

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) 00016322	2 Total pages filed: 37
3 COMMITTEE NAME Ector County Republican Women's Club		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/03/2024	
		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 14537 Odessa, TX 79768		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Ms. Julie	
	NICKNAME LAST SUFFIX	Adams	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	P.O. Box 14537 Odessa, TX 79768		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	P.O. Box 14537 Odessa, TX 79768		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(432)	664-3877	
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	THROUGH	Month Day Year
	07/01/2023		12/31/2023
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
	11/07/2023	<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 Ector County Republican Women's Club	13 Filer ID (Ethics Commission Filers) 00016322
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 18,164.06
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. Julie Adams

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

17 COMMITTEE NAME Ector County Republican Women's Club		18 Filer ID (Ethics Commission Filers) 00016322
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,605.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,095.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 12,239.00
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/17 Rpt: 4/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMONETT, ASHLEIGH <hr/> 6 Contributor address; City; State; Zip Code ODESSA, TX 79762	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) ASSISTANT EX. DIRECTOR		9 Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOWLING, ALLY <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PROPERTY MGMT		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, JET <hr/> Contributor address; City; State; Zip Code GARDENDALE, TX 79758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, SHELLY <hr/> Contributor address; City; State; Zip Code GARDENDALE, TX 79758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) BDD		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryson, Christi <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Adult Probation		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/17 Rpt: 5/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 08/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANSINO, JANE <hr/> 6 Contributor address; City; State; Zip Code LUBBOCK, TX 79407	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAVEZ, CARLOS <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79764	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) JUSTICE OF PEACE JUDGE PCT 1		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calloway, Judy (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calloway, Judy (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darville, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79798	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions) Darville Co

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/17 Rpt: 6/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Lori (Mrs.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Midland, TX 79702		
8 Principal occupation / Job title (See Instructions) Interior Designer		9 Employer (See Instructions) Self employed
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Kellye	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code San Angelo, TX 76904		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Thana	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Odessa, TX 79761		
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#: _____) Dunn, Wallace (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Odessa, TX 79762		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self Employed
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERVIN, TOMMY	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code ODESSA, TX 79763		
Principal occupation / Job title (See Instructions) SEMI-RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/17 Rpt: 7/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgmom, Theresa (Mrs.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Odessa, TX 79765	
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Higginbottan Edgmon Ins
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgmom, Tim (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Higginbottan Edgmon Ins
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, JANE	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, OT	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregston, Traci (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code ODESSA, TX 79761-0000	
Principal occupation / Job title (See Instructions) Barber		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/17 Rpt: 8/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 08/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimes, Heather <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79765	7 Amount of Contribution (\$) \$365.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) self employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimes, Heather (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79768	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self-employed
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANKINS, KEN <hr/> Contributor address; City; State; Zip Code MIDLAND, TX 79705	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) REP. SPARKS		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAYS, DWAYNE <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79764	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) BUILDING INSPECTOR		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDERSON, ELIZABETH <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) GRANT WRITER		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/17 Rpt: 9/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDERSON, JOHN <hr/> 6 Contributor address; City; State; Zip Code ODESSA, TX 79762	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions)
Date 11/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, KLATA <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) ACCOUNT MGR		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HICKS, RHONDA <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) ACCOUNT MGR		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOGGARD, STEPHANIE <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Danora (Mrs.) <hr/> Contributor address; City; State; Zip Code Gardendale, TX 79758	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/17 Rpt: 10/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hays, Debi (Judge)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Odessa, TX 79764-1203	
8 Principal occupation / Job title (See Instructions) County Judge		9 Employer (See Instructions) Ector County
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, Brooke (Ms.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Ector Co DA Office
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurt, JOE (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code midland, TX 79711	
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Owner PBP Fabrication
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurt, Sherry (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Midland, TX 79711	
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) none
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, REBECCA	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code ODESSA, TX 79764	
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: 8/17 Rpt: 11/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, SUSAN <hr/> 6 Contributor address; City; State; Zip Code ODESSA, TX 79761	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) ACCT MGR		9 Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Sheryl (Ms.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELM, DEREK <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) LANDSCAPER		Employer (See Instructions)
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEMP, JACLYN <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) OFFICE MGR		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRUGER, EDNA <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$100.00
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: 9/17 Rpt: 12/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelm, Donna (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Odessa, TX 79762	
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Self Employed
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimbrell, Pam (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LACY, RHONDA	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code MIDLAND, TX 79705	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE, JIMMY	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEE, YOULANDA	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code ODESSA, TX 79762	
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: 10/17 Rpt: 13/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, ANN <hr/> 6 Contributor address; City; State; Zip Code ODESSA, TX 79762	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) VOLUNTEER		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, RONNIE <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, TRYON (Mr.) <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79763	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Law Firm Partner
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landgraf, Beverly (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761-3429	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) self employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landgraf, John (Mr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761-3429	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/17 Rpt: 14/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 08/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landgraf, Shelby (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79762	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Trudy (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79763	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lively, Melanie <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Adminstrator Medical Practice		Employer (See Instructions) Dr Charles Lively
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas , Martha (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nurse / Professor		Employer (See Instructions) Midland College
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCWILLIAMS, DANA <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) HR DIRECTOR		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/17 Rpt: 15/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee, Diann (Mrs.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Odessa, TX 79762	
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee, John	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeil, Cheyenne (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jill (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Odessa Housing FINANCE
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minor, Rachel (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) First Tier Construction

