### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00054577 3 COMMITTEE NAME **OFFICE USE ONLY** North Shore Republican Women Date Received **ELECTRONICALLY FILED** 07/15/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 1993 Date Hand-delivered or Date Postmarked Change of Address Montgomery, TX 77356 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Chris NAME NICKNAME LAST **SUFFIX** Gurley STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 49 Fairfield Drive STREET **ADDRESS** (Residence or Business) Montgomery, TX 77356 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 49 Fairfield Drive MAILING **ADDRESS** Montgomery, TX 77356 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (936) 597-4409 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
North Shore Republi	can Women		00054577	
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	36,203.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	59,667.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY \$	92,727.93
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<u> </u>		•	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mrs. Chr	is Gurley	
		Signature of Car		rer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said	, th	is 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 office	er administering oath

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

					3 of 113
<b>17</b> CO	MMITTE	EE NAME	18 Filer ID	(Ethics	s Commission Filers)
		re Republican Women	00054577	`	,
		E SUBTOTALS			
		SCHEDULE		s	SUBTOTAL AMOUNT
				<del>                                     </del>	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	36,203.50
				$\vdash$	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
			├─		
3.			\$		
			Ь—		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R	\$	
		ORGANIZATION		<u> </u>	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	TION OR	\$	
		LABOR ORGANIZATION		Φ	
6		COLUMN F CO. MONITARY CURRORT FROM CORRORATION OR LARGE ORC	^ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		$\vdash$	
7.	Ш	ORGANIZATION		\$	
				$\vdash$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	DRGANIZATION	\$	
				├─	
9.		SCHEDULE E: LOANS		\$	
				├─	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	59,667.41
				├─	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	Ш			<u> </u>	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
				Ψ <u></u>	
12		COLUMN F. F.A. EVDENDITUDES MADE DV CDEDIT CADD			
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	Ш	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F	DETI IDNIEN	$\vdash$	
15.	Ш	TO FILER	(LIONNED	\$	

	MONET	ARY POLITICAL CONTR	RIBUTION	IS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 1/57 Rpt: 4/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 02/06/2024	Adamson, Denise (Ms.)	ate PAC (ID#:		7	Amount of Contribution (\$)	\$30.00
_	Dein sin al acces	Montgomery, TX 77356-9027		Frankrije (Contrativation			
8	Homemaker	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 06/21/2024	Addotta, Robert				Amount of Contribution (\$)	\$20.00
		Montgomery, TX 77356					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 02/16/2024	Full name of contributor out-of-stander, Cathy  Contributor address; City; State; Zip Coc	ate PAC (ID#:			Amount of Contribution (\$)	\$55.00
		Sugarland, TX 77479					
		oation / Job title (See Instructions) juage Pathologist		Employer (See Instructions	)		
	Date 04/24/2024	Anderson, Beverly				Amount of Contribution (\$)	\$30.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 05/02/2024	Full name of contributor out-of-standerson, Beverly  Contributor address; City; State; Zip Coo	ate PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTI	IONS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 2/57 Rpt: 5/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 01/09/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID Askew, Sandra (Ms.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$40.00
_		Montgomery, TX 77356	T	Ĺ		
8	Principal occur Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 02/08/2024	Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Homemaker	,				
	Date 01/11/2024	Full name of contributor  out-of-state PAC (ID Baker, Sherril  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$30.00
		Montgomery, TX 77356				
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID Balfantz, Mary  Contributor address; City; State; Zip Code  Spring, TX 77389	#:)		Amount of Contribution (\$)	\$30.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 01/13/2024	Full name of contributor out-of-state PAC (ID Banks, LuAnn  Contributor address; City; State; Zip Code  Montgomery, TX 77356	#:)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			1			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/57 Rpt: 6/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	on Filers)
4	Date 02/03/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$30.00
_		Montgomery, TX 77356	10.5 1 (0.1 1)			
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 01/31/2024	Full name of contributor  out-of-state PAC (ID# Bays, Kristin (Ms.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$120.00
		Conroe, TX 77385		Ĺ		
	Judge	pation / Job title (See Instructions)	Employer (See Instructions  Montgomery County	5)		
	Date 06/24/2024	Full name of contributor out-of-state PAC (ID# Bays, Kristin (Ms.)  Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$250.00
		Conroe, TX 77385				
	Principal occu Judge	pation / Job title (See Instructions)	Employer (See Instructions Montgomery County	5)		
	Date 01/29/2024	Full name of contributor out-of-state PAC (ID# Bilby, Lois  Contributor address; City; State; Zip Code  Willis, TX 77318	:)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/07/2024	Full name of contributor out-of-state PAC (ID# Billingsley, Roger  Contributor address; City; State; Zip Code  Montgomery, TX 77356-8397	:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULI	E <b>A1</b>
	The Instruc	tion Guide explains how to complete t	his form.		Total pages Schedule A1: Sch: 4/57 Rpt: 7/113	
2	FILER NAME North Shore	Republican Women			Filer ID (Ethics Commission 00054577	n Filers)
4	Date 03/07/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$53.00
_		Montgomery, TX 77356				
8	Homemaker	pation / Job title (See Instructions)	9 Employer (See Instruction:	is)		
	Date 04/24/2024	Full name of contributor out-of-state PAC Blackhall, Shalea Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$20.00
	Delicalization	Tomball, TX 77375	Fundamen (Construction			
	Home Health	pation / Job title (See Instructions)	Employer (See Instruction:	is)		
	Date 02/15/2024	Full name of contributor out-of-state PAC Bolt, Cheryl (Ms.)  Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$6.00
		Conroe, TX 77304				
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instruction:	ns)		
	Date 01/13/2024	Full name of contributor out-of-state PAC Bolton, Irma (Mrs.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356	C (ID#:)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Date 03/07/2024	Full name of contributor out-of-state PAC Bolton, Irma (Mrs.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356	(ID#:)		Amount of Contribution (\$)	\$36.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instruction	ns)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/57 Rpt: 8/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	Filers)
4	Date 01/09/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 03/29/2024	Full name of contributor			Amount of Contribution (\$)	\$36.00
	Dein sin al annu	Conroe, TX 77384	Formula con (Octobration of			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/20/2024	Full name of contributor out-of-state PAC (ID#: Brown, Janet Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/29/2024	Full name of contributor out-of-state PAC (ID#:_Brown, Jayne (Ms.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356-8271			Amount of Contribution (\$)	\$47.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#:_ Buick, Stacey (Mrs.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356	)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
		,				

	MONET	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/57 Rpt: 9/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 03/04/2024	<ul><li>5 Full name of contributor Bush, Melanie (Ms.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_	_	7	Amount of Contribution (\$)	\$20.00
_	Dringing age	Conroe, TX 77384	. I	Employer (See Instructions	<u></u>		
8	•	pation / Job title (See Instructions Cty. Treasurer	)	9 Employer (See Instructions	o)		
	Date 02/15/2024	Full name of contributor Butler, Stacey Contributor address; City; St		)		Amount of Contribution (\$)	\$40.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions		Employer (See Instructions	z)		
	Director, NR		,	NRG Entergy	٠,		
	Date 01/13/2024	Full name of contributor Caillouet, Nancy (Mrs.) Contributor address; City; St	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$60.00
		Montgomery, TX 77356					
	Principal occu Retired teach	pation / Job title (See Instructions ner	5)	Employer (See Instructions	5)		
	Date 04/04/2024	Full name of contributor Cameron, Paul Contributor address; City; St Montgomery, TX 77356		)	•	Amount of Contribution (\$)	\$17.50
	Principal occu Pilot	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 01/13/2024	Full name of contributor Campbell, Cheryl Contributor address; City; St Montgomery, TX 77356	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONT	RIBUTIONS		SCHEDUL	E <b>A1</b>
	The Instruc	etion Guide explains how to cor	nplete this form.	1	Total pages Schedule A1: Sch: 7/57 Rpt: 10/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 03/14/2024	<ul> <li>Full name of contributor out-of carter, Elizabeth</li> <li>Contributor address; City; State; Zip 0</li> </ul>		7	Amount of Contribution (\$)	\$90.00
_		Montgomery, TX 77356	To - 1 (0 )	Ĺ		
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruction	IS)		
	Date 04/04/2024	Full name of contributor out-o	f-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$16.00
	Dringing! aggs	Montgomery, TX 77356	Employer (Coo Instruction	<u> </u>		
	Retired	pation / Job title (See Instructions)	Employer (See Instruction	15)		
	Date 02/15/2024	Full name of contributor out-o	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$40.00
		Willis, TX 77378				
	Principal occu Constable, P	pation / Job title (See Instructions) CT 1	Employer (See Instruction Montgomery County, T	•	S	
	Date 02/03/2024	Chambers, Kent	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$20.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
	Date 06/11/2024	Full name of contributor out-on Chambers, Kent  Contributor address; City; State; Zip of Willis, TX 77378	f-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$250.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
			1			

