

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00085167	2 Total pages filed: 125	OFFICE USE ONLY	
3 COMMITTEE NAME Leander Area Republican Women			Date Received ELECTRONICALLY FILED 01/23/2024
4 TREASURER NAME Herrera, Diane K. (Mrs.)			Date Hand-delivered or Date Postmarked
5 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt # Amount
	<input type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Date Processed
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____	Date Imaged
6 ORIGINAL PERIOD COVERED	Month Day Year 07/01/2023	THROUGH	Month Day Year 12/31/2023

7 EXPLANATION OF CORRECTION
 I received training on 1/20/24 which taught me that the "contributions maintained" line needs to contain the ending balance in our bank account. I am correcting our filings to reflect the correct number.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mrs. Diane K. Herrera

 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

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

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085167	2 Total pages filed: 125
3 COMMITTEE NAME Leander Area Republican Women		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/23/2024	
		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 PO Box 551 Leander, TX 78641		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Diane K.		
	NICKNAME LAST SUFFIX Herrera		
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2204 Traditions Court Leander, TX 78641		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2204 Traditions Court Leander, TX 78641		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (610) 585-7665		
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 ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 03/05/2024 <input type="checkbox"/> General <input type="checkbox"/> Special		

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Leander Area Republican Women	13 Filer ID (Ethics Commission Filers) 00085167
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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)	\$ 38,374.91
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 24,341.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 22,141.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mrs. Diane K. Herrera

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 Leander Area Republican Women		18 Filer ID (Ethics Commission Filers) 00085167
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 36,264.91
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,110.00
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	\$ 24,341.13
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/86 Rpt: 5/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abel, William 6 Contributor address; City; State; Zip Code Copperas Cove, TX 76522	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired Army		9 Employer (See Instructions)
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abel, William Contributor address; City; State; Zip Code Copperas Cove, TX 76522	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Retired Army		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Kebra Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$156.00
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#: _____) Albrecht, Kebra Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allred, Deborah Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$156.00
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: 2/86 Rpt: 6/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvara, Bonnie <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$78.00
8 Principal occupation / Job title (See Instructions) Retired Teacher		9 Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amstutz, Mary Ann <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Caterer		Employer (See Instructions)
Date 08/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amstutz, Mary Ann <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Caterer		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amstutz, Mary Ann <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Caterer		Employer (See Instructions)
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Janet <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$21.52
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/86 Rpt: 7/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jeff <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$1,040.00
8 Principal occupation / Job title (See Instructions) Constable		9 Employer (See Instructions)
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jeff <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jeff <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$390.00
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashton, Anna <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashton, Anna <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/86 Rpt: 8/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asphalt Paving and Maintenance LLC <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birk, Carla <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birk, Carla <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birk, Carla <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Kalynn <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/86 Rpt: 9/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Kalynn	7 Amount of Contribution (\$) \$156.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78628	
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Kalynn	Amount of Contribution (\$) \$10.76
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Kalynn	Amount of Contribution (\$) \$14.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Kalynn	Amount of Contribution (\$) \$41.94
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Kalynn	Amount of Contribution (\$) \$10.35
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/86 Rpt: 10/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Kalynn <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$10.76
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions)
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blazine, Maria <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$78.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodwin, Terry <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions)
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodwin, Terry <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions)
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolding, Christian <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$754.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/86 Rpt: 11/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolton, Sarah <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$10.76
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brauckman, Malesa <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinkman, Shirley <hr/> Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$156.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Maria <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchanan, Sherilyn <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/86 Rpt: 12/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campaign Terry Wilson <hr/> 6 Contributor address; City; State; Zip Code Granite Shoals, TX 78654	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carper, Sharon <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78641	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) nurse		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carper, Sharon <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78641	Amount of Contribution (\$) \$57.90
Principal occupation / Job title (See Instructions) nurse		Employer (See Instructions)
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Cindy <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Exec Asst to Supreme Ct Justice Jimmy Blacklock		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, John <hr/> Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Congressman		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/86 Rpt: 13/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, John <hr/> 6 Contributor address; City; State; Zip Code Belton, TX 76513	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Congressman		9 Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chalupa, Marty <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Police Detective - Retired		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chalupa, Patty <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$156.00
Principal occupation / Job title (See Instructions) Retired RN		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chalupa, Patty <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Retired RN		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chalupa, Patty <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$700.00
Principal occupation / Job title (See Instructions) Retired RN		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/86 Rpt: 14/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chalupa, Patty <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired RN		9 Employer (See Instructions)
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chalupa, Patty <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired RN		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Ingrid <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Stay at home mom		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chowdary, Abiraham <hr/> Contributor address; City; State; Zip Code Cedar park, TX 78613	Amount of Contribution (\$) \$32.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chowdary, Abiraham <hr/> Contributor address; City; State; Zip Code Cedar park, TX 78613	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/86 Rpt: 15/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Kelley <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78750	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) VP of Administration		9 Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clary, Karen <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Ballot Board Judge		Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cloud, Crystle <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$41.94
Principal occupation / Job title (See Instructions) Marketing/Self-Employed		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cloud, Crystle <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) Marketing/Self-Employed		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cloud, Crystle <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) Marketing/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: 12/86 Rpt: 16/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cloud, Crystle <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$78.00
8 Principal occupation / Job title (See Instructions) Marketing/Self-Employed		9 Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cloud, Crystle <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$363.83
Principal occupation / Job title (See Instructions) Marketing/Self-Employed		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cocco, Cathy <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cocco, Gerry <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cosley, Irene <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.35
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: 13/86 Rpt: 17/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cosley, Irene <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cosley, Irene <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) <div style="text-align: right;">\$10.76</div>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cosley, Irene <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) <div style="text-align: right;">\$42.00</div>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cosley, Irene <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) <div style="text-align: right;">\$10.76</div>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cosley, Irene <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
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: 14/86 Rpt: 18/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 07/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dashiell, Toni Anne <hr/> 6 Contributor address; City; State; Zip Code Boerne, TX 78006	7 Amount of Contribution (\$) \$520.00
8 Principal occupation / Job title (See Instructions) Committee Woman		9 Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Laura <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) PAC Leader/mom/sales and marketing		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Laura <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) PAC Leader/mom/sales and marketing		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Laura <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) PAC Leader/mom/sales and marketing		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Laura <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PAC Leader/mom/sales and marketing		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/86 Rpt: 19/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Laura <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$41.94
