay, Elizabeth (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_		Nederland, TX 77627				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/10/2023	Full name of contributor out-of-state PAC (ID#:_Estlay, Elizabeth (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Nederland, TX 77627				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#:_ Evans, Joe (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Beaumont , TX 77706				
	Principal occu Program Ma	pation / Job title (See Instructions) nager	Employer (See Instructions)		
	Date 08/09/2023	Full name of contributor out-of-state PAC (ID#:_ Evans, Joe (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$53.00
	Principal occu	Beaumont , TX 77706 pation / Job title (See Instructions)	Employer (See Instructions)		
	Program Ma		. , (,		
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID#:_Faraci, Danielle (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77705			Amount of Contribution (\$)	\$22.25
	Principal occu unemployed	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/26 Rpt: 15/45	
2	FILER NAME Southeast T	exas Republican Women		3	Filer ID (Ethics Commission 00085254	ı Filers)
4	Date 08/03/2023	 5 Full name of contributor out-of-state PAC (ID#:_ Figari, Stephanie (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Beaumont, TX 77706 pation / Job title (See Instructions)	9 Employer (See Instructions	.)		
0	unemployed		9 Employer (See Instructions)		
	Date 09/14/2023	Full name of contributor			Amount of Contribution (\$)	\$25.00
	Principal occu	Nederland, TX 77627 pation / Job title (See Instructions)	Employer (See Instructions) 		
	Office Mana		Employer (See Instructions	')		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#:_ Green, Donna (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Nederland, TX 77627				
	Principal occu Office Mana	pation / Job title (See Instructions) ger	Employer (See Instructions	i)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:_ Green, Donna (Ms.) Contributor address; City; State; Zip Code Nederland, TX 77627			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:_ Green, Donna (Ms.) Contributor address; City; State; Zip Code Nederland, TX 77627)		Amount of Contribution (\$)	\$40.00
	Principal occu Office Mana	pation / Job title (See Instructions) ger	Employer (See Instructions	<u>;</u>)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/26 Rpt: 16/45	
2	FILER NAME Southeast To	exas Republican Women		3	Filer ID (Ethics Commission 00085254	n Filers)
4	Date 09/29/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$107.00
_		Beaumont, TX 77705				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#:_ Greene, Pat Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$63.45
	Dringinal occu	Beaumont, TX 77705 pation / Job title (See Instructions)	Employer (See Instructions			
	Retired	pation / 300 title (See Instructions)	Employer (See Instructions			
	Date 10/12/2023	Full name of contributor)		Amount of Contribution (\$)	\$25.00
		Beaumont, TX 77705				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/27/2023	Full name of contributor out-of-state PAC (ID#:_ Greene, Patricia Contributor address; City; State; Zip Code Beaumont, TX 77705			Amount of Contribution (\$)	\$308.54
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#:_ Greene, Patricia (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77705			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/26 Rpt: 17/45	
2	FILER NAME Southeast To	exas Republican Women		3	Filer ID (Ethics Commission 00085254	n Filers)
4	Date 11/14/2023	5 Full name of contributor out-of-state PAC (ID#:_ Greene, Patricia (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$40.00
_	<u> </u>	Beaumont, TX 77705				
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/27/2023	Full name of contributor out-of-state PAC (ID#:_ Greene, Patricia (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$308.54
	Dringing aggr	Beaumont, TX 77705	Employer (See Instructions			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	')		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#:_ Hall, Ann (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Nederland, TX 77627				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#:_Hall, Ann (Ms.) Contributor address; City; State; Zip Code Nederland, TX 77627			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#:_Hall, Ann (Ms.) Contributor address; City; State; Zip Code Nederland, TX 77627			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/26 Rpt: 18/45	
2	FILER NAME Southeast To	exas Republican Women		3	Filer ID (Ethics Commission 00085254	ı Filers)
4	Date 11/14/2023	5 Full name of contributor out-of-state PAC (ID#:_ Hall, Ann (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
_		Nederland, TX 77627				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:_ Hall, Ann (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Deinsinal	Nederland, TX 77627	Farely (Contracting the			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:_ Hall, Ann (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		Nederland, TX 77627				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#:_ Harris, Sally (Ms.) Contributor address; City; State; Zip Code Nederland, TX 77627			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#:_ Harris, Sally (Ms.) Contributor address; City; State; Zip Code Nederland, TX 77627			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 15/26 Rpt: 19/45	