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 8/57 Rpt: 11/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	on Filers)
4	Date 01/13/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$40.00
_		Montgomery, TX 77356				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 03/27/2024	Full name of contributor out-of-state PAC ( Christ, Kristin  Contributor address; City; State; Zip Code  Magnolia, TX 77355	(ID#:)		Amount of Contribution (\$)	\$70.00
		pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Party Planne	r				
	Date 05/07/2024	Full name of contributor out-of-state PAC ( Clark, Roberta  Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$1,000.00
		Montgomery, TX 77356				
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/23/2024	Full name of contributor out-of-state PAC ( Clay, Iris  Contributor address; City; State; Zip Code  Montgomery, TX 77356	(ID#:)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/06/2024	Full name of contributor out-of-state PAC ( Clay, Iris  Contributor address; City; State; Zip Code  Montgomery, TX 77356	(ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	tion Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 9/57 Rpt: 12/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 06/21/2024	<ul><li>Full name of contributor</li><li>Cleboski, Dawn (Mrs.)</li><li>Contributor address; City; State</li></ul>	out-of-state PAC (ID#: ; Zip Code	)	7	Amount of Contribution (\$)	\$40.00
_	Deire eine Lee	Montgomeryt, TX 77356		Frankrije (Control trong	$\overline{\Gamma}$		
8	Association N	oation / Job title (See Instructions) Manager	9	Employer (See Instructions	5)		
	Date 02/05/2024	Full name of contributor  Clendenin, Kim  Contributor address; City; State				Amount of Contribution (\$)	\$55.00
		Montgomery, TX 77356	1		<u> </u>		
	Accountant	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/13/2024	Full name of contributor  Coffman, Karen (Mrs.)  Contributor address; City; State	out-of-state PAC (ID#:;	)		Amount of Contribution (\$)	\$55.00
		Montgomery, TX 77356					
	Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/06/2024	Full name of contributor  Coleman, Tammy  Contributor address; City; State  Spring, TX 77384		)		Amount of Contribution (\$)	\$50.00
		pation / Job title (See Instructions) gement Coach		Employer (See Instructions	<u> </u> 5)		
	Date 03/29/2024	Full name of contributor Collier, Cindy Contributor address; City; State Montgomery, TX 77356	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$18.00
	Principal occup Homemaker	oation / Job title (See Instructions)		Employer (See Instructions	5)		
			L				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 10/57 Rpt: 13/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 02/03/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$40.00
_	<u> </u>	Montgomery, TX 77356		<u></u>		
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/03/2024	Full name of contributor out-of-state PAC (ID#: Cunningham, Phyllis (Ms.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions	·/		
	Retired	odition / Job title (See manuellons)	Employer (See mandenons	')		
	Date 05/07/2024	Full name of contributor out-of-state PAC (ID#: Darcy-Pawlak, Karen (Mrs.)  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$250.00
		Montgomery, TX 77356-8423				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/13/2024	Full name of contributor out-of-state PAC (ID#: Dinklage, Mary (Mrs.)  Contributor address; City; State; Zip Code  Montgomery, TX 77316			Amount of Contribution (\$)	\$30.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/06/2024	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	 ;)		

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 11/57 Rpt: 14/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 02/07/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
		Montgomery, TX 77356				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 03/20/2024	Full name of contributor out-of-state PAC (ID Dycus, Lou (Ms.)  Contributor address; City; State; Zip Code	)#:)		Amount of Contribution (\$)	\$30.00
		Montgomery, TX 77356		Ĺ		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (IDDye, Debbi (Mrs.)  Contributor address; City; State; Zip Code	) #:)		Amount of Contribution (\$)	\$15.00
		Montgomery, TX 77356				
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 01/13/2024	Full name of contributor out-of-state PAC (IE Eason, Gale (Ms.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356	)		Amount of Contribution (\$)	\$30.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/13/2024	Full name of contributor out-of-state PAC (IE Eckland, Cay (Mrs.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356	)#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
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	MONET	ARY POLITICAL CONTRI		E <b>A1</b>			
	The Instru	ction Guide explains how to comple	ete this for	m.	1	Total pages Schedule A1: Sch: 12/57 Rpt: 15/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	r Filers)
4	Date 01/19/2024	<ul> <li>Full name of contributor  out-of-state</li> <li>Farber, Colleen</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$40.00
_		Montgomery, TX 77356	1-				
8	Principal occu Sr. HSE Adv	pation / Job title (See Instructions) Sor	9	Employer (See Instructions	5)		
	Date 02/08/2024	Ferguson, Joyce				Amount of Contribution (\$)	\$61.00
	Principal occu	Conroe, TX 77304 pation / Job title (See Instructions)		Employer (See Instructions			
	Retired	oation / Job title (See instructions)		Employer (See Instructions	')		
	Date 03/22/2024	Full name of contributor out-of-state Ferguson, Joyce Contributor address; City; State; Zip Code	e PAC (ID#:	)		Amount of Contribution (\$)	\$56.00
		Conroe, TX 77304					
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 03/07/2024	Ferguson, Joyce		)		Amount of Contribution (\$)	\$56.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 03/07/2024	Ferguson, Joyce		)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTR	SCHEDULE A1				
	The Instruc	ction Guide explains how to comp	lete this for	m.	1	Total pages Schedule A1: Sch: 13/57 Rpt: 16/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 04/04/2024	<ul> <li>Full name of contributor  out-of-star</li> <li>Ferguson, Joyce</li> <li>Contributor address; City; State; Zip Cod</li> </ul>			7	Amount of Contribution (\$)	\$40.00
_		Conroe, TX 77304	1-				
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	;)		
	Date 04/13/2024	Ferguson, Joyce				Amount of Contribution (\$)	\$5.00
	Deinsinal assu	Conroe, TX 77304		Franks on (Cas Instructions	_		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/02/2024	Full name of contributor out-of-star out-o	ate PAC (ID#:	)		Amount of Contribution (\$)	\$52.00
		Conroe, TX 77304					
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 02/15/2024	Finke, Shirley		)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/13/2024	Fleck, Sandra				Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	()		
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	MONET	ARY POLITICAL CONTRIBUT		SCHEDULI	E <b>A1</b>	
	The Instruc	etion Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 14/57 Rpt: 17/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 03/20/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID Fox, Suzanne</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$40.00
_		Mongomery, TX 77356	1	Ĺ		
8	Principal occur Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 03/20/2024	Full name of contributor out-of-state PAC (ID Fry, Terry  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356	1 - 1 - 6 - 1 - 11	Ĺ		
	Principal occur Retired	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 01/13/2024	Full name of contributor out-of-state PAC (ID Fulcher, Bettygail  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$30.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 01/09/2024	Full name of contributor out-of-state PAC (ID Garza, Gail  Contributor address; City; State; Zip Code  Montgomery, TX 77356	#:)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 01/09/2024	Full name of contributor out-of-state PAC (ID Gehring, Pattie  Contributor address; City; State; Zip Code  Montgomery, TX 77356	#:)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CONTRIE	SCHEDULE A1				
	The Instruc	tion Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 15/57 Rpt: 18/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 02/08/2024	<ul> <li>Full name of contributor  out-of-state in Gehring, Pattie</li> <li>Contributor address; City; State; Zip Code</li> </ul>	-	)	7	Amount of Contribution (\$)	\$20.00
_		Montgomery, TX 77356			_		
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 04/04/2024	Full name of contributor out-of-state Fig. Gentz, Deborah (Mrs.)  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$150.00
	Principal occur	Montgomery, TX 77316 pation / Job title (See Instructions)		Employer (See Instructions	رد ا		
	Retired	auton / Job title (Jee mandellons)		Employer (See mandenons	')		
	Date 01/16/2024	Full name of contributor out-of-state find out-o	PAC (ID#:	)		Amount of Contribution (\$)	\$90.00
		Montgomery, TX 77356					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 02/15/2024	Full name of contributor out-of-state for Gilbert, Tracy (Judge)  Contributor address; City; State; Zip Code  Conroe, TX 77301	-	)		Amount of Contribution (\$)	\$20.00
		oation / Job title (See Instructions) Court Judge		Employer (See Instructions State of Texas	5)		
	Date 01/13/2024	Full name of contributor out-of-state F Goodwin, Carol (Mrs.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356		)		Amount of Contribution (\$)	\$30.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<b>'</b>				

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 16/57 Rpt: 19/113	
2	FILER NAME North Shore	Republican Women			Filer ID (Ethics Commission 00054577	n Filers)
4	Date 02/03/2024	<ul> <li>Full name of contributor</li></ul>		7 /	Amount of Contribution (\$)	\$80.00
_		Montgomery, TX 77356	T	<u> </u>		
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	is)		
	Date 04/04/2024	Full name of contributor out-of-state PAC (I Gotsch, Lesta (Mrs.)  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$10.00
	Dringinal occur	Montgomery, TX 77356	Employer (See Instruction			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	15)		
	Date 04/24/2024	Full name of contributor out-of-state PAC (I Gotsch, Lesta (Mrs.)  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$150.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	is)		
	Date 03/15/2024	Full name of contributor out-of-state PAC (I Gottung, Patricia Contributor address; City; State; Zip Code Montgomery, TX 77356	D#:)		Amount of Contribution (\$)	\$30.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 05/16/2024	Full name of contributor out-of-state PAC (I Grant, Philip (Judge)  Contributor address; City; State; Zip Code  Conroe, TX 77301	D#:)		Amount of Contribution (\$)	\$350.00
	Principal occu Judge, 9th D	pation / Job title (See Instructions)	Employer (See Instructions Montgomery County, Te			
			1			