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/17 Rpt: 16/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Cassandra (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79762	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) ECISD
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nabarrette, Jaye (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrative Asst.		Employer (See Instructions) Wood Foundation
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Brenda (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nyborg, Williams (Mr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Primeaux, Irma (Ms.) <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79761-0000	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Hairdresser		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/17 Rpt: 17/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Betsy (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79762	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Treasurer		9 Employer (See Instructions) Metal Specialties Inc
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code Gardendale, TX 79758	Amount of Contribution (\$) \$100.00
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#: _____) Shrode, John (Mr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Margie (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Walter (Mr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$40.00
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: 15/17 Rpt: 18/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparks, Jill	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Midland, TX 79705	
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#: _____) Sparks, Kevin	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Midland, TX 79705	
Principal occupation / Job title (See Instructions) Business Owner/Politician		Employer (See Instructions)
Date 08/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spiers, Jon (Dr.)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77005	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stringer, Don (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stringer, Shawn (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/17 Rpt: 19/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 08/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TILLERY-POOLE, LESLIE	7 Amount of Contribution (\$) \$90.00
6 Contributor address; City; State; Zip Code ODESSA, TX 79763		
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#: _____) WARD, AMY	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code ODESSA, TX 79762		
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, LINDA	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code ODESSA, TX 79763		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WORTHEN, BRENDA	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code ODESSA, TX 79762		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitefield, Kay (Mrs.)	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Odessa, TX 79765		
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: 17/17 Rpt: 20/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Jim (Mr.)	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Midland, TX 79707		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Kathryn (Mrs.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Midland, TX 79707		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodall, Jennifer (Mrs.)	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Odessa, TX 79764		
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOST, WHITNEY	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code ODESSA, TX 79764		
Principal occupation / Job title (See Instructions) OFFICE MGR		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: 1/4 Rpt: 21/37	
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 08/22/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMONETT, ASHLEIGH	8 Amount of contribution (\$) \$100.00	9 In-kind contribution description DESIGNER DECORATED CAKE CERTIFICATE
	7 Contributor address; City; State; Zip Code ODESSA, TX 79762	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) ASSISTANT EX. DIRECTOR		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)			
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRITTON & CO	Amount of contribution (\$) \$160.00	In-kind contribution description JOICO PRODUCT BAG
	Contributor address; City; State; Zip Code ODESSA, TX 79762	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrola, Luis Jr, (Mr.)	Amount of contribution (\$) \$230.00	In-kind contribution description TRAVEL CASE HUMIDOR
	Contributor address; City; State; Zip Code Odessa, TX 79764	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Draftsman		Employer (FOR NON-JUDICIAL) (See instructions) self employed	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/4 Rpt: 22/37	
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/19/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calloway, Judy (Mrs.)	8 Amount of contribution (\$) \$75.00	9 In-kind contribution description LEATHER CONCEALED HANDGUN PURSE
	7 Contributor address; City; State; Zip Code Odessa, TX 79761	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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)			
Date 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calloway, Judy (Mrs.)	Amount of contribution (\$) \$80.00	In-kind contribution description MARGARITA BASKET
	Contributor address; City; State; Zip Code Odessa, TX 79761	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cronk, Carolyn	Amount of contribution (\$) \$150.00	In-kind contribution description MERLE NORMAN COSMETICS
	Contributor address; City; State; Zip Code Odessa, TX 79765	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Cosmetics Owner		Employer (FOR NON-JUDICIAL) (See instructions) Merle Norman	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/4 Rpt: 23/37	
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/03/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgmom, Theresa (Mrs.)	8 Amount of contribution (\$) \$100.00	9 In-kind contribution description DOOR HANGER
	7 Contributor address; City; State; Zip Code Odessa, TX 79765		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Insurance Agent		11 Employer (FOR NON-JUDICIAL) (See instructions) Higginbottan Edgmon Ins	
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)			
Date 08/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelm, Donna (Mrs.)	Amount of contribution (\$) \$75.00	In-kind contribution description FALL WREATH
	Contributor address; City; State; Zip Code Odessa, TX 79762		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Accountant		Employer (FOR NON-JUDICIAL) (See instructions) Self Employed	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RHODES, MARCY (Mrs.)	Amount of contribution (\$) \$50.00	In-kind contribution description SCENTSY WARMER AND 2 MELTS
	Contributor address; City; State; Zip Code ANDREWS, TX 79714		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) INDEPENDENT SCENTSY CONSULTANT		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 4/4 Rpt: 24/37	
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 08/22/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Nancy (Mrs.)	8 Amount of contribution (\$) \$25.00	9 In-kind contribution description BOOK
	7 Contributor address; City; State; Zip Code Odessa, TX 79761	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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)			
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Margie (Mrs.)	Amount of contribution (\$) \$50.00	In-kind contribution description MARY KAY PRODUCTS
	Contributor address; City; State; Zip Code Odessa, TX 79761	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/13 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 07/01/2023	5 Payee name Armic Systems	
6 Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3405 Clearmont Ave Odessa, TX 79762	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WEBSITE MANAGEMENT - MONTHLY
Date 08/01/2023	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WEBSITE MANAGEMENT - MONTHLY
Date 09/01/2023	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WEBSITE MANAGEMENT - MONTHLY
Date 10/01/2023	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WEBSITE MANAGEMENT - MONTHLY