8 Principal occupation / Job title (See Instructions) PAC Leader/mom/sales		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Laura <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) PAC Leader/mom/sales and marketing		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davison, Wayne <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$156.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delapena, Korina <hr/> Contributor address; City; State; Zip Code Jonestown, TX 78645	Amount of Contribution (\$) \$156.00
Principal occupation / Job title (See Instructions) Non-profit Director		Employer (See Instructions)
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennett, Bambi <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$78.00
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: 16/86 Rpt: 20/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennett, Bambi <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$130.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennett, Bambi <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennett, Bambi <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$41.94
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Lou Ann <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Financial Services		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Lou Ann <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) Financial Services		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/86 Rpt: 21/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Lou Ann <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Financial Services		9 Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Lou Ann <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Financial Services		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Lou Ann <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Financial Services		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Lou Ann <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Financial Services		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Lou Ann <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Financial Services		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/86 Rpt: 22/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Lou Ann	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Leander, TX 78641		
8 Principal occupation / Job title (See Instructions) Financial Services		9 Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning-Bostelman, Kay	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning-Bostelman, Kay	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning-Bostelman, Kay	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning-Bostelman, Kay	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/86 Rpt: 23/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning-Bostelman, Kay <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$130.00
8 Principal occupation / Job title (See Instructions) business owner		9 Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning-Bostelman, Kay <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durnin, Linda <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$156.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ecklund, Kathy <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$1,000.40
Principal occupation / Job title (See Instructions) sr director sales ops		Employer (See Instructions)
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ecklund, Kathy <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) sr director sales ops		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/86 Rpt: 24/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ecklund, Kathy <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) sr director sales ops		9 Employer (See Instructions)
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ecklund, Kelly <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) Sales Excellence		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisner, Amanda <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elton, Linda <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elton, Linda <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$30.00
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: 21/86 Rpt: 25/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elton, Linda <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$156.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elton, Linda <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elton, Linda <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elton, Linda <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$21.52
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elton, Linda <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$26.35
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: 22/86 Rpt: 26/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elton, Linda <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engle, Kari <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions)
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engle, Kari <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions)
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engle, Kari <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$156.00
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions)
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engle, Kari <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/86 Rpt: 27/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engle, Kari <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$10.35
8 Principal occupation / Job title (See Instructions) Healthcare		9 Employer (See Instructions)
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estill, Beckye <hr/> Contributor address; City; State; Zip Code Liberty Hill, TX 78642	Amount of Contribution (\$) \$78.00
Principal occupation / Job title (See Instructions) Court Clerk		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estill, Beckye <hr/> Contributor address; City; State; Zip Code Liberty Hill, TX 78642	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) court clerk		Employer (See Instructions)
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estill, Beckye <hr/> Contributor address; City; State; Zip Code Liberty Hill, TX 78642	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) court clerk		Employer (See Instructions)
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estill, Beckye <hr/> Contributor address; City; State; Zip Code Liberty Hill, TX 78642	Amount of Contribution (\$) \$10.35
Principal occupation / Job title (See Instructions) court clerk		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/86 Rpt: 28/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 10/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estill, Beckye	7 Amount of Contribution (\$) \$26.35
	6 Contributor address; City; State; Zip Code Liberty Hill, TX 78642	
8 Principal occupation / Job title (See Instructions) court clerk		9 Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estill, Beckye	Amount of Contribution (\$) \$41.94
	Contributor address; City; State; Zip Code Liberty Hill, TX 78642	
Principal occupation / Job title (See Instructions) court clerk		Employer (See Instructions)
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estill, Beckye	Amount of Contribution (\$) \$26.35
	Contributor address; City; State; Zip Code Liberty Hill, TX 78642	
Principal occupation / Job title (See Instructions) court clerk		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estill, Beckye	Amount of Contribution (\$) \$10.76
	Contributor address; City; State; Zip Code Liberty Hill, TX 78642	
Principal occupation / Job title (See Instructions) court clerk		Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Michelle	Amount of Contribution (\$) \$12.00
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Political Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/86 Rpt: 29/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Michelle <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$10.76
8 Principal occupation / Job title (See Instructions) Political Director		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Michelle <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$67.93
Principal occupation / Job title (See Instructions) Political Director		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evanson, Darcella <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evanson, Darcella <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$41.94
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faykus, Susan <hr/> Contributor address; City; State; Zip Code Taylor, TX 76574	Amount of Contribution (\$) \$2,601.04
Principal occupation / Job title (See Instructions) Financial Planner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/86 Rpt: 30/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiegelist, Martha <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiegelist, Martha <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, Priscilla <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forehand, Connie <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forehand, Connie <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$42.00
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: 27/86 Rpt: 31/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 10/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forehand, Connie <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$10.76
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Jeff <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Terry Wilson's Office		Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Susan <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) bookkeeper		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Susan <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) bookkeeper		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Susan <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$30.00
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: 28/86 Rpt: 32/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Susan	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78628	
8 Principal occupation / Job title (See Instructions) bookkeeper		9 Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friese, Katherine	Amount of Contribution (\$) \$156.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friese, Katherine	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fryer, Tricia	Amount of Contribution (\$) \$130.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Retired Receptionist		Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garapati, Abhiram	Amount of Contribution (\$) \$27.00
	Contributor address; City; State; Zip Code Cedar park, TX 78613	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/86 Rpt: 33/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garapati, Abhiram <hr/> 6 Contributor address; City; State; Zip Code Cedar park, TX 78613	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Businessman		9 Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garapati, Abhiram <hr/> Contributor address; City; State; Zip Code Cedar park, TX 78613	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garapati, Abhiram <hr/> Contributor address; City; State; Zip Code Cedar park, TX 78613	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garapati, Abhiram <hr/> Contributor address; City; State; Zip Code Cedar park, TX 78613	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garriss, Jay <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Mental Health Therapist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/86 Rpt: 34/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garriss, Melissa <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Mental Health Counselor		9 Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garriss, Melissa <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$41.94
Principal occupation / Job title (See Instructions) Mental Health Counselor		Employer (See Instructions)
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garriss, Melissa <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Mental Health Counselor		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garriss, Melissa <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Mental Health Counselor		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/86 Rpt: 35/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza Brown, Maria <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665	7 Amount of Contribution (\$) \$26.35