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 17/57 Rpt: 20/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 02/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$60.00
_		Montgomery, TX 77356				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 03/20/2024	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 05/23/2024	Full name of contributor out-of-state PAC (ID#: Griffin, B.D.  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu County Attor	Montgomery, TX 77316-1517 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#: Griffin, Nancy			Amount of Contribution (\$)	\$65.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#: Griffin, Nancy Contributor address; City; State; Zip Code  Montgomery, TX 77356			Amount of Contribution (\$)	\$7.50
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 18/57 Rpt: 21/113		
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)	
4	Date 03/20/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Grimes, Angie (Ms.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>	_	7	Amount of Contribution (\$)	\$30.00	
_	Dringing! goog	Montgomery, TX 77356	0 Employer (See Instructions	<u></u>			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#: Guadalaharry's Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$5,000.00	
	Principal occu	Willis, TX 77318 pation / Job title (See Instructions)	Employer (See Instructions	<u></u>			
	<b>,</b>			,			
	Date 01/22/2024	Full name of contributor	)		Amount of Contribution (\$)	\$40.00	
	Principal occur	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions	;)			
	Entreprenue	· · · · · · · · · · · · · · · · · · ·	Employer (eee meadedies	-,			
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#: Guyton, Cynthia Contributor address; City; State; Zip Code  Montgomery, TX 77356	)	•	Amount of Contribution (\$)	\$40.00	
	Principal occu Stylist	pation / Job title (See Instructions)	Employer (See Instructions	<u>s)</u>			
	Date 06/25/2024	Full name of contributor out-of-state PAC (ID#: Hafley, John  Contributor address; City; State; Zip Code  Conroe, TX 77302		•	Amount of Contribution (\$)	\$500.00	
	Principal occu Judge	pation / Job title (See Instructions)	Employer (See Instructions	s)			

	MONET	ARY POLITICAL CONTRIBU		SCHEDULI	E <b>A1</b>	
	The Instruc	etion Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 19/57 Rpt: 22/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 03/20/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$30.00
_		Montgomery, TX 77356	1	Ĺ		
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 01/09/2024	Full name of contributor out-of-state PAG Halaska, Kathy  Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$30.00
	Dein sin al annu	Montgomery, TX 77356	Facelouse (Constantinuo			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 02/15/2024	Full name of contributor out-of-state PAG Halaska, Kathy Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$20.00
		Montgomery, TX 77356				
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/12/2024	Full name of contributor out-of-state PAG Hankla, Brenna Contributor address; City; State; Zip Code  Montgomery, TX 77356	C (ID#:)		Amount of Contribution (\$)	\$65.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Date 01/13/2024	Full name of contributor out-of-state PAG Harper, Becky Contributor address; City; State; Zip Code  Montgomery, TX 77356	C (ID#:)		Amount of Contribution (\$)	\$60.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
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	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1				
	The Instru	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 20/57 Rpt: 23/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 01/26/2024	<ul> <li>Full name of contributor  out-of-state PAC Hatchley, Charlotte (Mrs.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>	`	)	7	Amount of Contribution (\$)	\$40.00
_	Dein sin al a sau	Montgomery, TX 77356		Frankrige (O. a. kastavsti and	$\overline{\Gamma}$		
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/03/2024	Full name of contributor out-of-state PAC Heathcott, Charlotte (Mrs.)  Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$40.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	Retired	oduon 7 300 title (See Instructions)		Employer (See mandenons	,		
	Date 01/09/2024	Full name of contributor out-of-state PAC Henderson, Rand Contributor address; City; State; Zip Code	(ID#:	)		Amount of Contribution (\$)	\$60.00
		Conroe, TX 77305					
		pation / Job title (See Instructions) County Sheriff		Employer (See Instructions	5)		
	Date 02/15/2024	Full name of contributor out-of-state PAC Herring, Debbie Contributor address; City; State; Zip Code  Montgomery, TX 77356		)		Amount of Contribution (\$)	\$40.00
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 01/13/2024	Full name of contributor out-of-state PAC Hivnor, Diane (Mrs.)  Contributor address; City; State; Zip Code  Williis, TX 77378	C (ID#:	)		Amount of Contribution (\$)	\$60.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CON	SCHEDULE A1				
	The Instruc	etion Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 21/57 Rpt: 24/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	Filers)
4	Date 02/15/2024	Hlopak, Dorothy (Mrs.)	ıt-of-state PAC (ID#: p Code	)	7	Amount of Contribution (\$)	\$30.00
_	Deireitade	Montgomery, TX 77356	- Ia	Faradayan (Can Instruction			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date 01/09/2024	Full name of contributor ou ou Hoffman, Kim  Contributor address; City; State; Zi	nt-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$40.00
	Delicational	Montgomery, TX 77356		Farabasa (Ossabastas tisas			
	Retired	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 03/20/2024	Full name of contributor ou ou Hubbard, Jeanne (Mrs.)  Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$30.00
		Montgomery, TX 77356					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 02/15/2024	Full name of contributor ou defined ou	it-of-state PAC (ID#: p Code	)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 01/09/2024	Full name of contributor ou Jasura, Denise  Contributor address; City; State; Zi  Montgomery, KS 77356	p Code			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 22/57 Rpt: 25/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 01/09/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$40.00
_	5	Montgomery, TX 77356	<b>1</b>	Ĺ		
8	Accountant	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 03/20/2024	Full name of contributor out-of-state PAC (ID#: Johnson, Anjalee  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$60.00
	Deinsinal assu	Montgomery, TX 77356	Franks or (Cook lastructions	<u></u>		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/25/2024	Full name of contributor out-of-state PAC (ID#: Johnson, Stephanie  Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$20.00
		Montgomery, TX 77356				
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#: Jones, Carolyn (Ms.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356			Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#: Jones, Carolyn (Ms.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356			Amount of Contribution (\$)	\$150.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTR	IBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 23/57 Rpt: 26/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 05/02/2024	Jones, Carolyn (Ms.)	te PAC (ID#:	)	7	Amount of Contribution (\$)	\$18.00
		Montgomery, TX 77356					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 04/13/2024	Jones, Mary K. (Ms.)		)		Amount of Contribution (\$)	\$3.00
	Principal occu	Cypress, TX 77429 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired						
Date 04/13/2024		Full name of contributor out-of-star Jones, Mary K. (Ms.)  Contributor address; City; State; Zip Code	te PAC (ID#:	)		Amount of Contribution (\$)	\$6.00
		Cypress, TX 77429					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/31/2024	Jordan, Melissa				Amount of Contribution (\$)	\$40.00
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/25/2024	Kate, Ann (Mrs.)				Amount of Contribution (\$)	\$500.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 24/57 Rpt: 27/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commissio 00054577	n Filers)
4	Date 02/15/2024	<ul> <li>Full name of contributor  out-of-state PAC Kelly, Cecily</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$40.00
_		Montgomery, TX 77356	Ja 5 1 70			
8	Genealogist	pation / Job title (See Instructions)	9 Employer (See	e Instructions)		
	Date 01/26/2024	Full name of contributor out-of-state PAC Keo, Emily  Contributor address; City; State; Zip Code	(ID#:		Amount of Contribution (\$)	\$40.00
	Dringinal accu	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See	\ \lnetructions\		
	CEO	oation / Job title (See instructions)	Employer (See	e iristructions)		
	Date 06/25/2024	Full name of contributor out-of-state PAC Keough, Mark (Mr.)  Contributor address; City; State; Zip Code	(ID#:		Amount of Contribution (\$)	\$500.00
		The Woodlands, TX 77381				
	Principal occu County Judg	oation / Job title (See Instructions) e	Employer (See	e Instructions)		
	Date 02/15/2024	Full name of contributor out-of-state PAC Keyser, Lori Contributor address; City; State; Zip Code Spring, TX 77389	(ID#:		Amount of Contribution (\$)	\$140.00
	Principal occu Accountant	oation / Job title (See Instructions)	Employer (See	e Instructions)		
	Date 04/04/2024	Full name of contributor out-of-state PAC Keyser, Lori Contributor address; City; State; Zip Code Spring, TX 77389	(ID#:		Amount of Contribution (\$)	\$40.00
	Principal occu Accountant	oation / Job title (See Instructions)	Employer (See	Instructions)		
			<u> </u>			