2	FILER NAME Southeast Te	exas Republican Women		3	Filer ID (Ethics Commission 00085254	Filers)
4	Date 10/12/2023	 Full name of contributor out-of-state PAC (ID#:_Harris, Sally (Ms.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$40.00
_	Deignaignal	Nederland, TX 77627	2. Facility on (Con Instructions			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occur	Nederland, TX 77627 pation / Job title (See Instructions)	Employer (See Instructions	_		
	Retired	oalion7 Job title (See instructions)	Employer (See Instructions	')		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#: Hellberg, Roxanne (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Beaumont, TX 77713				
	Principal occu County Clerk	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:Henderson, Elaine (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77726			Amount of Contribution (\$)	\$25.00
	Principal occu Self Employe	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#: Henderson, Elaine (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77726			Amount of Contribution (\$)	\$45.00
	Principal occu Self Employe	pation / Job title (See Instructions)	Employer (See Instructions)		
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	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 16/26 Rpt: 20/45	
2	FILER NAME Southeast Te	exas Republican Women		3	Filer ID (Ethics Commission 00085254	n Filers)
4	Date 09/14/2023	 Full name of contributor out-of-state PAC (ID#:_Holland, Beverly (Ms.) Contributor address; City; State; Zip Code 	_	7	Amount of Contribution (\$)	\$50.00
0	Principal occur	Port Arthur, TX 77640	Employer (See Instructions	·,		
8	Minister Minister	pation / Job title (See Instructions)	9 Employer (See Instructions	•)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#:_Hollier, Emmett (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$53.00
	Dringing aggr	Nederland, TX 77627	Employer (See Instructions	·/		
	Oil Field Con	pation / Job title (See Instructions) sultant	Employer (See Instructions	5)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#:_Hollnd, Beverly (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		Port Arthur, TX 77640				
	Principal occu Minister	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#:_ Lambeth, Amber (Miss) Contributor address; City; State; Zip Code Beaumont, TX 77707			Amount of Contribution (\$)	\$25.00
	Principal occu Student	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 08/31/2023	Full name of contributor out-of-state PAC (ID#:_MCT Contributor address; City; State; Zip Code Pt. Neches, TX 77651			Amount of Contribution (\$)	\$197.78
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
			I			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 17/26 Rpt: 21/45	
2	FILER NAME Southeast Te	exas Republican Women		3	Filer ID (Ethics Commission 00085254	Filers)
4	Date 12/20/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
0	Principal occur	Beaumont, TX 77706	D Employer (See Instructions	·/		
8	Retired	pation / Job title (See Instructions)	Employer (See Instructions	•)		
	Date 12/20/2023	Full name of contributor out-of-state PAC (ID#: Maggio, Pearl (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occur	The Woodlands, TX 77384 pation / Job title (See Instructions)	Employer (See Instructions	·/-		
	Retired	Jation / Job title (See instructions)	Employer (See instructions)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Nederland, TX 77627				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		1				

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 18/26 Rpt: 22/45	
2	FILER NAME Southeast Te	exas Republican Women		3	Filer ID (Ethics Commission 00085254	n Filers)
4	Date 10/12/2023	 Full name of contributor out-of-state PAC (ID# Miller, Danny (Mr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$75.00
		Pt. Neches, TX 77651	T			
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 11/16/2023	Full name of contributor ut-of-state PAC (ID# Nash, Robert (Mr.) Contributor address; City; State; Zip Code	<u>; </u>		Amount of Contribution (\$)	\$25.00
	Dringing age	Nederland, TX 77627	Employer (Coo Instructions	<u></u>		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID# Pacetti, Rodney (Mr.) Contributor address; City; State; Zip Code	<u>; </u>		Amount of Contribution (\$)	\$25.00
		Groves, TX 77619				
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/13/2023	Full name of contributor out-of-state PAC (ID# Pacetti, Rodney (Mr.) Contributor address; City; State; Zip Code Groves, TX 77619	<u>; </u>		Amount of Contribution (\$)	\$13.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID# Pacetti, Rodney (Mr.) Contributor address; City; State; Zip Code Groves, TX 77619	<u>; </u>		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/26 Rpt: 23/45	
2	FILER NAME Southeast T	exas Republican Women		3	Filer ID (Ethics Commission 00085254	n Filers)