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gochenour, Gloria <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired RN		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gochenour, Gloria <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Retired RN		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gochenour, Gloria <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Retired RN		Employer (See Instructions)
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gochenour, Gloria <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.35
Principal occupation / Job title (See Instructions) Retired RN		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/86 Rpt: 36/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gochenour, Gloria	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Leander, TX 78641	
8 Principal occupation / Job title (See Instructions) Retired RN		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gochenour, Gloria	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Retired RN		Employer (See Instructions)
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamblin, Nelvia	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code Cedar Park, TX 78630	
Principal occupation / Job title (See Instructions) Realtor and Insurance Adjuster		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamblin, Nelvia	Amount of Contribution (\$) \$41.94
	Contributor address; City; State; Zip Code Cedar Park, TX 78630	
Principal occupation / Job title (See Instructions) Realtor and Insurance Adjuster		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamblin, Nelvia	Amount of Contribution (\$) \$27.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78630	
Principal occupation / Job title (See Instructions) Realtor and Insurance Adjuster		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/86 Rpt: 37/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 10/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamblin, Nelvia	7 Amount of Contribution (\$) \$42.00
6 Contributor address; City; State; Zip Code Cedar Park, TX 78630		
8 Principal occupation / Job title (See Instructions) Realtor and Insurance Adjuster		9 Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Barsa	Amount of Contribution (\$) \$208.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) Retired CFO		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Barsa	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Barsa	Amount of Contribution (\$) \$10.76
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Barsa	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Leander, TX 78641		
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: 34/86 Rpt: 38/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Barsa	7 Amount of Contribution (\$) \$10.35
	6 Contributor address; City; State; Zip Code Leander, TX 78641	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Barsa	Amount of Contribution (\$) \$10.76
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Barsa	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Barsa	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Caroline	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Round Rock, TX 78680	
Principal occupation / Job title (See Instructions) policy advisor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/86 Rpt: 39/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Karen 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) retired accounting		9 Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Karen Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired accounting		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Karen Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired accounting		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Karen Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired accounting		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haze, Crystal Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) financial systems analyst		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/86 Rpt: 40/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haze, Crystal <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$26.35
8 Principal occupation / Job title (See Instructions) financial systems analyst		9 Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haze, Crystal <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.35
Principal occupation / Job title (See Instructions) financial systems analyst		Employer (See Instructions)
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haze, Crystal <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) financial systems analyst		Employer (See Instructions)
Date 07/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Diane <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) Financial Software Business Owner		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Diane <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$156.00
Principal occupation / Job title (See Instructions) Financial Software Business Owner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/86 Rpt: 41/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 07/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Diane <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) Financial Software Business Owner		9 Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Diane <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) business owner, financial software firm		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Diane <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$156.00
Principal occupation / Job title (See Instructions) business owner, financial software firm		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Diane <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions) business owner, financial software firm		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoestenbach, John <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	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: 38/86 Rpt: 42/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoestenbach, John <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hold, Pam <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	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#: _____) Hold, Pam <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hold, Pam <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hold, Pam <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	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: 39/86 Rpt: 43/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hold, Pam <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78717	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hold, Pam <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holliman, Kathie <hr/> Contributor address; City; State; Zip Code Austin, TX 78708	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) owner, Hollidaze		Employer (See Instructions)
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holliman, Kathie <hr/> Contributor address; City; State; Zip Code Austin, TX 78708	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) owner, Hollidaze		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houk, Barbara <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$78.00
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: 40/86 Rpt: 44/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Larry <hr/> 6 Contributor address; City; State; Zip Code Temple, TX 76502	7 Amount of Contribution (\$) \$10.76
8 Principal occupation / Job title (See Instructions) Employee		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hysmith, Luann <hr/> Contributor address; City; State; Zip Code GEORGETOWN, TX 78628	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) nurse		Employer (See Instructions)
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Donna <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) pediatric physical therapist		Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Donna <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) pediatric physical therapist		Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Donna <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) pediatric physical therapist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/86 Rpt: 45/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamison, Diana <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$21.52
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Catherine <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired CFO		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gwen <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gwen <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gwen <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/86 Rpt: 46/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gwen <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) retired teacher		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gwen <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keelin, Dorothy <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Allison <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$156.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Allison <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$52.70
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: 43/86 Rpt: 47/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Allison <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$21.52
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#: _____) Keith, Allison <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$20.70
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Allison <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Allison <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Allison <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$21.52
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: 44/86 Rpt: 48/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 10/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Barry <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$32.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Barry <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Stacy <hr/> Contributor address; City; State; Zip Code Liberty Hill, TX 78642	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelton, Janell <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$78.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelton, Janell <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/86 Rpt: 49/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, Leslie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$31.55
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, Leslie <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$78.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Donna <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$234.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ko, Clara <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreimeyer, Virginia <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) Retired USAF & Professor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/86 Rpt: 50/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreimeyer, Virginia <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired USAF & Professor		9 Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreimeyer, Virginia <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired USAF & Professor		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreimeyer, Virginia <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$310.00
Principal occupation / Job title (See Instructions) Retired USAF & Professor		Employer (See Instructions)
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreimeyer, Virginia <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired USAF & Professor		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaJesse, John <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) aerospace engineer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/86 Rpt: 51/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latimer, Mack <hr/> 6 Contributor address; City; State; Zip Code Belton, TX 76513	7 Amount of Contribution (\$) \$26.35
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latimer, Mack <hr/> Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latimer, Mack <hr/> Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lattin, Nancy <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindberg, Dawn <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) 911 Operator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/86 Rpt: 52/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindemann, Matthew <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78627	7 Amount of Contribution (\$) \$31.55
