

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) 00085254	2 Total pages filed: 45	
3 COMMITTEE NAME Southeast Texas Republican Women		OFFICE USE ONLY		
		Date Received ELECTRONICALLY FILED 01/05/2024		
		Date Hand-delivered or Date Postmarked		
		Receipt #	Amount	
		Date Processed		
		Date Imaged		
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1071 Nederland, TX 77627			
	5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Patricia A.	MI
	NICKNAME Pat	LAST Greene	SUFFIX	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2225 Stillwater Dr. Beaumont, TX 77705			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 225 Stillwater Dr. Beaumont, TX 77705			
8 CAMPAIGN TREASURER PHONE	AREA CODE (409)	PHONE NUMBER 626-2585	EXTENSION	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input 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 07/01/2023 THROUGH 12/31/2023			
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Southeast Texas Republican Women	13 Filer ID (Ethics Commission Filers) 00085254
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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 Republican
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,453.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,516.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,560.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Patricia A. Greene

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 3 of 45

12 COMMITTEE NAME Southeast Texas Republican Women		13 Filer ID (Ethics Commission Filers) 00085254
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 Republican 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican 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.)	
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 Political party not specified. 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.)		

SUBTOTALS - GPAC

17 COMMITTEE NAME Southeast Texas Republican Women		18 Filer ID (Ethics Commission Filers) 00085254
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,403.37
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 50.00
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	\$ 5,516.07
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.66