4	Date 08/10/2023	5 Full name of contributor out-of-state PAC (ID#:_ Poindexter, Debra (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_	<u> </u>	Nederland, TX 77627				
8	Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#:_Poindexter, Debra (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		Nederland, TX 77627				
	Retired	ipation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#:_Poindexter, Debra (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
		Nederland, TX 77627				
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#:_ Poindexter, Debra (Ms.) Contributor address; City; State; Zip Code Nederland, TX 77627			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:_Poindexter, Debra (Ms.) Contributor address; City; State; Zip Code Nederland, TX 77627			Amount of Contribution (\$)	\$75.00
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 20/26 Rpt: 24/45	
2	FILER NAME Southeast T	exas Republican Women		3	Filer ID (Ethics Commission 00085254	Filers)
4	Date 08/10/2023	5 Full name of contributor out-of-state PAC (ID#:_ Ramirez, Nancy (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00
_		Groves, TX 77619				
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#:_Ramirez, Nancy (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Deignainal agai	Groves, TX 77619	Faralous (Cool la structions			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#:_ Ramirez, Nancy (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Groves, TX 77619				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/14/2023	Full name of contributor out-of-state PAC (ID#:_Ramirez, Nancy (Ms.) Contributor address; City; State; Zip Code Groves, TX 77619			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#:_ Read, Lanora (Ms.) Contributor address; City; State; Zip Code Port Neches, TX 77651)		Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	pation / Job title (See Instructions) Nurse	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	tion Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 21/26 Rpt: 25/45	
2	FILER NAME Southeast Te	xas Republican Women		3	Filer ID (Ethics Commission 00085254	ı Filers)
4	Date 09/14/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Port Neches, TX 77651 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
•	Registered N			,		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#:Schoettle, Melanie (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Conroe, TX 77305				
	Principal occup Self Employe	pation / Job title (See Instructions) d	Employer (See Instructions	i)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#: Seiler, Kenna (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$26.50
		The Woodlands, TX 77382				
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/04/2023	Full name of contributor out-of-state PAC (ID#:Seiler, Kenna (Mr.) Contributor address; City; State; Zip Code The Woodlands, TX 77382			Amount of Contribution (\$)	\$53.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
		1				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULI	ULE A1	
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 22/26 Rpt: 26/45		
2	FILER NAME Southeast Te	xas Republican Women		3	Filer ID (Ethics Commission 00085254	n Filers)	
4			7	Amount of Contribution (\$)	\$50.00		
_		Nederland, TX 77627	T				
8	Principal occu _l Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date Full name of contributor out-of-state PAC (ID#:) 11/14/2023 Siragusa, Dora (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
	Nederland, TX 77627 Principal occupation / Job title (See Instructions) Employer (See Instructions)			<u> </u>			
	Retired	autori, con the (con monature)	Employor (God moudouons	<i>5</i> ,			
	Date Full name of contributor out-of-state PAC (ID#:) 12/06/2023 Siragusa, Dora (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00	
		Nederland, TX 77627					
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/20/2023 Siragusa, Dora (Ms.) Contributor address; City; State; Zip Code Nederland, TX 77627			Amount of Contribution (\$)	\$44.00		
		Employer (See Instructions	s)				
	Date 12/06/2023 Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Nederland, TX 77627			Amount of Contribution (\$)	\$25.00		
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)			
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	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/26 Rpt: 27/45	
2	FILER NAME Southeast To	exas Republican Women		3	Filer ID (Ethics Commission 00085254	ı Filers)
4			7	Amount of Contribution (\$)	\$50.00	
_		Port Neches, TX 77651				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date O8/10/2023 Full name of contributor out-of-state PAC (ID#:) Smith, Julia (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
		Pt. Neches, TX 77651				
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/12/2023 Smith, Julia (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$65.00	
		Pt. Neches, TX 77651				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#:_Smith, Julia (Ms.) Contributor address; City; State; Zip Code Pt. Neches, TX 77651			Amount of Contribution (\$)	\$50.00