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 25/57 Rpt: 28/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 01/29/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$60.00
_		Montgomery, TX 77356	1	Ĺ		
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 01/26/2024	Full name of contributor out-of-state PAC Kimberling, Jill  Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$55.00
	<u> </u>	Montgomery, TX 77356		<u> </u>		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 02/15/2024	Full name of contributor  out-of-state PAC   Kinne, Claudia (Mrs.)  Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356				
	Principal occu Homemaker	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/03/2024	Full name of contributor out-of-state PAC Krenek, Mary  Contributor address; City; State; Zip Code  Montgomery, TX 77356	C (ID#:)		Amount of Contribution (\$)	\$45.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 01/04/2024	Full name of contributor out-of-state PAC Kribbs, Jan  Contributor address; City; State; Zip Code  Willis, TX 77318	C (ID#:)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
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	MONET	ARY POLITICAL CONTRI	BUTION	NS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to comple	ete this for	m.	1	Total pages Schedule A1: Sch: 26/57 Rpt: 29/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 02/08/2024	<ul> <li>Full name of contributor  out-of-state</li> <li>Kribbs, Jan</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:	)	7	Amount of Contribution (\$)	\$20.00
		Willis, TX 77318					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 02/15/2024	Lasseter, Sharon	PAC (ID#:			Amount of Contribution (\$)	\$8.50
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)		Employer (See Instructions	:)		
	Retired	,			,		
	Date 06/13/2024	Full name of contributor out-of-state  Lasseter, Sharon  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$20.00
		Montgomery, TX 77356					
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 03/20/2024	Lenhart, Jodi	PAC (ID#:	)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/07/2024	Leonard, Kim	PAC (ID#:	)		Amount of Contribution (\$)	\$12.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	()		
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	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 27/57 Rpt: 30/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 02/12/2024	<ul><li>5 Full name of contributor     Ligon, Brett (Mr.)</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: ;; Zip Code	)	7	Amount of Contribution (\$)	\$160.00
	Dringing agg	Montgomery, TX 77356 pation / Job title (See Instructions)	lo.	Employer (See Instructions			
8	District Attori			Employer (See Instructions Montgomery County	)		
	Date 05/15/2024	Full name of contributor Ligon, Brett (Mr.)  Contributor address; City; State		)		Amount of Contribution (\$)	\$500.00
	Dringinal occu	Montgomery, TX 77356 pation / Job title (See Instructions)		Employer (See Instructions			
	District Attori			Montgomery County	)		
	Date 01/13/2024	Full name of contributor Lineberger, Michelle (Mrs.) Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code	)		Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 02/16/2024	Full name of contributor Livermore, Lisa Contributor address; City; State Montgomery, TX 77356	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$40.00
	•	pation / Job title (See Instructions) ot By Mail Clerk		Employer (See Instructions	)		
	Date 01/13/2024	Full name of contributor  Lohman, Paige  Contributor address; City; State  Montgomery, TX 77356	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	)		
			1				

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 28/57 Rpt: 31/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 03/07/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$16.00
_		Montgomery, TX 77356	<b>1</b> = 1 (0 1 1 1	<u> </u>		
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (IE Lomonte, Lucy (Mrs.)  Contributor address; City; State; Zip Code	)#:)		Amount of Contribution (\$)	\$30.00
		Montgomery, TX 77356		Ţ		
	Principal occur Retired	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 04/24/2024	Full name of contributor out-of-state PAC (IE Long, Kay  Contributor address; City; State; Zip Code	) #:)		Amount of Contribution (\$)	\$40.00
		Magnolia, TX 77354				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction:	s)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (IE Long-Goheen, Denise Contributor address; City; State; Zip Code Montgomery, TX 77356	)#:)		Amount of Contribution (\$)	\$55.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/27/2024	Full name of contributor out-of-state PAC (IE Lookabaugh, Jacqueline (Mrs.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356	)#:)		Amount of Contribution (\$)	\$150.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 29/57 Rpt: 32/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 01/11/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$40.00
_		Montgomery, TX 77356				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 03/29/2024	Full name of contributor out-of-state PAC (ID#:_ Luquette, Brenda  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions			
	Retired	oution / Job title (See Instructions)	Employer (See instructions	,		
	Date 06/27/2024	Full name of contributor  out-of-state PAC (ID#:_ Luttrell, Morgan  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Magnolia, TX 77353				
	Principal occu Congressma	pation / Job title (See Instructions) n	Employer (See Instructions	)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:_Martin, Joan (Mrs.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356-8466			Amount of Contribution (\$)	\$35.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/16/2024	Full name of contributor out-of-state PAC (ID#:_ Martin, Joan (Mrs.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356-8466			Amount of Contribution (\$)	\$150.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBI	UTIONS	S	SCHEDULE A1
	The Instruc	tion Guide explains how to complete	e this form.	1 Total pages Sch Sch: 30/57 Rpt	
2	FILER NAME North Shore	Republican Women		3 Filer ID (Ethics 00054577	Commission Filers)
4	Date 01/13/2024	<ul> <li>Full name of contributor  out-of-state PA Martin, Kristen</li> <li>Contributor address; City; State; Zip Code</li> </ul>	,	7 Amount of Contr	station (\$) \$40.00
_		Montgomery, TX 77356	10 - 10 - 10 - 11		
8	Principal occur Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)	
	Date 03/11/2024	Full name of contributor out-of-state PA Martin, Pam (Ms.)  Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contr	substitution (\$) \$40.00
	Principal occur	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions	ne)	
	Homemaker	valion / Job title (See Instructions)	Employer (See Instructions	15)	
	Date 02/15/2024	Full name of contributor out-of-state PA Maser, Shirley (Mrs.)  Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contr	bution (\$) \$30.00
		Willis, TX 77318			
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 01/13/2024	Full name of contributor out-of-state PA Maydar, Roxann  Contributor address; City; State; Zip Code  Montgomery, TX 77356	AC (ID#:)	Amount of Contr	bution (\$) \$60.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 01/09/2024	Full name of contributor out-of-state PA McCormack, Nicole  Contributor address; City; State; Zip Code  Montgomery, TX 77356	AC (ID#:)	Amount of Contr	substitution (\$) \$40.00
	Principal occu Sales	oation / Job title (See Instructions)	Employer (See Instructions	ns)	
			<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 31/57 Rpt: 34/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	on Filers)
4	Date 01/22/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$40.00
_	District	Montgomery, TX 77356	le Frankrich (Contration			
8	Sales	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 01/04/2024	Full name of contributor out-of-state PAC (ID# McDaniel, Kim  Contributor address; City; State; Zip Code	<u>+:)</u>		Amount of Contribution (\$)	\$55.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions	e)		
	Housewife	Jation / Job title (See Instructions)	Employer (See instructions	5)		
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID# McDaniel, Kim  Contributor address; City; State; Zip Code	<u>#:)</u>		Amount of Contribution (\$)	\$20.00
		Montgomery, TX 77356				
	Principal occu Housewife	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID# McKinnon, Gail (Mrs.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356	<i>t</i> :)		Amount of Contribution (\$)	\$13.00
	•	oation / Job title (See Instructions) nories Consultant	Employer (See Instructions	s)		
	Date 05/07/2024	Full name of contributor out-of-state PAC (ID# McKinnon, Gail (Mrs.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356	÷)		Amount of Contribution (\$)	\$1,000.00
	•	pation / Job title (See Instructions) nories Consultant	Employer (See Instructions	s)		
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	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 32/57 Rpt: 35/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 02/03/2024	<ul><li>5 Full name of contributor McMahon, Jamice (Mrs.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$30.00
_	Dein sin al acces	Montgomery, TX 77356	<b>\</b>	9 Familian (On Instruction	<u> </u>		
8	Business Ov	pation / Job title (See Instructions /ner	5)	9 Employer (See Instructions	5)		
	Date 03/29/2024	Full name of contributor  McManus, Noemi  Contributor address; City; St		)		Amount of Contribution (\$)	\$22.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions	s)	Employer (See Instructions	 s)		
	Retired	,	,		•		
	Date 03/20/2024	Full name of contributor McRae, Tammy (Mrs.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$20.00
		Conroe, TX 77385					
	Principal occu Tax Assesso	pation / Job title (See Instructions or	)	Employer (See Instructions Montgomery County, Te	•	s	
	Date 06/29/2024	Full name of contributor McRae, Tammy (Mrs.) Contributor address; City; St				Amount of Contribution (\$)	\$500.00
	Principal occu Tax Assesso	pation / Job title (See Instructions	)	Employer (See Instructions Montgomery County, Te		s	
	Date 03/20/2024	Full name of contributor  Meaders, La Vera (Mrs.)  Contributor address; City; St  Montgomery, TX 77356	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$65.00
	Principal occu Retired	pation / Job title (See Instructions	)	Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 33/57 Rpt: 36/113	
2	FILER NAME	Dan ihliaan Maraan			3	Filer ID (Ethics Commission	n Filers)
	North Shore	Republican Women				00054577	
4	Date 01/13/2024	<ul><li>5 Full name of contributor</li><li>Melancon, Alice (Ms.)</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$20.00
		The Woodlands, TX 7738	1				
8	Principal occu	pation / Job title (See Instructions	3)	9 Employer (See Instructions	5)		
	Homemaker						
_	Date Full name of contributor out-of-state PAC (ID#:)				Amount of Contribution (\$)		
	01/13/2024	Messmore, Ann	_				\$40.00
		Contributor address; City; St	tate: Zip Code				
			,,р				
		Montgomery, TX 77356					
		pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Retired						
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/15/2024	Messmore, Ann					\$20.00
		Contributor address; City; State; Zip Code					
		Montgomery, TX 77356	ľ				
		pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Retired						
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/03/2024	Metcalf, Will (Rep.)					\$80.00
		Contributor address; City; St			1		
		Montgomery, TX 77356					
	•	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Tx. State Re	presentative House Dist. 16		Texas			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	04/13/2024	Metcalf, Will (Rep.)					\$500.00
		Contributor address; City; St	tate; Zip Code		1		
		Montgomery, TX 77356					
	•	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Tx. State Re	presentative House Dist. 16		Texas			