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/26 Rpt: 5/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 10/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashrafi, Mahmoona (Mr.) 6 Contributor address; City; State; Zip Code Beaumont, TX 77707	7 Amount of Contribution (\$) \$53.00
8 Principal occupation / Job title (See Instructions) Commerical Realtor		9 Employer (See Instructions) Self
Date 08/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordelon, Elizabeth (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$53.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordelon, Elizabeth (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordelon, Michael (Mr.) Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$26.50
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordelon, Michael (Mr.) Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$53.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/26 Rpt: 6/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 08/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinkley, Dean (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Nederland, TX 77627	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinkley, Margaret (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Autumn (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Autumn (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Autumn (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/26 Rpt: 7/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Janet (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pt. Neches, TX 77651	
8 Principal occupation / Job title (See Instructions) Regional Casework Dir.		9 Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Janet (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pt. Neches, TX 77651	
Principal occupation / Job title (See Instructions) Regional Casework Dir.		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Janet (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pt. Neches, TX 77651	
Principal occupation / Job title (See Instructions) Regional Casework Dir.		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARR, DINA	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARR, DINA	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/26 Rpt: 8/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARR, DINA <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77705	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARR, DINA <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARR, DINA <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARR, DINA <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Dina (Ms.) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$26.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/26 Rpt: 9/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Kate (Ms.) 6 Contributor address; City; State; Zip Code Beaumont, TX 77713	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Investments		9 Employer (See Instructions)
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Kate (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77713	Amount of Contribution (\$) \$26.50
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Kate (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77713	Amount of Contribution (\$) \$26.50
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Kate (Ms.) Contributor address; City; State; Zip Code Beaumont, TX 77713	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Rod (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77713	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Chief of Police		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/26 Rpt: 10/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 11/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Rod (Mr.)	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Beaumont, TX 77713		
8 Principal occupation / Job title (See Instructions) Chief of Police		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Norma (Ms.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Nederland, TX 77627		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Norma (Ms.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Nederland, TX 77627		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Kent (Mr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Willis , TX 77378		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Kent (Mr.)	Amount of Contribution (\$) \$53.00
Contributor address; City; State; Zip Code Willis , TX 77378		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/26 Rpt: 11/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 09/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug, Poindexter (Mr.)	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Ned, TX 77627		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Holli (Ms.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Pt. Neches, TX 77651		
Principal occupation / Job title (See Instructions) X Ray Tech		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Kim (Ms.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pt. Neches, TX 77651		
Principal occupation / Job title (See Instructions) Teller Supervisor		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebeling, Jeanene (Ms.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Port Arthur, TX 77640		
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebeling, Jeanene (Ms.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Port Arthur, TX 77640		
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/26 Rpt: 12/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 10/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebeling, Jeanene (Ms.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Port Arthur, TX 77640	
8 Principal occupation / Job title (See Instructions) Bookkeeper		9 Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebeling, Jeanene (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Port Arthur, TX 77640	
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Cary (Mr.)	Amount of Contribution (\$) \$26.50
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Jefferson County
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Errington, Marie (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Port Arthur, TX 77642	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Errington, Marie (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Port Arthur, TX 77642	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/26 Rpt: 13/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 11/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Errington, Marie (Ms.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Port Arthur, TX 77642	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Errington, Marie (Ms.)	Amount of Contribution (\$) \$12.81
	Contributor address; City; State; Zip Code Port Arthur, TX 77642	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Gerald (Mr.)	Amount of Contribution (\$) \$26.50
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estlay, Elizabeth (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estlay, Elizabeth (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/26 Rpt: 14/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 11/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estlay, Elizabeth (Ms.) ----- 6 Contributor address; City; State; Zip Code Nederland, TX 77627	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estlay, Elizabeth (Ms.) ----- Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Joe (Mr.) ----- Contributor address; City; State; Zip Code Beaumont , TX 77706	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Joe (Mr.) ----- Contributor address; City; State; Zip Code Beaumont , TX 77706	Amount of Contribution (\$) \$53.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faraci, Danielle (Ms.) ----- Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$22.25
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/26 Rpt: 15/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 08/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figari, Stephanie (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Beaumont, TX 77706	
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Donna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Donna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Donna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Donna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/26 Rpt: 16/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat	7 Amount of Contribution (\$) \$107.00
	6 Contributor address; City; State; Zip Code Beaumont, TX 77705	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat	Amount of Contribution (\$) \$63.45
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Patricia	Amount of Contribution (\$) \$308.54