	Principal occupation / Job title (See Instructions) Retired Employer (See Instructions)		Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/14/2023 Smith, Julia (Ms.) Contributor address; City; State; Zip Code Pt. Neches, TX 77651			Amount of Contribution (\$)	\$50.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULI	: A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 24/26 Rpt: 28/45		
2	FILER NAME Southeast T	exas Republican Women		3	Filer ID (Ethics Commission 00085254	Filers)	
4			7	Amount of Contribution (\$)	\$50.00		
_		Nederland, TX 77627					
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date Full name of contributor out-of-state PAC (ID#:) Smith, Saundra (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
		Nederland, TX 77627					
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/12/2023 Smith, Saundra (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
		Nederland, TX 77627					
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 08/09/2023 Thomas, Paulette (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$40.00	
	Orange, TX 77630 Principal occupation / Job title (See Instructions) Registered Nurse Employer (See Instruction		Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) Thomas, Paulette (Ms.) Contributor address; City; State; Zip Code Orange, TX 77630			Amount of Contribution (\$)	\$25.00		
	Principal occu Registered N	upation / Job title (See Instructions) Nurse	Employer (See Instructions)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 25/26 Rpt: 29/45	
2	FILER NAME Southeast Te	exas Republican Women		3	Filer ID (Ethics Commission 00085254	ı Filers)
4			7	Amount of Contribution (\$)	\$25.00	
_	Deireitan	Orange, TX 77630				
8	Registered N	pation / Job title (See Instructions) Jurse	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/14/2023 Thomas, Paulette (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Dringing aggr	Orange, TX 77630 pation / Job title (See Instructions)	Employer (See Instructions			
	Registered N		Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/14/2023 Watts, Jan (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00	
		Bridge City, TX 77611				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/12/2023	Full name of contributor out-of-state PAC (ID#:_ Williamson, Kat (Dr.) Contributor address; City; State; Zip Code Nederland, TX 77627			Amount of Contribution (\$)	\$53.00
	Principal occupation / Job title (See Instructions) Retired Employer (See Instructions))		
	Date Full name of contributor out-of-state PAC (ID#:) 11/08/2023 Williamson, Kat (Dr.) Contributor address; City; State; Zip Code Nederland, TX 77627			Amount of Contribution (\$)	\$79.50	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				■ A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/26 Rpt: 30/45	
2	FILER NAME Southeast T	exas Republican Women		3	Filer ID (Ethics Commission 00085254	Filers)
4			7	Amount of Contribution (\$)	\$40.00	
_	Discipal	Nederland, TX 77627	O Frankrije (Ozakasta stira			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	·)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/12/2023 Williamson D.O., Allen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Deignainal agai	Nederland, TX 77627	Faralous (Cool la structions			
	doctor	pation / Job title (See Instructions)	Employer (See Instructions	•)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/14/2023 Wright, Jay (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
		Conroe, TX 77302				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/29/2023	Full name of contributor out-of-state PAC (ID#:_Zepeda, Nancy (Ms.) Contributor address; City; State; Zip Code Pt. Arthur, TX 77642)		Amount of Contribution (\$)	\$40.00
			Employer (See Instructions	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:) 10/12/2023 Zepeda, Nancy (Ms.) Contributor address; City; State; Zip Code Pt. Arthur, TX 77642			Amount of Contribution (\$)	\$26.50	
	Principal occu Financial An	pation / Job title (See Instructions) alyst	Employer (See Instructions	5)		

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: 31/45 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Southeast Texas Republican Women 00085254 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 11/08/2023 Poindexter, Debra (Ms.) \$50.00 i 7 Contributor address; City; State; Zip Code Nederland, TX 77627 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) Retired 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
4. Tatalmana C. 1. 1. T.					
1 Total pages Schedule F1: Sch: 1/12 Rpt: 32/45	2 FILER NAME Southeast Texas Republican Women 3 Filer ID (Ethics Commission Filers) 00085254				
4 Date	5 Payee name				
08/09/2023	2023 Square, Inc.				
	·				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$6.28	1455 Market St. Suite 600				
Expenditure from					
corporate funds	San Francisco, CA 94103				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	Event Expense				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
	C.C.service fee				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	H				
Date	Payee name				
08/18/2023	2023 Square, Inc.				