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 34/57 Rpt: 37/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 01/31/2024	Michalk, Lisa (Judge)	state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
_	Dringing! goog	The Woodlands, TX 77382	lo.	Employer (Con Instructions	_		
ð		pation / Job title (See Instructions) : Court Judge	9	Employer (See Instructions State of Texas	)		
	Date 06/20/2024	Full name of contributor out-of-Michalk, Lisa (Judge)  Contributor address; City; State; Zip Co		)		Amount of Contribution (\$)	\$500.00
	Dringing! aggr	The Woodlands, TX 77382 pation / Job title (See Instructions)	i	Employer (Con Instructions	_		
		: Court Judge		Employer (See Instructions State of Texas	)		
	Date 04/24/2024	Full name of contributor out-of-Michels, Barbara  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356					
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 06/06/2024	Miller, Jen		)		Amount of Contribution (\$)	\$48.00
	Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 01/18/2024	Miller, Melisa (Ms.)				Amount of Contribution (\$)	\$20.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Montgomery County	)		
	Deputy Clerk	·		Monigomery County			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 35/57 Rpt: 38/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 05/10/2024	<ul><li>5 Full name of contributor Miller, Melisa (Ms.)</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#: ; Zip Code	)	7	Amount of Contribution (\$)	\$150.00
8	Principal occur	Cleveland, TX 77328-6305 pation / Job title (See Instructions)	ام	Employer (See Instructions	_		
•	District Clerk			Montgomery County	·)		
	Date 01/31/2024	Full name of contributor  Milner, Crystal  Contributor address; City; State;				Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77316	1				
	Principal occur Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/25/2024	Full name of contributor  Milner, Crystal  Contributor address; City; State;	out-of-state PAC (ID#:;	)		Amount of Contribution (\$)	\$63.00
		Montgomery, TX 77316					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 04/13/2024	Full name of contributor  Milner, Crystal  Contributor address; City; State;  Montgomery, TX 77316		)		Amount of Contribution (\$)	\$5.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 02/03/2024	Full name of contributor  Moore, Betsy  Contributor address; City; State;  Montgomery, TX 77356	out-of-state PAC (ID#:;	)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	)		
			<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 36/57 Rpt: 39/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 01/13/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$40.00
_		Montgomery, TX 77356		_		
8	Principal occur Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 06/13/2024	Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$2,000.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Builder	,	Morris Builders			
	Date 03/07/2024	Full name of contributor	D#:)	•	Amount of Contribution (\$)	\$75.00
	Principal occur	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions	-) 		
	Retired	outon / Job title (Jee mandenons)	Employer (See manucuons	)		
	Date 01/04/2024	Full name of contributor out-of-state PAC (IE Naughton, Joanne (Mrs.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356	D#:)	•	Amount of Contribution (\$)	\$40.00
	Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (IE Neidner, Sharon  Contributor address; City; State; Zip Code  Montgomery, TX 77356	D#:)	•	Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	etion Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 37/57 Rpt: 40/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	Filers)
4	Date 02/15/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 06/06/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$46.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired	,	, , ,	,		
	Date 06/06/2024	Full name of contributor out-of-state PAC (ID#: Newberry, Kathleen (Mrs.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/09/2024	Full name of contributor out-of-state PAC (ID#:_Nixon, Rhonda  Contributor address; City; State; Zip Code  Montgomery, TX 77356			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/09/2024	Full name of contributor out-of-state PAC (ID#:_ Nixon, Rhonda Contributor address; City; State; Zip Code  Montgomery, TX 77356	)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		-				

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete t	this form.	1	otal pages Schedule A1: Sch: 38/57 Rpt: 41/113	
2	FILER NAME North Shore	Republican Women		1	iler ID (Ethics Commission 0054577	n Filers)
4	Date 03/15/2024	<ul> <li>Full name of contributor</li></ul>		7 A	amount of Contribution (\$)	\$20.00
		Montgomery, TX 77356				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 03/22/2024	Full name of contributor out-of-state PAC North, Leslie Gail Contributor address; City; State; Zip Code	C (ID#:)	A	mount of Contribution (\$)	\$55.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions	e)		
	Substitute Te		Employer (See instructions	5)		
	Date 04/04/2024	Full name of contributor	C (ID#:)	A	mount of Contribution (\$)	\$20.00
		Montgomery, TX 77356				
	Principal occu Substitute Te	pation / Job title (See Instructions) eacher	Employer (See Instructions	s)		
	Date 05/02/2024	Full name of contributor out-of-state PAC North, Leslie Gail Contributor address; City; State; Zip Code  Montgomery, TX 77356	C (ID#:)	. A	mount of Contribution (\$)	\$35.00
	Principal occu Substitute Te	pation / Job title (See Instructions) eacher	Employer (See Instructions	s)		
	Date 01/09/2024	Full name of contributor out-of-state PAC O'Donnell, Meg Contributor address; City; State; Zip Code  Montgomery, TX 77356	C (ID#:)	A	amount of Contribution (\$)	\$40.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			·			