8 Principal occupation / Job title (See Instructions) Constable		9 Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Cynthia <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78630	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) County Comissioner		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Cynthia <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78630	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) County Comissioner		Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Rachel <hr/> Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) LISD Music Instructor		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Rachel <hr/> Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) LISD Music Instructor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/86 Rpt: 53/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Rachel <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78727	7 Amount of Contribution (\$) \$27.00
8 Principal occupation / Job title (See Instructions) LISD Music Instructor		9 Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Rachel <hr/> Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) LISD Music Instructor		Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Susan <hr/> Contributor address; City; State; Zip Code Bryan, TX 77808	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Susan <hr/> Contributor address; City; State; Zip Code Bryan, TX 77808	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Machamer, Remmer <hr/> Contributor address; City; State; Zip Code Leander, TX 78841	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) student		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/86 Rpt: 54/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Tami <hr/> 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions) Financial Advisor		9 Employer (See Instructions)
Date 08/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Tami <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$17.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Tami <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Tami <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$17.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Tami <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/86 Rpt: 55/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maund, Patti <hr/> 6 Contributor address; City; State; Zip Code Point Venture, TX 78645	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Fabienne <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Fabienne <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayfield, Fabienne <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCloskey, Mike <hr/> Contributor address; City; State; Zip Code Walburg, TX 78673	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Field Director for Congressman John Carter		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/86 Rpt: 56/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCloskey, Mike <hr/> 6 Contributor address; City; State; Zip Code Walburg, TX 78673	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Field Director for Congressman John Carter		9 Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClugage, Carolyn <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClugage, Carolyn <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Linda <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, David <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Traffic Incident Operations		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/86 Rpt: 57/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, David <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Traffic Incident Operations		9 Employer (See Instructions)
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, David <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$363.83
Principal occupation / Job title (See Instructions) Traffic Incident Operations		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Katharine <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) Business Operations		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Katharine <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) business operations		Employer (See Instructions)
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Katharine <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) business operations		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/86 Rpt: 58/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Katharine <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$363.83
8 Principal occupation / Job title (See Instructions) business operations		9 Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGaff, Sharon <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired insurance adjuster		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCloskey, Mike <hr/> Contributor address; City; State; Zip Code Walburg, TX 78673	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Field Director for Congressman John Carter		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Messinger, John <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$52.70
Principal occupation / Job title (See Instructions) Prosecutor		Employer (See Instructions)
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Brenda <hr/> Contributor address; City; State; Zip Code Granite Shoals, TX 78654	Amount of Contribution (\$) \$10.76
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: 55/86 Rpt: 59/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Brenda <hr/> 6 Contributor address; City; State; Zip Code Granite Shoals, TX 78654	7 Amount of Contribution (\$) \$10.76
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Brenda <hr/> Contributor address; City; State; Zip Code Granite Shoals, TX 78654	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Militello, Colleen <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) Retired Realtor		Employer (See Instructions)
Date 09/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Claire <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) Solutions Consultant		Employer (See Instructions)
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Laurie <hr/> Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/86 Rpt: 60/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Laurie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78730	7 Amount of Contribution (\$) \$26.35
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Laurie <hr/> Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Laurie <hr/> Contributor address; City; State; Zip Code Austin, TX 78730	Amount of Contribution (\$) \$57.90
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Tennyson <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$78.00
Principal occupation / Job title (See Instructions) Campaign Coordinator		Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Dana <hr/> Contributor address; City; State; Zip Code Houston, TX 77265	Amount of Contribution (\$) \$63.10
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/86 Rpt: 61/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Navaro, Joel <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78758	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Navaro, Selma <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Teresa <hr/> Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Teresa <hr/> Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neipert, Leslie <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/86 Rpt: 62/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neipert, Leslie <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$10.35
8 Principal occupation / Job title (See Instructions) sales		9 Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neipert, Leslie <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$21.52
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions)
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neville, Holly <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) retired commercial property manager		Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neville, Holly <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) retired commercial property manager		Employer (See Instructions)
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neville, Holly <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) retired commercial property manager		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/86 Rpt: 63/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 12/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Leary, Louri <hr/> 6 Contributor address; City; State; Zip Code AUSTIN, TX 78731	7 Amount of Contribution (\$) \$31.55
8 Principal occupation / Job title (See Instructions) Office Administrator		9 Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OLeary, Louri <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78731	Amount of Contribution (\$) \$31.55
Principal occupation / Job title (See Instructions) Office Administrator TFRW		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owren, Sherilyn <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owren, Sherilyn <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$156.00
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owren, Sherilyn <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/86 Rpt: 64/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owren, Sherilyn <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) retired teacher		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owren, Sherilyn <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Mary <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Mary <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Mary <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/86 Rpt: 65/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Mary	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Leander, TX 78641		
8 Principal occupation / Job title (See Instructions) retired teacher		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Mary	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion, Debra	Amount of Contribution (\$) \$78.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Retired Accounting		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion, Debra	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Retired Accounting		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion, Debra	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Retired Accounting		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/86 Rpt: 66/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion, Debra <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$310.00
8 Principal occupation / Job title (See Instructions) Retired Accounting		9 Employer (See Instructions)
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion, Debra <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired Accounting		Employer (See Instructions)
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion-Parker, Kathryn <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) fashion consultant/ City Councilmember-Leander		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion-Parker, Kathryn <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) fashion consultant/ City Councilmember-Leander		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion-Parker, Kathryn <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) fashion consultant/ City Councilmember-Leander		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/86 Rpt: 67/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion-Parker, Kathryn	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Leander, TX 78641	
8 Principal occupation / Job title (See Instructions) fashion consultant/ City Councilmember-Leander		9 Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion-Parker, Kathryn	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) fashion consultant/ City Councilmember-Leander		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion-Parker, Kathryn	Amount of Contribution (\$) \$320.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) fashion consultant/ City Councilmember-Leander		Employer (See Instructions)
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion-Parker, Kathryn	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) fashion consultant/ City Councilmember-Leander		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papandrea, Kristen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/86 Rpt: 68/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Papandrea, Kristen <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$26.35
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 08/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paraclete Consulting LLC <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$900.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Donna <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.35
Principal occupation / Job title (See Instructions) CFP		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Muriel <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Muriel <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/86 Rpt: 69/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Rich <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$27.00