Amount (\$)	Payee address; City; State; Zip Code				
\$3.44	1455 Market St. Suite 600				
φ3.44	1433 Market St. Suite 600				
Expenditure from					
corporate funds	San Francisco, CA 94103				
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				
	C.C. Service Charge				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
experioritire to belieff C/O					
Date	Payee name				
08/28/2023	2023 Square, Inc.				
Amount (\$)	Payee address; City; State; Zip Code				
\$1.03	1455 Market St. Suite 600				
+1.00					
Expenditure from	Can Francisco CA 04103				
corporate funds	San Francisco, CA 94103				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	C.C., Fees				
	C.O.,1 CC3				
Complete ONLY if alice -	Candidate/Officeholder name Office accept				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 2/12 Rpt: 33/45	Southeast Texas Republican Women 00085254						
4 Date	5 Payee name						
09/12/2023	2023 Square, Inc.						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$4.90	1455 Market St. Suite 600						
Expenditure from corporate funds	San Francisco, CA 94103						
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.						
	Credit Card Charge						
	Great Cara Charge						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI							
Date	Payee name						
10/12/2023	2023 Square, Inc.						
Amount (\$)	Payee address; City; State; Zip Code						
\$8.42	1455 Market St. Suite 600						
— Forestitus from							
Expenditure from corporate funds	San Francisco, CA 94103						
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.						
	Credit Card fees						
	Credit Card rees						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI							
Date	Payee name						
11/10/2023	2023 Square, Inc.						
Amount (\$)	Payee address; City; State; Zip Code						
\$2.67	1455 Market St. Suite 600						
Expenditure from							
corporate funds	San Francisco, CA 94103						
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.						
LAFLINDITURE	Check if Austin, TX, officeholder living expense						
	Credit Card Service Charge						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI							
3.,50							

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 3/12 Rpt: 34/45	Southeast Texas Republican Women 00085254	
4 Date	5 Payee name	
11/08/2023	2023 Square, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$11.05	1455 Market St. Suite 600	
Expenditure from corporate funds	San Francisco, CA 94103	
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.	
	Check if Austin, TX, officeholder living expense Credit Card Service Charge	
	Credit Card Service Charge	
2		_
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
12/26/2023	2023 Square, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.84	1455 Market St. Suite 600	
Expenditure from corporate funds	San Francisco, CA 94103	
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	
	Service Charge	
		_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit ever		
Date	Payee name	
08/28/2023	2023 Square, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1.07	1455 Market St. Suite 600	
Expenditure from corporate funds	San Francisco, CA 94103	
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.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Credit Card Service Charge	
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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
4. Total manage Coloradula 54						
1 Total pages Schedule F1:						
Sch: 4/12 Rpt: 35/45	Southeast Texas Republican Women 00085254					
4 Date	5 Payee name					
08/07/2023	Carr, Dina (Ms.)					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$77.25	2225 Stillwater Dr.					
, -						
Expenditure from	Beaumont, TX 77705					
corporate funds	<u>,</u>					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Google Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Website/telephone/chip mail					
	Website/telephone/onlp mail					
O Commission Chill V if all	Condidate/Officeholder name					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
2 2 2 2 2 2 2 2 2 2						
Date	Payee name					
11/13/2023	Carr, Dina (Ms.)					
Amount (\$)	Payee address; City; State; Zip Code					
\$774.92	2225 Stillwater Dr.					
Expenditure from corporate funds	Beaumont, TX 77705					
•						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Food					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						
Date	Payee name					
11/03/2023	Carr, Dina (Ms.)					
Amount (\$)	Payee address; City; State; Zip Code					
\$77.30	2225 Stillwater Dr.					
Expenditure from corporate funds	Beaumont, TX 77705					
-						
PURPOSE 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					
	Website/Google					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH					

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 5/12 Rpt: 36/45	Southeast Texas Republican Women 00085254					
4 Date	5 Payee name					
11/03/2023	Ebeling, Jeanene (Ms.)					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$108.24	2464 63rd St.					
Expenditure from corporate funds	Pt. Arthur, TX 77640					
8 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 Software 365 Renewed					
	Soliware 303 Neriewed					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
10/25/2023	Greene, Pat					
Amount (\$)	Payee address; City; State; Zip Code					
\$18.38	4400 Morningstar Pl.					