	MONET	ARY POLITICAL CONTRIBI	UTIONS	SCHEE	OULE A1
	The Instruc	ction Guide explains how to complete	e this form.	1 Total pages Schedule A: Sch: 39/57 Rpt: 42/11	
2	FILER NAME North Shore	Republican Women		3 Filer ID (Ethics Commi 00054577	ssion Filers)
4	Date 01/13/2024	<ul> <li>Full name of contributor  out-of-state PAO'Neil, Sharon (Mrs.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (	\$40.00
		Montgomery, TX 77356			
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)	
	Date 05/29/2024	Full name of contributor out-of-state PAO'Neil, Sharon (Mrs.)  Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (	\$) \$150.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Retired			,	
	Date 02/15/2024	Full name of contributor out-of-state PA Offutt, Donna (Mrs.)  Contributor address; City; State; Zip Code	AC (ID#:)	Amount of Contribution (	\$) \$45.00
		Montgomery, TX 77356			
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 01/03/2024	Full name of contributor out-of-state PA Pavelka, Katherine  Contributor address; City; State; Zip Code  Montgomery, TX 77356	AC (ID#:)	Amount of Contribution (	\$40.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 01/09/2024	Full name of contributor out-of-state PA Perilloux, Imelda  Contributor address; City; State; Zip Code  Montgomery, TX 77356	AC (ID#:)	Amount of Contribution (	\$40.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	ns)	
			1		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 40/57 Rpt: 43/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 01/11/2024	<ul> <li>Full name of contributor</li></ul>	·	7	Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356	1			
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 02/03/2024	Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$55.00
	Principal occu	Willis, TX 77318  pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Retired	,		,		
	Date 02/08/2024	Full name of contributor  out-of-state PAC (ID: Prange, Phyllis  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$40.00
		Mongtomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID: Printz, Gail  Contributor address; City; State; Zip Code  Montgomery, TX 77356	#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/03/2024	Full name of contributor out-of-state PAC (ID: Rainey, Phyllis (Mrs.)  Contributor address; City; State; Zip Code  Conroe, TX 77304	#:)		Amount of Contribution (\$)	\$75.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 41/57 Rpt: 44/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 03/29/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Ray, Beverly</li> <li>Contributor address; City; State; Zip Code</li> </ul>	_	7	Amount of Contribution (\$)	\$16.00
		Montgomery, TX 77356				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	<b>(</b> )		
	Date 03/20/2024	Full name of contributor out-of-state PAC (ID#: Reitmeyer, Carol (Mrs.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>		
	Retired	odion 7 oob title (occ mondellons)	Employer (See monded)	')		
	Date 01/10/2024	Full name of contributor out-of-state PAC (ID#: Repal, Georgana  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$30.00
		Houston, TX 77018-1311				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/10/2024	Full name of contributor out-of-state PAC (ID#: Repal, Georgana  Contributor address; City; State; Zip Code  Houston, TX 77018-1311	)		Amount of Contribution (\$)	\$15.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/06/2024	Full name of contributor out-of-state PAC (ID#: Rhoads, Lachelle  Contributor address; City; State; Zip Code  Montgomery, TX 77356			Amount of Contribution (\$)	\$20.00
	Principal occu Program Dire	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBI	JTIONS		SCHEDULE	A1
	The Instruc	tion Guide explains how to complete	this form.		1 Total pages Schedule A1: Sch: 42/57 Rpt: 45/113	
2	FILER NAME North Shore	Republican Women			3 Filer ID (Ethics Commission 00054577	Filers)
4		<ul> <li>Full name of contributor</li></ul>		)	7 Amount of Contribution (\$)	\$40.00
8	Principal occur	Montgomery, TX 77356	9 Employ	or (Soo Instructions)		
0	Program Dire	pation / Job title (See Instructions)	9 Епіріоу	er (See Instructions)		
	Date 04/24/2024	Contributor address; City; State; Zip Code	AC (ID#:		Amount of Contribution (\$)	\$40.00
	Principal occur	Montgomery, TX 77356  pation / Job title (See Instructions)	Employ	er (See Instructions)		
	Retired	reactive of the (coe mondone)	Zimpioy			
	Date 02/15/2024	Full name of contributor out-of-state PARiley, Jacqueline  Contributor address; City; State; Zip Code	NC (ID#:		Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356				
	Principal occu Retired	oation / Job title (See Instructions)	Employ	er (See Instructions)		
	Date 01/31/2024	Full name of contributor out-of-state PARoberts, Cody  Contributor address; City; State; Zip Code  Willis, TX 77318	NC (ID#:		Amount of Contribution (\$)	\$60.00
	Principal occu Coach	oation / Job title (See Instructions)	Employ	er (See Instructions)	r	
	Date 02/22/2024	Full name of contributor out-of-state PARobin, Jennifer (Judge)  Contributor address; City; State; Zip Code  Conroe, TX 77304	AC (ID#:		Amount of Contribution (\$)	\$65.00
	Principal occup	oation / Job title (See Instructions)		er (See Instructions)		
	Judgo		Monigo	Silvery County, 162		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 43/57 Rpt: 46/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	on Filers)
4	Date 06/25/2024	<ul><li>5 Full name of contributor Rogers, Stacey (Dr.)</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$1,029.00
_	Dringing Lagran	Conroe, TX 77304	lo-	Faralous (Coo Instructions			
8	Chiropractor	pation / Job title (See Instructions)		Employer (See Instructions Conroe Chiropract	)		
	Date 01/10/2024	Full name of contributor  Rogge, Charlsie  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occur	Montgomery, TX 77356 pation / Job title (See Instructions)		Employer (See Instructions			
	Retired	sation 7 305 title (See mandellons)		Employer (See manuchons	,		
	Date 01/13/2024	Full name of contributor  Rohde, Hella (Mrs.)  Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$30.00
		Montgomery, TX 77356					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 04/04/2024	Full name of contributor Rohde, Hella (Mrs.)  Contributor address; City; State  Montgomery, TX 77356				Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 02/15/2024	Full name of contributor  Rose, Teresa  Contributor address; City; State  Montgomery, TX 77356	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$55.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	)		
			1				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 44/57 Rpt: 47/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	ı Filers)
4		<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$65.00
_		Montgomery, TX 77356				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#:_ Roth, Donna Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$65.00
	Principal occur	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions			
	Retired	pation / Job title (See instructions)	Employer (See instructions	')		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#:_Roth, Donna  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$57.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 01/31/2024	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$12.00
	Principal occu Sales	Spring, TX 77380 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/24/2024	Full name of contributor out-of-state PAC (ID#:_ Russo, Lynette  Contributor address; City; State; Zip Code  Montgomery, TX 77356	)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instruc	etion Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 45/57 Rpt: 48/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4		<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$40.00
_	Dringing aggr	Montgomery, TX 77356	O Employer (See Instructions			
8	Unemployed	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_Santini, Vince  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.00
		Conroe, TX 77384				
	Principal occu Judge	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/08/2024	Full name of contributor out-of-state PAC (ID#:_ Santini, Vince Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Conroe, TX 77384				
	Principal occu Judge	oation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/04/2024	Full name of contributor out-of-state PAC (ID#:_Sappenfield, Nancy (Mrs.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#:_Scannell, Suzanne (Mrs.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL (	ONS	SCHEDULE A1			
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 46/57 Rpt: 49/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	on Filers)
4	Date 01/11/2024	<ul><li>5 Full name of contributor Sekula-Gibbs, Shelley (D</li><li>6 Contributor address; City; S</li></ul>		)	7	Amount of Contribution (\$)	\$40.00
		The Woodlands, TX 7738					
8	Principal occu Dermatologis	pation / Job title (See Instructions st	5)	9 Employer (See Instructions	s)		
	Date 05/06/2024	Full name of contributor Sekula-Gibbs, Shelley (D Contributor address; City; S	tate; Zip Code		•	Amount of Contribution (\$)	\$500.00
	Principal occu	The Woodlands, TX 7738 pation / Job title (See Instructions		Employer (See Instructions	  -  s)		
	Dermatologis	st					
	Date 04/13/2024	Full name of contributor Sellers, Antonia (Mrs.) Contributor address; City; S	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$24.00
		Montgomery, TX 77356					
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 05/07/2024	Full name of contributor Sellers, Bruce (Mr.) Contributor address; City; S Montgomery, TX 77356		)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu Realtor	pation / Job title (See Instructions	s)	Employer (See Instructions Sellers Realty	5)		
	Date 02/08/2024	Full name of contributor Senter, Pauline Contributor address; City; S Montgomery, TX 77356	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIB	SCHEDULE A				
	The Instruc	etion Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 47/57 Rpt: 50/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 02/05/2024	<ul> <li>Full name of contributor  out-of-state P. Sheridan, Patricia (Mrs.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>	-	)	7	Amount of Contribution (\$)	\$45.00
8	Principal occur	Montgomery, TX 77356 pation / Job title (See Instructions)	l <sub>o</sub>	Employer (See Instructions	·/-		
0	Retired	adion / Job title (See Instructions)	ľ	Employer (See Instructions	)		
	Date 02/15/2024	Full name of contributor out-of-state P. Shumaker, Mary (Mrs.)  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$30.00
		Montgomery, TX 77356					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/13/2024	Full name of contributor out-of-state Passegert, Angela  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356					
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/30/2024	Full name of contributor out-of-state P. Smith, Beverly (Mrs.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356	,	)		Amount of Contribution (\$)	\$90.00
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/07/2024	Full name of contributor out-of-state P. Smith, Karen (Mrs.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356				Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			l				

	MONET	ARY POLITICAL CONT	SCHEDULE A1				
	The Instruc	etion Guide explains how to co	mplete this for	m.	1	Total pages Schedule A1: Sch: 48/57 Rpt: 51/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	n Filers)
4				)	7	Amount of Contribution (\$)	\$40.00
_	Deirechart	Montgomery, TX 77316		Fandana (Oa da batanatiana	_		
8	Author and S	pation / Job title (See Instructions) peaker	9	Employer (See Instructions	5)		
	Date 01/13/2024	South, Ann (Mrs.)  Contributor address; City; State; Zip		)		Amount of Contribution (\$)	\$40.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired	,		. , ,	,		
	Date 02/15/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$3.00
		Montgomery, TX 77356					
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 02/03/2024	Spain, Missy		)		Amount of Contribution (\$)	\$100.00
	Principal occu Homemaker	oation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 05/07/2024	Stanton, Genette	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5.00
	·	nation / Job title (See Instructions) fessional Counslor		Employer (See Instructions	;)		
	LIGHISEU FIC	iossional Counsion	1_				

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A		
	The Instruc	tion Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 49/57 Rpt: 52/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4		<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$250.00
		Montgomery, TX 77356				
8	Principal occup Travel Agent	nation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 02/05/2024	Full name of contributor out-of-state PAC ( Stein, Stacey  Contributor address; City; State; Zip Code	ID#:)		Amount of Contribution (\$)	\$40.00
	Principal occur	Montgomery, TX 77356  nation / Job title (See Instructions)	Employer (See Instructions	e)		
	Chiropractor	auton 7 000 tide (Occ motivations)	Employer (See instructions	3)		
	Date 01/04/2024	Full name of contributor out-of-state PAC ( Stephens, Kay  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$30.00
		Willis, TX 77318				
	Principal occup Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/08/2024	Full name of contributor out-of-state PAC ( Stephens, Kay  Contributor address; City; State; Zip Code  Willis, TX 77318	ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 01/09/2024	Full name of contributor out-of-state PAC ( Stern, Kathleen  Contributor address; City; State; Zip Code  Montgomery, TX 77356	ID#:)		Amount of Contribution (\$)	\$40.00
	Principal occup Accountant	pation / Job title (See Instructions)	Employer (See Instructions	s)		
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	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instruc	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 50/57 Rpt: 53/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	Filers)
4	Date 01/22/2024	Stokes, Angela (Mrs.)	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$40.00
_		Montgomery, TX 77356	1-				
8	Principal occu Housewife	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 01/13/2024	Full name of contributor Sultz, Lana Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$40.00
	Dringing agg	Montgomery, TX 77356		Employer (See Instructions	_		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions	')		
	Date 02/08/2024	Full name of contributor Swart, Bridgette  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$69.00
		Conroe, TX 77304					
	Principal occu Server	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 01/19/2024	Full name of contributor  Swart, Bridgette  Contributor address; City; State;  Conroe, TX 77304				Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/22/2024	Swart, Bridgette	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$22.00
	Principal occu Server	pation / Job title (See Instructions)		Employer (See Instructions	)		
			,				