8 Principal occupation / Job title (See Instructions) Retired Sales		9 Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Rich <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired Sales		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Rich <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired Sales		Employer (See Instructions)
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Rich <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired Sales		Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pojman, Joe <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$31.55
Principal occupation / Job title (See Instructions) Public Policy		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/86 Rpt: 70/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pompa, Paula <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641-1954	7 Amount of Contribution (\$) \$41.94
8 Principal occupation / Job title (See Instructions) Health and Human Svcs		9 Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulver, Marie <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulver, Marie <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulver, Marie <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rightmyer, Kathryn <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78750	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/86 Rpt: 71/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rightmyer, Kathryn <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78750	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Retired Teacher		9 Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rightmyer, Kathryn <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78750	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rightmyer, Kathryn <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78750	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rugely, Cash <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Intern at John Carter's office		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rugely, Cash <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Intern at John Carter's office		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/86 Rpt: 72/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rugely, Cash <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78664	7 Amount of Contribution (\$) \$12.00
8 Principal occupation / Job title (See Instructions) Intern at John Carter's office		9 Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rugely, Cash <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Intern at John Carter's office		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANO, Wanda <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$156.00
Principal occupation / Job title (See Instructions) Retired Sales		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salvo, Michael <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) IS/Programmer		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salvo, Michael <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$31.55
Principal occupation / Job title (See Instructions) IS/Programmer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/86 Rpt: 73/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sano, Wanda <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Barbara <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Banking/Business Development		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Barbara <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$156.00
Principal occupation / Job title (See Instructions) Banking/Business Development		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Barbara <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Banking/Business Development		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Barbara <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) Banking/Business Development		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/86 Rpt: 74/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Barbara	7 Amount of Contribution (\$) \$26.35
	6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	
8 Principal occupation / Job title (See Instructions) Banking/Business Development		9 Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Barbara	Amount of Contribution (\$) \$41.94
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Banking/Business Development		Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shender, Roslyn	Amount of Contribution (\$) \$67.93
	Contributor address; City; State; Zip Code Cedar Park, TX 78641	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen Ann	Amount of Contribution (\$) \$26.35
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Stacy	Amount of Contribution (\$) \$10.76
	Contributor address; City; State; Zip Code Burnet, TX 78611	
Principal occupation / Job title (See Instructions) Rep for Ellen Troxclair		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/86 Rpt: 75/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Stacy <hr/> 6 Contributor address; City; State; Zip Code Burnet, TX 78611	7 Amount of Contribution (\$) \$10.76
8 Principal occupation / Job title (See Instructions) Rep for Ellen Troxclair		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Stacy <hr/> Contributor address; City; State; Zip Code Burnet, TX 78611	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Rep for Ellen Troxclair		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Stacy <hr/> Contributor address; City; State; Zip Code Burnet, TX 78611	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Rep for Ellen Troxclair		Employer (See Instructions)
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soret, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Lorie <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/86 Rpt: 76/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staudt, Edna <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78646	7 Amount of Contribution (\$) \$26.35
8 Principal occupation / Job title (See Instructions) Retired Judge		9 Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staudt, Edna <hr/> Contributor address; City; State; Zip Code Leander, TX 78646	Amount of Contribution (\$) \$78.00
Principal occupation / Job title (See Instructions) Retired Judge		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staudt, Edna <hr/> Contributor address; City; State; Zip Code Leander, TX 78646	Amount of Contribution (\$) \$41.94
Principal occupation / Job title (See Instructions) Retired Judge		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staudt, Edna <hr/> Contributor address; City; State; Zip Code Leander, TX 78646	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired Judge		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staudt, Edna <hr/> Contributor address; City; State; Zip Code Leander, TX 78646	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired Judge		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/86 Rpt: 77/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staudt, Edna	7 Amount of Contribution (\$) \$350.00
	6 Contributor address; City; State; Zip Code Leander, TX 78646	
8 Principal occupation / Job title (See Instructions) Retired Judge		9 Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staudt, Edna	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Leander, TX 78646	
Principal occupation / Job title (See Instructions) Retired Judge		Employer (See Instructions)
Date 11/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strickler-Watson, Marcia	Amount of Contribution (\$) \$10.76
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Charles Schwertner	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Austin, TX 78711	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troclair for TX	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Lakeway, TX 78734	
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: 74/86 Rpt: 78/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired Teacher		9 Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Jennifer <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Jennifer <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Jennifer <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Jennifer <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/86 Rpt: 79/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulbricht, Ashley <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) fighting patriot, homemaker		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulbricht, Ashley <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) fighting patriot, homemaker		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulbricht, Ashley <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) fighting patriot, homemaker		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulbricht, Ashley <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) fighting patriot, homemaker		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulbricht, Ashley <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) fighting patriot, homemaker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/86 Rpt: 80/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urrea, Melissa <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Medical Director		9 Employer (See Instructions)
Date 07/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Arnam, Catherine <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$41.94
Principal occupation / Job title (See Instructions) Communications Director		Employer (See Instructions)
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Arnam, Catherine <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Communications Director		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virissimo, Odette <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Retired Interior Decorator		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virissimo, Odette <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired Interior Decorator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/86 Rpt: 81/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virissimo, Odette <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$26.35
8 Principal occupation / Job title (See Instructions) Retired Interior Decorator		9 Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virissimo, Odette <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Retired Interior Decorator		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virissimo, Odette <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$52.70
Principal occupation / Job title (See Instructions) Retired Interior Decorator		Employer (See Instructions)
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virissimo, Odette <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$41.94
Principal occupation / Job title (See Instructions) Retired Interior Decorator		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virissimo, Robert <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$21.52
Principal occupation / Job title (See Instructions) Retired Interior Decorator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/86 Rpt: 82/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virissimo, Robert <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$31.55
8 Principal occupation / Job title (See Instructions) Retired Interior Decorator		9 Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Charles <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78630	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Land Surveyor/Jesus Country Show		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Charles <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78630	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Land Surveyor/Jesus Country Show		Employer (See Instructions)
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, Terese <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626	Amount of Contribution (\$) \$156.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Zenia <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	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: 79/86 Rpt: 83/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warrick, Amy <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$156.00
8 Principal occupation / Job title (See Instructions) real estate broker/ business owner		9 Employer (See Instructions)
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warrick, Amy <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) real estate broker/ business owner		Employer (See Instructions)
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warrick, Amy <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$208.00
Principal occupation / Job title (See Instructions) real estate broker/ business owner		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warrick, Amy <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) real estate broker/ business owner		Employer (See Instructions)
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warrick, Amy <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.35