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/13 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 11/01/2023	5 Payee name Armic Systems	
6 Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3405 Clearmont Ave Odessa, TX 79762	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WEBSITE MANAGEMENT - MONTHLY
Date 12/01/2023	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WEBSITE MGMT
Date 07/17/2023	Payee name Calloway, Judy (Mrs.)	
Amount (\$) 18.94 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1305 Bonham odessa, TX 79761	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) SNACKS FOR MEETING
Date 07/17/2023	Payee name Calloway, Judy (Mrs.)	
Amount (\$) 7.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1305 Bonham odessa, TX 79761	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) SNACKS FOR MEETING

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/13 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 07/17/2023	5 Payee name Calloway, Judy (Mrs.)	
6 Amount (\$) 34.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1305 Bonham odessa, TX 79761	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) SNACKS FOR MEETING
Date 07/17/2023	Payee name Calloway, Judy (Mrs.)	
Amount (\$) 75.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1305 Bonham odessa, TX 79761	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) 3RD QTR BOARD OF DIRECTORS MEETING REGISTRATION
Date 10/19/2023	Payee name Calloway, Judy (Mrs.)	
Amount (\$) 100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1305 Bonham odessa, TX 79761	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) REIMBURSE TFRW FEE
Date 07/17/2023	Payee name Calloway, Judy (Mrs.)	
Amount (\$) 2.12 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1305 Bonham odessa, TX 79761	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) CC FEES

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/13 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 09/26/2023	5 Payee name Edgmon, Theresa (Mrs.)	
6 Amount (\$) 175.16 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 6 San Marcos Odessa, TX 79765	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) REIMBURSE DOLLAR TREE & HOBBY LOBBY FOR 1ST RESPONDERS BASKETS
Date 10/19/2023	Payee name GRIMES, HEATHER (Mrs.)	
Amount (\$) 100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 50 COBBLESTONE LN ODESSA, TX 79765	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) REIMBURSE TFRW FEE
Date 10/23/2023	Payee name Hays, Debi (Mrs.)	
Amount (\$) 100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 9205 Bedford Odessa, TX 79764	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) REIMBURSE TFRW FEE
Date 09/24/2023	Payee name Kelm, Donna (Mrs.)	
Amount (\$) 1,522.02 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 25 Kingsland Court Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) REIMBURSE SAM'S GOODS FOR 1ST RESPONDERS BASKETS

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/13 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 09/28/2023	5 Payee name Kelm, Donna (Mrs.)	
6 Amount (\$) 72.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 25 Kingsland Court Odessa, TX 79762	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) REIMBURSE MEALS FOR NFRW CONVENTION
Date 09/28/2023	Payee name Kelm, Donna (Mrs.)	
Amount (\$) 813.29 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 25 Kingsland Court Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel In District	(b) Description (See instructions regarding type of information required.) REIMBURSE TRAVEL FOR NFRW CONVENTION
Date 10/14/2023	Payee name Kelm, Donna (Mrs.)	
Amount (\$) 444.75 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 25 Kingsland Court Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel In District	(b) Description (See instructions regarding type of information required.) REIMBURSE TRAVEL FOR TFRW
Date 10/30/2023	Payee name MARRIOTT HOTEL & CONFERENCE CENTER	
Amount (\$) 343.85 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 305 E. 5TH ODESSA, TX 79761	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel In District	(b) Description (See instructions regarding type of information required.) DAVID LUTHER