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 51/57 Rpt: 54/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 03/07/2024	<ul> <li>Full name of contributor  out-of-state PA Swart, Bridgette</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$73.00
		Conroe, TX 77304				
8	Principal occu Server	pation / Job title (See Instructions)	9 Employer (S	See Instructions)		
	Date 05/07/2024	Full name of contributor out-of-state PA Swart, Bridgette  Contributor address; City; State; Zip Code	C (ID#:		Amount of Contribution (\$)	\$29.00
	D: : 1	Conroe, TX 77304	1			
	Server	pation / Job title (See Instructions)	Employer (S	See Instructions)		
	Date 03/20/2024	Full name of contributor out-of-state PA Tally, Lorraine (Mrs.)  Contributor address; City; State; Zip Code	C (ID#:		Amount of Contribution (\$)	\$30.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (S	See Instructions)		
	Date 01/08/2024	Full name of contributor out-of-state PA Tatum, Christy  Contributor address; City; State; Zip Code  Montgomery, TX 77356	C (ID#:	)	Amount of Contribution (\$)	\$100.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (S	See Instructions)		
	Date 03/20/2024	Full name of contributor out-of-state PA Tejeda, Marien Contributor address; City; State; Zip Code Conroe, TX 77304	C (ID#:		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (S	See Instructions)		
			<b>'</b>			

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUL	E <b>A1</b>	
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 52/57 Rpt: 55/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 01/09/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$40.00
_		Montgomery, TX 77356				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 01/13/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$55.00
	Principal occu Retired	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_ Tucker, Amy Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$350.00
	Deinsinal assu	Montgomery, TX 77356	Franks var (Caa kastuvatiana			
	Judge	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 04/04/2024	Full name of contributor out-of-state PAC (ID#:_ Tucker, Amy Contributor address; City; State; Zip Code  Montgomery, TX 77356			Amount of Contribution (\$)	\$270.00
	Principal occu Judge	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 05/07/2024	Full name of contributor out-of-state PAC (ID#:_ Tucker, Amy Contributor address; City; State; Zip Code  Montgomery, TX 77356	)		Amount of Contribution (\$)	\$250.00
	Principal occu Judge	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instruc	ction Guide explains how to	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 53/57 Rpt: 56/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 06/25/2024	<ul><li>Full name of contributor</li><li>Valdez, Scharlene</li><li>Contributor address; City; State</li></ul>		)	7	Amount of Contribution (\$)	\$500.00
8	Principal occur	Conroe, TX 77304 pation / Job title (See Instructions)	lo	Employer (See Instructions	·/		
Ü	Precinct Judg		Ĭ	Employer (See manuchons	,		
	Date 02/08/2024	Full name of contributor  Van Pelt, Cissie  Contributor address; City; State		)		Amount of Contribution (\$)	\$37.00
		Montgomery, TX 77356					
	Principal occur Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/15/2024	Full name of contributor  Van Pelt, Cissie  Contributor address; City; State	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$49.00
		Montgomery, TX 77356					
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/22/2024	Full name of contributor  Van Pelt, Cissie  Contributor address; City; State  Montgomery, TX 77356	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/22/2024	Full name of contributor  Van Pelt, Cissie  Contributor address; City; State  Montgomery, TX 77356	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$22.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			-				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruc	etion Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 54/57 Rpt: 57/113	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	Filers)
4	Date 06/06/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Van Pelt, Cissie</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$20.00
_		Montgomery, TX 77356	10 5 1 (0 1 1 1			
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/06/2024	Full name of contributor out-of-state PAC (ID#:_ Van Pelt, Cissie  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
	Deire singel a second	Montgomery, TX 77356	T Formula van (October Northead	Ĺ		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#:_Vanderbilt, Sylvia (Mrs.)  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356				
	Principal occu <sub>l</sub> Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/24/2024	Full name of contributor out-of-state PAC (ID#:_ Walker, Janet (Mrs.)  Contributor address; City; State; Zip Code  Willis, TX 77378			Amount of Contribution (\$)	\$20.00
	Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:_Walker, Karen (Mrs.)  Contributor address; City; State; Zip Code  Montgomery, TX 77356			Amount of Contribution (\$)	\$40.00
	Principal occup	oation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
			1			

	MONET	ARY POLITICAL C	SCHEDULE A				
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 55/57 Rpt: 58/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	on Filers)
4	Date 01/13/2024	<ul><li>5 Full name of contributor [Walker, Linda (Dr.)</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 03/29/2024	Full name of contributor  Walker, Robert (Mr.)  Contributor address; City; Sta  Willis, TX 77378				Amount of Contribution (\$)	\$4,000.00
	•	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Pct. 1 Count	y Commissioner					
	Date 01/11/2024	Full name of contributor [ Waltz, Nancy (Mrs.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/20/2024	Full name of contributor [ Warnsman, Virginia Contributor address; City; Sta Willis, TX 77318				Amount of Contribution (\$)	\$45.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/07/2024	Full name of contributor Watson, Debbie Contributor address; City; Sta Montgomery, TX 77356	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$40.00
	Principal occu Entrepreneu	pation / Job title (See Instructions)		Employer (See Instructions	()		

	MONET	ARY POLITICAL C		SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 56/57 Rpt: 59/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 01/04/2024	<ul><li>5 Full name of contributor Way, Sammajane</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:_	_	7	Amount of Contribution (\$)	\$40.00
_		Montgomery, TX 77356	-				
8	Principal occu Retired	pation / Job title (See Instructions)	)	9 Employer (See Instructions	s)		
	Date 03/22/2024	Full name of contributor Way, Sammajane Contributor address; City; Sta				Amount of Contribution (\$)	\$28.00
	Principal occur	Montgomery, TX 77356 pation / Job title (See Instructions)	<u>,                                      </u>	Employer (See Instructions	-) 		
	Retired	pation / 300 title (See instructions)		Employer (See mstructions	)		
	Date 04/04/2024	Full name of contributor Wenske, John Contributor address; City; Sta	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$6.00
		Moulton, TX 77975					
	Principal occu Field Directo	pation / Job title (See Instructions)	)	Employer (See Instructions Ted Cruz	5)		
	Date 05/07/2024	Full name of contributor Wilcox, Carolyn Contributor address; City; Sta			•	Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 01/26/2024	Full name of contributor Wise, Merry (Mrs.)  Contributor address; City; Sta		)	•	Amount of Contribution (\$)	\$30.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONT	IS	SCHEDULE A1			
	The Instruc	ction Guide explains how to com	plete this for	m.	1	Total pages Schedule A1: Sch: 57/57 Rpt: 60/113	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 05/17/2024	<ul> <li>Full name of contributor  out-of-Wood, Howard</li> <li>Contributor address; City; State; Zip C</li> </ul>		)	7	Amount of Contribution (\$)	\$150.00
8	Principal occu	Conroe, TX 77304 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0	City Councilr		3	Employer (See instructions	')		
	Date 01/13/2024	Full name of contributor out-of- Wright, Jay  Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$40.00
	D: : 1	Contoe, TX 77302			_		
	•	pation / Job title (See Instructions) e #2 9th Ct of Appeals		Employer (See Instructions	5)		
	Date 05/06/2024	Full name of contributor out-of- Wright, Jay  Contributor address; City; State; Zip C	state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Contoe, TX 77302					
		pation / Job title (See Instructions) e #2 9th Ct of Appeals		Employer (See Instructions	)		
	Date 01/25/2024	Full name of contributor out-of- Young, Annette (Mrs.)  Contributor address; City; State; Zip C  Montgomery, TX 77356				Amount of Contribution (\$)	\$30.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 04/24/2024	Full name of contributor out-of-deRoulac, Tracie  Contributor address; City; State; Zip C	estate PAC (ID#:	)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	()		
			1				