Principal occupation / Job title (See Instructions) real estate broker/ business owner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/86 Rpt: 84/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warrick, Craig <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Sales Consultant		9 Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Alyson <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) research director		Employer (See Instructions)
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Angela <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) JP Prec 2 Wilco		Employer (See Instructions)
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Angela <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$41.94
Principal occupation / Job title (See Instructions) JP Prec 2 Wilco		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Angela <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) JP Prec 2 Wilco		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/86 Rpt: 85/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 10/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Angela	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Leander, TX 78641		
8 Principal occupation / Job title (See Instructions) JP Prec 2 Wilco		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Angela	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) JP Prec 2 Wilco		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Angela	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) JP Prec 2 Wilco		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Maria	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Maria	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/86 Rpt: 86/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wornardt, Rochelle <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$10.76
8 Principal occupation / Job title (See Instructions) Staff - Terry Wilsons office		9 Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wornardt, Rochelle <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$31.55
Principal occupation / Job title (See Instructions) Staff - Terry Wilsons office		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wornardt, Rochelle <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Staff - Terry Wilsons office		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yannuzzi, Joyce <hr/> Contributor address; City; State; Zip Code Houston, TX 77046	Amount of Contribution (\$) \$31.55
Principal occupation / Job title (See Instructions) Donna Campbell's staff		Employer (See Instructions)
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yartym, Carol <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired/School Counselor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/86 Rpt: 87/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 07/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yartym, Ed <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$12.84
8 Principal occupation / Job title (See Instructions) Retired/Education Administration		9 Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yartym, Ed <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$31.55
Principal occupation / Job title (See Instructions) Retired/Education Administration		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yartym, Ed <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired/Education Administration		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yartym, Ed <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired/Education Administration		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeduru, Pulla Reddy <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Real Estate Investor and Software Engineer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/86 Rpt: 88/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeduru, Pulla Reddy <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$31.55
8 Principal occupation / Job title (See Instructions) Real Estate Investor and Software Engineer		9 Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeduru, Pulla Reddy <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Real Estate Investor and Software Engineer		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youmans, Edward <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Self; Consulting		Employer (See Instructions)
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) devillez, sue <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Retired RN, BSN-retired		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) evans, michelle <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Political Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/86 Rpt: 89/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) garapati, Abhiram	7 Amount of Contribution (\$) \$12.00
	6 Contributor address; City; State; Zip Code Cedar park, TX 78613	
8 Principal occupation / Job title (See Instructions) Businessman		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) garapati, abhiram	Amount of Contribution (\$) \$78.00
	Contributor address; City; State; Zip Code Cedar park, TX 78613	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) lopez, rachel	Amount of Contribution (\$) \$27.00
	Contributor address; City; State; Zip Code Austin, TX 78727	
Principal occupation / Job title (See Instructions) LISD Music Instructor		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) neville, holly	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) retired commercial property manager		Employer (See Instructions)
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) parker, rich	Amount of Contribution (\$) \$27.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Retired Sales		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/86 Rpt: 90/125
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) parker, rich <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$12.00
8 Principal occupation / Job title (See Instructions) Retired Sales		9 Employer (See Instructions)
Date 11/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) smith, clay chip <hr/> Contributor address; City; State; Zip Code austin, TX 78753	Amount of Contribution (\$) \$21.52
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) staudt, edna <hr/> Contributor address; City; State; Zip Code Leander, TX 78646	Amount of Contribution (\$) \$54.00
Principal occupation / Job title (See Instructions) Retired Judge		Employer (See Instructions)
Date 12/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) thomas, cheryl <hr/> Contributor address; City; State; Zip Code Leander, TX 89741	Amount of Contribution (\$) \$73.49
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) van arnam, catherine <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.76
Principal occupation / Job title (See Instructions) Communications Director		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: 91/125	
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 08/17/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cota Design, LLC	8 Amount of contribution (\$) \$1,250.00	9 In-kind contribution description Graphic design for event
	7 Contributor address; City; State; Zip Code Leander, TX 78641	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Diane	Amount of contribution (\$) \$500.00	In-kind contribution description Harp music for event
	Contributor address; City; State; Zip Code Leander, TX 78641	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Business owner		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 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warrick, Amy	Amount of contribution (\$) \$360.00	In-kind contribution description supplies for event
	Contributor address; City; State; Zip Code Leander, TX 78641	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Real Estate Broker		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)			

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: 1/34 Rpt: 92/125	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 12/20/2023	5 Payee name Blue Corn Harvest Leander	
6 Amount (\$) \$70.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 11840 Hero Way W Bldg A Leander, TX 78641	
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 event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/24/2023	Candidate/Officeholder name Bodwin, Terry	
Amount (\$) \$20.56 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 10/24/2023	Payee name Bodwin, Terry	
Amount (\$) \$20.56 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1241 Corinth Lane Leander, TX 78641	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/15/2023	Candidate/Officeholder name Bodwin, Terry	
Amount (\$) \$213.08 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 11/15/2023	Payee name Bodwin, Terry	
Amount (\$) \$213.08 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1241 Corinth Lane Leander, TX 78641	
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 event
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: 2/34 Rpt: 93/125	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
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4 Date 07/06/2023	5 Payee name Daily Spread
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6 Amount (\$) \$983.75 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1075 North Lakeline Suite 101 Cedar Park, TX 78613
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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 catering
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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 08/30/2023	Payee name Daily Spread
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Amount (\$) \$1,095.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1075 North Lakeline Suite 101 Cedar Park, TX 78613
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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 catering
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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 08/22/2023	Payee name Daily Spread
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Amount (\$) \$4,107.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1075 North Lakeline Suite 101 Cedar Park, TX 78613
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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 catering
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/34 Rpt: 94/125	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
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4 Date 08/15/2023	5 Payee name Daily Spread
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6 Amount (\$) \$2,547.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1075 North Lakeline Suite 101 Cedar Park, TX 78613
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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 catering
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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 08/15/2023	Payee name Daily Spread
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Amount (\$) \$345.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1075 North Lakeline Suite 101 Cedar Park, TX 78613
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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 catering
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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 09/29/2023	Payee name Daily Spread
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Amount (\$) \$753.75 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1075 North Lakeline Suite 101 Cedar Park, TX 78613
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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 catering
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/34 Rpt: 95/125	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/18/2023	5 Payee name Daily Spread	
6 Amount (\$) \$345.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1075 North Lakeline Suite 101 Cedar Park, TX 78613	
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 catering
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2023	Payee name Daily Spread	
Amount (\$) \$1,022.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1075 North Lakeline Suite 101 Cedar Park, TX 78613	
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 catering
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/14/2023	Payee name Daily Spread	
Amount (\$) \$345.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1075 North Lakeline Suite 101 Cedar Park, TX 78613	
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 catering
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: 5/34 Rpt: 96/125	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 12/01/2023	5 Payee name Daily Spread	
6 Amount (\$) \$754.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1075 North Lakeline Suite 101 Cedar Park, TX 78613	
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 catering
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2023	Payee name Facilities Resource Inc.	