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 6/13 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 11/14/2023	5 Payee name MARRIOTT HOTEL & CONFERENCE CENTER	
6 Amount (\$) 243.68 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 305 E. 5TH ODESSA, TX 79761	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) MEALS
Date 12/13/2023	Payee name MCM Elegante	
Amount (\$) 2,376.67 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5200 E. University Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) 2023 CHRISTMAS PARTY
Date 10/19/2023	Payee name MORRIS, CASSANDRA	
Amount (\$) 100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1311 E 49TH ODESSA, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) REIMBURSE TFRW FEE
Date 12/31/2023	Payee name Odessa Country Club	
Amount (\$) 892.70 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7293 Club Dr Odessa, TX 79765	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) MEALS

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SCHEDULE I

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1 Total pages Schedule I: Sch: 7/13 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 08/25/2023	5 Payee name PINMART INC.	
6 Amount (\$) 119.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 180 MARTIN LN ELK GROVE VILLAGE, IL 60007	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) NFRW CONVENTION PINS	(b) Description (See instructions regarding type of information required.) PINS FOR NFRW CONVENTION
Date 07/21/2023	Payee name Quickbooks/Intuit Inc	
Amount (\$) 58.63 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) MONTHLY QB FEES
Date 08/21/2023	Payee name Quickbooks/Intuit Inc	
Amount (\$) 63.96 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) MONTHLY QB FEES
Date 09/21/2023	Payee name Quickbooks/Intuit Inc	
Amount (\$) 63.96 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) MONTHLY QB FEES

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 8/13 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 10/21/2023	5 Payee name Quickbooks/Intuit Inc	
6 Amount (\$) 63.96 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) MONTHLY QB FEES
Date 11/21/2023	Payee name Quickbooks/Intuit Inc	
Amount (\$) 63.96 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) MONTHLY QB FEES
Date 12/21/2023	Payee name Quickbooks/Intuit Inc	
Amount (\$) 63.96 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) MONTHLY QB FEES
Date 07/17/2023	Payee name ROSA'S CAFE	
Amount (\$) 46.72 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4945 E 42ND ODESSA, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) MEAL FOR MEETING

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 9/13 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 08/21/2023	5 Payee name Southwest Airlines	
6 Amount (\$) 237.97 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip PO BOX 36647 DALLAS, TX 75235	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel Out of District	(b) Description (See instructions regarding type of information required.) NFRW CONVENTION
Date 08/21/2023	Payee name Southwest Airlines	
Amount (\$) 237.97 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO BOX 36647 DALLAS, TX 75235	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel In District	(b) Description (See instructions regarding type of information required.) NFRW CONVENTION
Date 12/31/2023	Payee name Squareup.com	
Amount (\$) 112.49 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 14500 FAA Blvd Suite 100 Ft Worth, TX 76155	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) CC FEES
Date 11/01/2023	Payee name Squareup.com	
Amount (\$) 10.92 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 14500 FAA Blvd Suite 100 Ft Worth, TX 76155	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) CC FEES

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 10/13 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 08/15/2023	5 Payee name TFRW	
6 Amount (\$) 525.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 13740 US-183 J4, Austin, TX 78750	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) CLUB QTR PAGE AD
Date 09/19/2023	Payee name TFRW	
Amount (\$) 100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US-183 J4, Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) MEMBERSHIP SUBMISSION #5
Date 12/27/2023	Payee name TFRW	
Amount (\$) 1,300.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US-183 J4, Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) 2024 MEMBERSHIP SUBMISSION #1
Date 12/27/2023	Payee name TFRW	
Amount (\$) 20.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US-183 J4, Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) 2024 CLUB FEE

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SCHEDULE I

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1 Total pages Schedule I: Sch: 11/13 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/27/2023	5 Payee name TFRW	
6 Amount (\$) 0.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 13740 US-183 J4, Austin, TX 78750	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) 2024 CLUB FEE
Date 07/01/2023	Payee name Textedly App	
Amount (\$) 7.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) RECURRING PAYMENT
Date 08/01/2023	Payee name Textedly App	
Amount (\$) 7.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) RECURRING PAYMENT
Date 09/01/2023	Payee name Textedly App	
Amount (\$) 7.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) RECURRING PAYMENT

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 12/13 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 10/01/2023	5 Payee name Textedly App	
6 Amount (\$) 7.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) RECURRING PAYMENT
Date 11/02/2023	Payee name Textedly App	
Amount (\$) 7.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) RECURRING PAYMENT
Date 11/02/2023	Payee name Textedly App	
Amount (\$) 600.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) RECURRING PAYMENT
Date 12/01/2023	Payee name Textedly App	
Amount (\$) 7.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) RECURRING PAYMENT

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1 Total pages Schedule I: Sch: 13/13 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 10/10/2023	5 Payee name WIX.COM	
6 Amount (\$) 311.76 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P O Box 40190 San Francisco, CA 94104	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WIX FEES