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Patricia (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/26 Rpt: 17/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 11/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Patricia (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Beaumont, TX 77705	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Patricia (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/26 Rpt: 18/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 11/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Nederland, TX 77627	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Sally (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Sally (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/26 Rpt: 19/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 10/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Sally (Ms.)	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Nederland, TX 77627	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Sally (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hellberg, Roxanne (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Beaumont, TX 77713	
Principal occupation / Job title (See Instructions) County Clerk		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Elaine (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Beaumont, TX 77726	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Elaine (Ms.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Beaumont, TX 77726	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/26 Rpt: 20/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Beverly (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Port Arthur, TX 77640	
8 Principal occupation / Job title (See Instructions) Minister		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollier, Emmett (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Oil Field Consultant		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollnd, Beverly (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Port Arthur, TX 77640	
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambeth, Amber (Miss)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Beaumont, TX 77707	
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCT	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pt. Neches, TX 77651	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/26 Rpt: 21/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 12/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maggio, Marie (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Beaumont, TX 77706	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maggio, Pearl (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code The Woodlands, TX 77384	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melancon, Rhonda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melancon, Rhonda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melancon, Rhonda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/26 Rpt: 22/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 10/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Danny (Mr.)	7 Amount of Contribution (\$) \$75.00
	6 Contributor address; City; State; Zip Code Pt. Neches, TX 77651	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash, Robert (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacetti, Rodney (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Groves, TX 77619	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacetti, Rodney (Mr.)	Amount of Contribution (\$) \$13.00
	Contributor address; City; State; Zip Code Groves, TX 77619	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacetti, Rodney (Mr.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Groves, TX 77619	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/26 Rpt: 23/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, Debra (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Nederland, TX 77627	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, Debra (Ms.) <hr/> Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, Debra (Ms.) <hr/> Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, Debra (Ms.) <hr/> Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, Debra (Ms.) <hr/> Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/26 Rpt: 24/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Nancy (Ms.) 6 Contributor address; City; State; Zip Code Groves, TX 77619	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Nancy (Ms.) Contributor address; City; State; Zip Code Groves, TX 77619	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Nancy (Ms.) Contributor address; City; State; Zip Code Groves, TX 77619	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Nancy (Ms.) Contributor address; City; State; Zip Code Groves, TX 77619	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Read, Lanora (Ms.) Contributor address; City; State; Zip Code Port Neches, TX 77651	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/26 Rpt: 25/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Read, Lanora (Ms.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Port Neches, TX 77651	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoettle, Melanie (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Conroe, TX 77305	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seiler, Kenna (Mr.)	Amount of Contribution (\$) \$26.50
	Contributor address; City; State; Zip Code The Woodlands, TX 77382	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seiler, Kenna (Mr.)	Amount of Contribution (\$) \$53.00
	Contributor address; City; State; Zip Code The Woodlands, TX 77382	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siragusa, Dora (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/26 Rpt: 26/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siragusa, Dora (Ms.) 6 Contributor address; City; State; Zip Code Nederland, TX 77627	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siragusa, Dora (Ms.) Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siragusa, Dora (Ms.) Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siragusa, Dora (Ms.) Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$44.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siragusa, James (Mr.) Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/26 Rpt: 27/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Julia <hr/> 6 Contributor address; City; State; Zip Code Port Neches, TX 77651	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Julia (Ms.) <hr/> 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)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Julia (Ms.) <hr/> Contributor address; City; State; Zip Code Pt. Neches, TX 77651	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Julia (Ms.) <hr/> 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)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Julia (Ms.) <hr/> 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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/26 Rpt: 28/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sandra (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Nederland, TX 77627	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sandra (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sandra (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Paulette (Ms.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Orange, TX 77630	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Paulette (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Orange, TX 77630	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/26 Rpt: 29/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Paulette (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Orange, TX 77630	
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Paulette (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Orange, TX 77630	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jan (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bridge City, TX 77611	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Kat (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Kat (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/26 Rpt: 30/45
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Kat (Dr.)	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Nederland, TX 77627		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson D.O., Allen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Nederland, TX 77627		
Principal occupation / Job title (See Instructions) doctor		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Jay (Mr.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Conroe, TX 77302		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zepeda, Nancy (Ms.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Pt. Arthur, TX 77642		
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zepeda, Nancy (Ms.)	Amount of Contribution (\$) \$26.50
Contributor address; City; State; Zip Code Pt. Arthur, TX 77642		
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions)