— Forestitus from						
Expenditure from corporate funds	Beaumont, TX 77705					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Event Expense					
EXPENDITORE	Check if Austin, TX, officeholder living expense					
	Reimbursement for fundraiser expense					
	ехрепзе					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
experioratione to benefit C/OI	'					
Date	Payee name					
12/20/2023	Greene, Patricia					
Amount (\$)	Payee address; City; State; Zip Code					
\$308.54	4400 Morningstar Place					
Expenditure from corporate funds	Beaumont, TX 77705					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	reimbursement of check no. 1153 Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Check if Austin, TX, officeholder living expense					
	to correct error					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	expenditure to benefit C/OH					

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Cabadula F1:	2 Files ID (Ethics Commission Files)				
1 Total pages Schedule F1: Sch: 6/12 Rpt: 37/45	2 FILER NAME Southeast Texas Republican Women 3 Filer ID (Ethics Commission Filers) 00085254				
4 Date	5 Payee name				
08/07/2023	Hispanic Business Council				
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 3202 39th Street				
,					
Expenditure from corporate funds	Pt. Arthur, TX 77642				
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				
	Booth				
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/05/2023	Hispanic Business Council				
Amount (\$)	Payee address; City; State; Zip Code				
` '					
\$50.00	3202 39th St.				
Expenditure from					
corporate funds	Pt. Arthur, TX 77642				
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. Check if Austin, TX, officeholder living expense				
	Booth Rental				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
11/14/2023	Hispanic Business Council				
	·				
Amount (\$)	Payee address; City; State; Zip Code				
\$75.00	3202 39th St.				
Expenditure from corporate funds	Port Arthur, TX 77642				
PURPOSE	(1) a				
OF					
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense				
	Annual Membership				
	,ss				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
experiulture to benefit G/OFI					

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 Gift/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

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 form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/12 Rpt: 38/45	Southeast Texas Republican Women	00085254
4 Date	5 Payee name	
07/25/2023	MCT Credit Union	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$10.00	2736 Nall St	
Ψ10.00	2700 14411 61	
Expenditure from	Dort Nochoo TV 77051	
corporate funds	Port Neches, TX 77651	
8 PURPOSE OF	, ,	(b) Description
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly Service Charge
		, o
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		5
Date	Doving name	
08/25/2023	Payee name MCT Credit Union	
Amount (\$)	Payee address; City; State; Zip Co	de
\$10.00	2736 Nall St	
Expenditure from		
corporate funds	Port Neches, TX 77651	
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 Monthly Service Charge
		Monthly Service Charge
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/O		gnit Office field
Date	Payee name	
08/30/2023	MCT Credit Union	
Amount (\$)	Payee address; City; State; Zip Co	de
\$224.98	2736 Nall St	
Expenditure from		
corporate funds	Port Neches, TX 77651	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Check Order
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
experialitie to beliefft C/OI	1	

SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 8/12 Rpt: 39/45	Southeast Texas Republican Women 00085254	
4 Date	5 Payee name	
09/25/2023	MCT Credit Union	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$10.00	2736 Nall St	
Expenditure from corporate funds	Port Neches, TX 77651	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Service Fee	
	Screen Co	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	the state of the s	
Date	David and the second se	=
11/25/2023	Payee name MCT Credit Union	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.00	2736 Nall St	
Expenditure from		
corporate funds	Port Neches, TX 77651	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Dividend	
	Dividend	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Davisa nama	=
11/06/2023	Payee name MCT Credit Union	
		_
Amount (\$)	Payee address; City; State; Zip Code 2736 Nall St	
\$45.00	2730 Naii St	
Expenditure from		
corporate funds	Port Neches, TX 77651	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	transfer of funds to savings account	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/12 Rpt: 40/45	Southeast Texas Republican Women 00085254
4 Date	5 Payee name
12/25/2023	MCT Credit Union
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.00	2736 Nall St
Expenditure from corporate funds	Port Neches, TX 77651
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 Monthly Service Charge
	Monthly Service Sharge
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date	Payee name
10/25/2023	MCT Credit Union
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	2736 Nall St
Expenditure from	
corporate funds	Port Neches, TX 77651
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Service Charge
Operation ONE Wife discout	One districts (Office healths are seen
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/07/2023	New Beginnings Ministries
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	P.O. Box 4040
Expenditure from	
corporate funds	Pt. Arthur, TX 77641
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.