Amount (\$) \$361.81 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1641 Scottsdale Leander, TX 78641	
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 event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2023	Payee name Facilities Resource Inc.	
Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1641 Scottsdale Leander, TX 78641	
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 event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/34 Rpt: 97/125	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/21/2023	5 Payee name Facilities Resource Inc.	
6 Amount (\$) \$1,687.38 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1641 Scottsdale Leander, TX 78641	
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 event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2023	Payee name Facilities Resource Inc.	
Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1641 Scottsdale Leander, TX 78641	
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 event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2023	Payee name Freedom Fun USA	
Amount (\$) \$230.36 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 15122 Honeycomb Dr Leander, TX 78641	
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 event
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)

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|--|-------------------------------|--------------------------------|--|
| 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: 7/34 Rpt: 98/125	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 07/27/2023	5 Payee name Greater Giving	
6 Amount (\$) \$32.24 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
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 fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/20/2023	Candidate/Officeholder name Greater Giving	
Amount (\$) \$14.94 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 935886 Atlanta, GA 31193	
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 fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/13/2023	Candidate/Officeholder name Greater Giving	
Amount (\$) \$39.08 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 935886 Atlanta, GA 31193	
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 fees
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: 8/34 Rpt: 99/125	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 07/07/2023	5 Payee name Greater Giving	
6 Amount (\$) \$17.71 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
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 fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2023	Payee name Greater Giving	
Amount (\$) \$166.73 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
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 fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2023	Payee name Greater Giving	
Amount (\$) \$130.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
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 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: 9/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
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4 Date 08/17/2023	5 Payee name Greater Giving
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6 Amount (\$) \$122.37 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193
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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 fees
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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 08/10/2023	Payee name Greater Giving
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Amount (\$) \$57.13 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193
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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 fees
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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 08/03/2023	Payee name Greater Giving
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Amount (\$) \$85.14 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193
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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 fees
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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: 10/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/28/2023	5 Payee name Greater Giving	
6 Amount (\$) \$11.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
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 fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/21/2023	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$35.60 <input type="checkbox"/> Expenditure from corporate funds	Payee name Greater Giving Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
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 fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/14/2023	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$4.21 <input type="checkbox"/> Expenditure from corporate funds	Payee name Greater Giving Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
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 fees
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: 11/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
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4 Date 09/07/2023	5 Payee name Greater Giving
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6 Amount (\$) \$3.06 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193
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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 fees
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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 10/27/2023	Payee name Greater Giving
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Amount (\$) \$13.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193
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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 fees
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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 10/19/2023	Payee name Greater Giving
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Amount (\$) \$14.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193
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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 fees
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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: 12/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
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4 Date 10/05/2023	5 Payee name Greater Giving
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6 Amount (\$) \$6.45 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193
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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 fees
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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 11/30/2023	Payee name Greater Giving
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Amount (\$) \$7.38 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193
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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 fees
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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 11/24/2023	Payee name Greater Giving
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Amount (\$) \$21.81 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193
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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 fees
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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: 13/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/17/2023	5 Payee name Greater Giving	
6 Amount (\$) \$6.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
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 fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2023	Payee name Greater Giving	
Amount (\$) \$24.89 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
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 fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2023	Payee name Greater Giving	
Amount (\$) \$795.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
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 software
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: 14/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 12/29/2023	5 Payee name Greater Giving	
6 Amount (\$) \$1.57 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
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 fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/22/2023	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$8.04 <input type="checkbox"/> Expenditure from corporate funds	Payee name Greater Giving Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
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 fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2023	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$5.20 <input type="checkbox"/> Expenditure from corporate funds	Payee name Greater Giving Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
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 fees
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: 15/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 12/07/2023	5 Payee name Greater Giving	
6 Amount (\$) \$20.56 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
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 fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/06/2023	Candidate/Officeholder name Herrera, Diane	
Amount (\$) \$360.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 12/06/2023	Candidate/Officeholder name Herrera, Diane	
Amount (\$) \$360.00 <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 event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/15/2023	Candidate/Officeholder name Hyatt Place	
Amount (\$) \$123.91 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 08/15/2023	Candidate/Officeholder name Hyatt Place	
Amount (\$) \$123.91 <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 event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/15/2023	Candidate/Officeholder name Hyatt Place	
Amount (\$) \$123.91 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 08/15/2023	Candidate/Officeholder name Hyatt Place	
Amount (\$) \$123.91 <input type="checkbox"/> Expenditure from corporate funds	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: 16/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/07/2023	5 Payee name Hyatt Place	
6 Amount (\$) \$119.10 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1315 East New Hope Drive Cedar Park, TX 78641	
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 event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2023	Payee name Intuit	
Amount (\$) \$15.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 E. Commerce Center Place Tucson, AZ 85706	
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 software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2023	Payee name Intuit	
Amount (\$) \$15.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 E. Commerce Center Place Tucson, AZ 85706	
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 software
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: 17/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/15/2023	5 Payee name Intuit	
6 Amount (\$) \$15.99 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2800 E. Commerce Center Place Tucson, AZ 85706	
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 accounting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/16/2023	Payee name Intuit	
Amount (\$) \$15.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 E. Commerce Center Place Tucson, AZ 85706	
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 accounting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2023	Payee name Intuit	
Amount (\$) \$31.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 E. Commerce Center Place Tucson, AZ 85706	
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 software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
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4 Date 12/15/2023	5 Payee name Intuit
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6 Amount (\$) \$31.98 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2800 E. Commerce Center Place Tucson, AZ 85706
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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 software
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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 08/29/2023	Payee name Leander Chamber of Commerce
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Amount (\$) \$375.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 N Brushy Street Leander, TX 78641
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
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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 11/30/2023	Payee name Leander Chamber of Commerce
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Amount (\$) \$60.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 N Brushy Street Leander, TX 78641
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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 event