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: 31/45	
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/08/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poindexter, Debra (Ms.) 7 Contributor address; City; State; Zip Code Nederland, TX 77627	8 Amount of contribution (\$) \$50.00	9 In-kind contribution description
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		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)			

Check if travel outside of Texas. Complete Schedule T.

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/12 Rpt: 32/45	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 08/09/2023	5 Payee name 2023 Square, Inc.	
6 Amount (\$) \$6.28 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
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 C.C.service fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2023	Payee name 2023 Square, Inc.	
Amount (\$) \$3.44 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense C.C. Service Charge
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2023	Payee name 2023 Square, Inc.	
Amount (\$) \$1.03 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
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 C.C.,Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/12 Rpt: 33/45	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 09/12/2023	5 Payee name 2023 Square, Inc.	
6 Amount (\$) \$4.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
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 Credit Card Charge
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2023	Payee name 2023 Square, Inc.	
Amount (\$) \$8.42 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
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 Credit Card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2023	Payee name 2023 Square, Inc.	
Amount (\$) \$2.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
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 Credit Card Service Charge
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: 3/12 Rpt: 34/45	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 11/08/2023	5 Payee name 2023 Square, Inc.	
6 Amount (\$) \$11.05 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
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 Credit Card Service Charge
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/26/2023	Candidate/Officeholder name 2023 Square, Inc.	
Amount (\$) \$1.84 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1455 Market St. Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/28/2023	Candidate/Officeholder name 2023 Square, Inc.	
Amount (\$) \$1.07 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1455 Market St. Suite 600 San Francisco, CA 94103	
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 Credit Card Service Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/12 Rpt: 35/45	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 08/07/2023	5 Payee name Carr, Dina (Ms.)	
6 Amount (\$) \$77.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2225 Stillwater Dr. Beaumont, TX 77705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Google	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website/telephone/chip mail
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2023	Payee name Carr, Dina (Ms.)	
Amount (\$) \$774.92 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2225 Stillwater Dr. Beaumont, TX 77705	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2023	Payee name Carr, Dina (Ms.)	
Amount (\$) \$77.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2225 Stillwater Dr. Beaumont, TX 77705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website/Google
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: 5/12 Rpt: 36/45	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 11/03/2023	5 Payee name Ebeling, Jeanene (Ms.)	
6 Amount (\$) \$108.24 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2464 63rd St. Pt. Arthur, TX 77640	
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 Software 365 Renewed
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/25/2023	Candidate/Officeholder name Greene, Pat	
Amount (\$) \$18.38 <input type="checkbox"/> Expenditure from corporate funds	Office sought 4400 Morningstar Pl. Beaumont, TX 77705	
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 Reimbursement for fundraiser expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/20/2023	Candidate/Officeholder name Greene, Patricia	
Amount (\$) \$308.54 <input type="checkbox"/> Expenditure from corporate funds	Office sought 4400 Morningstar Place Beaumont, TX 77705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) reimbursement of check no. 1153	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense to correct error
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/12 Rpt: 37/45	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 08/07/2023	5 Payee name Hispanic Business Council	
6 Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3202 39th Street Pt. Arthur, TX 77642	
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 Booth
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2023	Payee name Hispanic Business Council	
Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3202 39th St. Pt. Arthur, TX 77642	
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 Booth Rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2023	Payee name Hispanic Business Council	
Amount (\$) \$75.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3202 39th St. Port Arthur, TX 77642	
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 Annual Membership
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/12 Rpt: 38/45	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 07/25/2023	5 Payee name MCT Credit Union	
6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2736 Nall St Port Neches, TX 77651	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Service Charge
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/25/2023	Payee name MCT Credit Union	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2736 Nall St Port Neches, TX 77651	
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 Monthly Service Charge
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2023	Payee name MCT Credit Union	
Amount (\$) \$224.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2736 Nall St Port Neches, TX 77651	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check Order
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: 8/12 Rpt: 39/45	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
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4 Date 09/25/2023	5 Payee name MCT Credit Union
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6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2736 Nall St Port Neches, TX 77651
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
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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 11/25/2023	Payee name MCT Credit Union
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Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2736 Nall St Port Neches, TX 77651
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dividend
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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 11/06/2023	Payee name MCT Credit Union
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Amount (\$) \$45.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2736 Nall St Port Neches, TX 77651
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense transfer of funds to savings account
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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: 9/12 Rpt: 40/45	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
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4 Date 12/25/2023	5 Payee name MCT Credit Union
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6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2736 Nall St Port Neches, TX 77651
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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 Monthly Service Charge
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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 10/25/2023	Payee name MCT Credit Union
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Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2736 Nall St Port Neches, TX 77651
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Charge
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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 08/07/2023	Payee name New Beginnings Ministries
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Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 4040 Pt. Arthur, TX 77641
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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 donation for Back to School Project
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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: 10/12 Rpt: 41/45	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 11/14/2023	5 Payee name New Beginnings Ministries	
6 Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 4040 Pt. Arthur, TX 77641	
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 Donation for Children Christmas Program
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2023	Payee name Poindexter, Debra (Ms.)	
Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2306 Ave, N Nederland, TX 77627	
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 Booth Rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/05/2023	Payee name SETXRW	
Amount (\$) \$45.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 1071 Nederland, TX 77627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transfer of funds
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/12 Rpt: 42/45	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 12/22/2023	5 Payee name TFRW	
6 Amount (\$) \$420.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13740 N. Hwy 183 Ste. J4 Austin, TX 78750	
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 2024 Membership dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/11/2023	Candidate/Officeholder name The Pompanoi	
Amount (\$) \$824.92 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/12/2023	Candidate/Officeholder name The Pompanoi	
Amount (\$) \$824.92 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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