LAI LINDITURE	Check if Austin, TX, officeholder living expense
	donation for Back to School Project
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
S. PS. Island to Bollont 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 10/12 Rpt: 41/45	Southeast Texas Republican Women 00085254	
4 Date	5 Payee name	
11/14/2023	New Beginnings Ministries	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$100.00	P.O. Box 4040	
Expenditure from corporate funds	Pt. Arthur, TX 77641	
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. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Donation for Children Christmas Program	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	1	
Date	Payee name	=
09/10/2023	Poindexter, Debra (Ms.)	
Amount (\$)	Payee address; City; State; Zip Code	_
\$200.00	2306 Ave, N	
Expenditure from corporate funds	Nederland, TX 77627	
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.	
	Check if Austin, TX, officeholder living expense Booth Rental	
	Document.	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
expenditure to benefit C/OI		
Date	Payee name	=
07/05/2023	SETXRW	
Amount (\$)	Payee address; City; State; Zip Code	-
\$45.00	P.O. Box 1071	
Ψ-0.00	1.0. 50% 1011	
Expenditure from corporate funds	Nederland, TX 77627	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
L/A LINDINGAL	Check if Austin, TX, officeholder living expense	
	Transfer of funds	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/12 Rpt: 42/45	Southeast Texas Republican Women 00085254
4 Date	5 Payee name
12/22/2023	TFRW
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$420.00	13740 N. Hwy 183 Ste. J4
Expenditure from corporate funds	Austin, TX 78750
8 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
	2024 Membership dues
	202 i Wollisolollip daec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/11/2023	The Pompanoi
	·
Amount (\$)	Payee address; City; State; Zip Code
\$824.92	330 Twin City Hwy.
Expenditure from	
corporate funds	Pt. Neches, TX 77651
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
	Check if Austin, TX, officeholder living expense Food
	Food
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/12/2023	The Pompanoi
Amount (\$)	Payee address; City; State; Zip Code
\$824.92	330 Twin City Hwy.
Expenditure from	
corporate funds	Pt. Neches, TX 77651
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
D. LIBITORE	Check if Austin, TX, officeholder living expense
	Food
Complete CALL V if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 12/12 Rpt: 43/45	Southeast Texas Republican Women 00085254	
4	Date	5 Payee name	_
	10/12/2023	The Pompanoi	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$824.92	330 Twin City Hwy.	
	Expenditure from corporate funds	Pt. Neches, TX 77651	
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.	
	LAFLINDITORL	Check if Austin, TX, officeholder living expense	
		Food	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/OI		
	Date	Payee name	=
	12/11/2023	U. S. Post Office	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$166.00	223 N. 14 th. St.	
	Expenditure from corporate funds	Nederland, TX 77627	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if to use outside of Taylor Complete Schedule T	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Post Office Box yearly rental	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	11/16/2023	city of Nederland	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$50.00	207 N. 12th St.	
	Expenditure from corporate funds	Nederland , TX 77627	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Booth Rental	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
			_

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 44/45 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Southeast Texas Republican Women 00085254 8 Amount (\$) Date 5 Name of person from whom amount is received 07/01/2023 **MCT** \$0.11 6 Address of person from whom amount is received; City; State; Zip Code Pt. Neches, TX 77651 7 Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) 08/01/2023 \$0.11 Address of person from whom amount is received; City; State; Zip Code Pt. Neches, TX 77651 Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) 09/01/2023 **MCT** \$0.10 Address of person from whom amount is received; City; State; Zip Code Pt. Neches, TX 77651 Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) 10/01/2023 **MCT** \$0.11 Address of person from whom amount is received; City; State; Zip Code Pt. Neches, TX 77651 Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) 11/01/2023 \$0.11 Address of person from whom amount is received; City; State; Zip Code Pt. Neches, TX 77651 Purpose for which amount is received Check if political contribution returned to filer

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 45/45 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Southeast Texas Republican Women 00085254 8 Amount (\$) Date 5 Name of person from whom amount is received 12/01/2023 **MCT** \$0.12 6 Address of person from whom amount is received; City; State; Zip Code Pt. Neches, TX 77651 Purpose for which amount is received Check if political contribution returned to filer dividend