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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: 19/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 07/28/2023	5 Payee name Leider Photography	
6 Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2101 Oak Grove Road Luling, TX 78648	
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 photography
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/21/2023	Candidate/Officeholder name Leider Photography	
Amount (\$) \$550.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 2101 Oak Grove Road Luling, TX 78648	
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 photography
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/03/2023	Candidate/Officeholder name Mailchimp	
Amount (\$) \$13.86 <input type="checkbox"/> Expenditure from corporate funds	Office sought 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
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: 20/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/03/2023	5 Payee name Mailchimp	
6 Amount (\$) \$13.86 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/05/2023	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$13.86 <input type="checkbox"/> Expenditure from corporate funds	Payee name Mailchimp Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/03/2023	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$13.86 <input type="checkbox"/> Expenditure from corporate funds	Payee name Mailchimp Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
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: 21/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
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4 Date 11/06/2023	5 Payee name Mailchimp
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6 Amount (\$) \$13.86 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
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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 12/04/2023	Payee name Mailchimp
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Amount (\$) \$13.86 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
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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 11/16/2023	Payee name Mason Heritage Foundation
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Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11327 Hero Way W Leander, TX 78641
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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 event
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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: 22/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 10/23/2023	5 Payee name Michaels	
6 Amount (\$) \$10.27 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5001 183A Ste E100 Cedar Park, TX 78613	
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 fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2023	Payee name Minuteman Press	
Amount (\$) \$216.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 715 Discovery Blvd #401 Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2023	Payee name Minuteman Press	
Amount (\$) \$13.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 715 Discovery Blvd #401 Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
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: 23/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/18/2023	5 Payee name Office Depot	
6 Amount (\$) \$205.52 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1105 C-Bar Ranch Trl Cedar Park, TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2023	Payee name Office Depot	
Amount (\$) \$21.31 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1105 C-Bar Ranch Trl Cedar Park, TX 78613	
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 accounting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2023	Payee name Postmaster	
Amount (\$) \$138.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box Fee Payment Leander, TX 78641	
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 event
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: 24/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
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4 Date 07/07/2023	5 Payee name Square
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6 Amount (\$) \$30.91 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103
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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 website
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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 08/29/2023	Payee name Square
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Amount (\$) \$7.28 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103
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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 fees
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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 08/21/2023	Payee name Square
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Amount (\$) \$2.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103
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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 fees
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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: 25/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/11/2023	5 Payee name Square	
6 Amount (\$) \$1.63 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
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 fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/10/2023	Payee name Square	
Amount (\$) \$2.42 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street 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 fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2023	Payee name Square	
Amount (\$) \$35.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street 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 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: 26/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/14/2023	5 Payee name Square	
6 Amount (\$) \$0.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
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 fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2023	Payee name Square	
Amount (\$) \$19.34 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street 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 fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2023	Payee name Square	
Amount (\$) \$16.47 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street 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 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: 27/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 11/09/2023	5 Payee name Square	
6 Amount (\$) \$1.54 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
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 fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2023	Payee name Square	
Amount (\$) \$30.91 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
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 software
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2023	Payee name TFRW	
Amount (\$) \$101.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041	
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 dues
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: 28/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 07/03/2023	5 Payee name TFRW	
6 Amount (\$) \$204.77 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041	
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 dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/14/2023	Candidate/Officeholder name Office sought Office held	
Payee name TFRW		
Amount (\$) \$75.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041	
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 dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/02/2023	Candidate/Officeholder name Office sought Office held	
Payee name TFRW		
Amount (\$) \$25.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041	
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 dues
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: 29/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/01/2023	5 Payee name TFRW	
6 Amount (\$) \$101.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041	
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 dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2023	Payee name TFRW	
Amount (\$) \$75.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041	
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 fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2023	Payee name TFRW	
Amount (\$) \$379.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041	
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 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: 30/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
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4 Date 11/17/2023	5 Payee name TFRW
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6 Amount (\$) \$20.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041
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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 fees
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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 12/18/2023	Payee name TFRW
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Amount (\$) \$860.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041
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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 fees
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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 08/29/2023	Payee name Teegarden, Gail
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Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 282 Turkey Run Meadowlakes, TX 78654
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
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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: 31/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/16/2023	5 Payee name Texas Comptroller of Public Accounts	
6 Amount (\$) \$51.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 13528 Capitol Station Austin, TX 78711-3528	
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 fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2023	Payee name Total Wine	
Amount (\$) \$1,765.54 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11066 Pecan Park Blvd Cedar Park, TX 78613	
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 event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2023	Payee name Vargas, Joseph	
Amount (\$) \$168.37 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 5304 San Angelo, TX 76902	
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 event
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: 32/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
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4 Date 12/19/2023	5 Payee name Virissimo, Odette
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6 Amount (\$) \$333.04 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 805 Brave Face Leander, TX 78641
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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 event
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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 08/07/2023	Payee name Weebly/Square
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Amount (\$) \$30.91 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software
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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 09/07/2023	Payee name Weebly/Square
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Amount (\$) \$30.91 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software
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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: 33/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
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4 Date 10/10/2023	5 Payee name Weebly/Square
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6 Amount (\$) \$30.91 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
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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 11/07/2023	Payee name Weebly/Square
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Amount (\$) \$30.91 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense advertising
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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 10/16/2023	Payee name Westin Irving Convention Center
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Amount (\$) \$291.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 West Las Colinas Blvd Irving, TX 75039
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software
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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: 34/34 Rpt:	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 12/07/2023	5 Payee name Williams, Angela	
6 Amount (\$) \$108.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1103 Glass Dr Leander, TX 78641	
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 event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held