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/53 Rpt: 61/113	North Shore Republican Women 00054577
4 Date	5 Payee name
05/30/2024	99 Cent Store
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$32.85	1420 Loop 336
Expenditure from	Conroe, TX 77301
corporate funds	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Supplies for Golf Tournament Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Golf Tournament Expenses
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/30/2024	Academy Sports & Outdoors
Amount (\$)	Payee address; City; State; Zip Code
\$43.29	10375 North Freeway
Expenditure from corporate funds	Houston, TX 77037
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Weights for Tent - Voter's Registration Event
	veights for refit voters registration Event
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	•
Date	Payee name
06/25/2024	Amazon.com
Amount (\$)	Payee address; City; State; Zip Code
\$34.15	11501 Alterra Pkwy.
,,,,,,	
Expenditure from corporate funds	Austin, TX 78758
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Signs for 4th of July Parade Check if travel outside of Texas. Complete Schedule T.
	☐ Check if Austin, TX, officeholder living expense Signs for 4th of July Parade
	Signs for 4th Of July Parate
Operation Children	On didn't 10 ff a balden name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manage Calculula Edu	·
1 Total pages Schedule F1: Sch: 2/53 Rpt: 62/113	2 FILER NAME North Shore Republican Women  3 Filer ID (Ethics Commission Filers) 00054577
4 Date	5 Payee name
01/25/2024	Amore Seafood
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	14860 Hwy 105 West
Expenditure from corporate funds	Montgomery, TX 77356
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift Basket Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Gift Basket for Robert Walker
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/06/2024	Aspen Designs
Amount (\$)	Payee address; City; State; Zip Code
\$148.65	P.O.Box 3037
Ψ1-10.00	1.0.500.0001
Expenditure from corporate funds	Annapolis, MD 21403
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Purchase merchandise Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Purchase merchandise for Gift Table
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/11/2024	Aspen Designs
Amount (\$)	Payee address; City; State; Zip Code
\$328.79	P.O.Box 3037
Ψ320.19	F.O.DOX 3037
Expenditure from corporate funds	Annapolis, MD 21403
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Inventory for Gift Table Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Inventory for Gift Table
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 3/53 Rpt: 63/113	North Shore Republican Women	00054577		
4 Date	5 Payee name	·		
05/15/2024	Aspen Designs			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$153.12	P.O.Box 3037			
Expenditure from				
corporate funds	Annapolis, MD 21403			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
EXPENDITURE	Merchandise	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
		Merchandise for Gift Table		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/OI	1			
Date	Payee name			
05/31/2024	Baylor University			
Amount (\$)	Payee address; City; State; Zip Code			
\$2,000.00	Baylor One Stop			
— = · · · · 20 · · · firm	One Bear Place #97028			
Expenditure from corporate funds	Waco, TX 76798-7028			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
OF EXPENDITURE	Scholarship	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Scholarship payment		
		<b>301101α(311)ρ μαγιτίστι</b> ς		
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/OI				
Date	Payee name			
01/13/2024	Bentwater Yacht & Country Club			
Amount (\$)	Payee address; City; State; Zip Code			
\$75.00	800 Bentwater Dr.			
Expenditure from corporate funds	Montgomery, TX 77356			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE		Check if Austin, TX, officeholder living expense		
		NSRW Luncheon Speakers Lunch		
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/OI		Office field		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/53 Rpt: 64/113	North Shore Republican Women	00054577
4 Date	5 Payee name	<del></del>
02/06/2024	Bentwater Yacht & Country Club	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$75.00	800 Bentwater Dr.	
Expenditure from corporate funds	Montgomery, TX 77356	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Lanon for opeaker	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
	I — I —	Speaker and 2 guests for January 2024
	meeting	,
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
03/27/2024	Bentwater Yacht & Country Club	
Amount (\$)	Payee address; City; State; Zip Code	
\$75.00	800 Bentwater Dr.	
Evnonditure from		
Expenditure from corporate funds	Montgomery, TX 77356	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Lancin of Speaker	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
	,	Speaker and 2 guests for February 2024
	meeting	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
04/17/2024	Bentwater Yacht & Country Club	
Amount (\$)	Payee address; City; State; Zip Code	
\$394.89	800 Bentwater Dr.	
Expenditure from corporate funds	Montgomery, TX 77356	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Event Expense	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		ncheon Meeting and Special Evening
	Meeting ex	
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	Н	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	$\neg$
Sch: 5/53 Rpt: 65/113	North Shore Republican Women 00054577	
4 Date	5 Payee name	
05/15/2024	Bentwater Yacht & Country Club	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$120.00	800 Bentwater Dr.	
Expenditure from corporate funds	Montgomery, TX 77356	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Lunch for Speaker  Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Lunch for Speaker and 3 guests	
	Edition to Speaker and 5 guests	
• • • • • • • • • • • • • • • • • • • •		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	=
06/12/2024	Bentwater Yacht & Country Club	
Amount (\$)	Payee address; City; State; Zip Code	_
` '		
\$180.00	800 Bentwater Dr.	
Expenditure from		
corporate funds	Montgomery, TX 77356	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Meals for Speaker & Guests  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Meals for Speaker and 2 Guests and Scholarship	
	Recipient and 1 guest	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	=
05/31/2024	Bettencourt, Paul (Sen.)	
		_
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	11451 Katy Freeway	
Evponditure from	Suite 209	
Expenditure from corporate funds	Houston, TX 77079	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Campaign Contribution  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	<del>1</del>	
		_

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/53 Rpt: 66/113	North Shore Republican Women	00054577
4 Date	5 Payee name	•
05/31/2024	Blacklock, Jimmy	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	P. O. Drawer 12248	
Expenditure from corporate funds	Austin, TX 78711	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Campaign Contribution	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
Data		
Date 05/31/2024	Pland Jane (Judge)	
	Bland, Jane (Judge)	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	P. O. Drawer 12248	
Expenditure from		
corporate funds	Austin, TX 78711	
PURPOSE OF	I continued in the tip of the continued in	Description
EXPENDITURE	Campaign Donation	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	L	Campaign Donation
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	H	
Date	Payee name	
03/06/2024	Braun's Engraving	
Amount (\$)	Payee address; City; State; Zip Code	
\$37.50	810 West David Street	
Expenditure from corporate funds	Conroe, TX 77301	
PURPOSE		Description
OF	Name Tags made	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Name Tags made
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
5		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/53 Rpt: 67/113	North Shore Republican Women 00054577
4 Date	5 Payee name
03/06/2024	Braun's Engraving
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$112.50	810 West David Street
Expenditure from corporate funds	Conroe, TX 77301
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Nametags made Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Nametags made
	Nametays made
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
03/11/2024	Braun's Engraving
Amount (\$)	Payee address; City; State; Zip Code
\$12.50	810 West David Street
Expenditure from corporate funds	Conroe, TX 77301
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Nametag  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Purchase Nametags
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/15/2024	Braun's Engraving
Amount (\$)	Payee address; City; State; Zip Code
\$37.50	810 West David Street
φ37.50	oto West David Street
Expenditure from	
corporate funds	Conroe, TX 77301
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Name Tags Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Engraving Name Tags
Occupations Children	Ora didata (Office hadra grants
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2	

### SCHEDULE F1

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

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

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

Credit Card F dyment	The Instruction Guide explains how to con	aplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/53 Rpt: 68/113	North Shore Republican Women	00054577
4 Date	5 Payee name	
05/15/2024	Braun's Engraving	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$75.00	810 West David Street	
Expenditure from		
corporate funds	Conroe, TX 77301	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Engraving	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Engraving Name Tags
		3 4 3 4 4 4 4
9 Complete ONLY if direct	Candidate/Officeholder name Office souc	ht Office held
expenditure to benefit C/O		
Date	Payee name	
06/12/2024	Braun's Engraving	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$25.00	810 West David Street	
Expenditure from corporate funds	Conroe, TX 77301	
PURPOSE OF	6 ) (cor omeganic monet in the comments)	(b) Description
EXPENDITURE	Name Tag	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Name Tags for Members
		-
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	1	
Date	Payee name	
03/21/2024	Brave Books	
Amount (\$)	Payee address; City; State; Zip Cod	de
\$1,000.00	1801 White Oak Terrace	
	Suite A	
Expenditure from corporate funds	Conroe, TX 77304	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Donation	Check if travel outside of Texas. Complete Schedule T.
LAFLINDITONE		Check if Austin, TX, officeholder living expense
		Donation to Brave Books
Complete ONLY if direct	Candidate/Officeholder name Office sour	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/53 Rpt: 69/113	North Shore Republican Women 00054577
4 Date	5 Payee name
05/31/2024	Cash, Philip
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,500.00	P.O. Box 2099
Expenditure from corporate funds	Willis, TX 77378
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Campaign Donation Check if travel outside of Texas. Complete Schedule T.
	Campaign Donation
	Campaigh Donation
O Commission ONLY if discost	Constitute / Office helder mores Office accords
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
05/31/2024	Chambers, Kent
Amount (\$)	Payee address; City; State; Zip Code
\$3,500.00	502 West Montgomery
	Suite 551
Expenditure from corporate funds	Willis, TX 77378
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Campaign Contribution  Campaign Contribution  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
06/05/2024	Children's Safe Harbor
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	1519 Odd Fellow Street
******	
Expenditure from	Conroo TV 77201
corporate funds	Conroe, TX 77301
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Memorial  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Memorial Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Memorial in Memory of Member
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
04/03/2024	Chocolate Passion
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$64.95	1520 North Frazier Street
Expenditure from corporate funds	Conroe, TX 77301
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Gift Basket  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Gift Basket
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/10/2024	Comptroller of Public Accounts
Amount (\$)	Payee address; City; State; Zip Code
\$236.82	P.O. Box 149355
Ψ200.02	1.0. 56% 140000
Expenditure from corporate funds	Austin, TX 78714
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	2023 Sales Taxes Paid Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Sales Taxes Paid to Comptroller for 2023
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/15/2024	Costco Wholesale
Amount (\$)	Payee address; City; State; Zip Code
\$551.15	8185 State HWY 242
7002.20	
Expenditure from corporate funds	The Woodlands, TX 77385
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Diapers Etc. Check if travel outside of Texas. Complete Schedule T.
D. LIBITORE	Check if Austin, TX, officeholder living expense
	Donation of Diapers and wipes to Pregnancy Centers  Montgomery County
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	Credit Card Payment  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 11/53 Rpt:	North Shore Republican Women	00054577		
4 Date	5 Payee name			
05/31/2024	Craddick, Chrisi			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$500.00	P.O. Drawer 12967			
Expenditure from corporate funds	Austin, TX 78711			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription		
OF EXPENDITURE	Campaign Contribution	Check if travel outside of Texas. Complete Schedule T.		
	,	Check if Austin, TX, officeholder living expense  npaign Contribution		
	Can	npaign continuation		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/Ol		Office field		
Data				
Date	Payee name			
03/25/2024	Creative Memories			
Amount (\$)	Payee address; City; State; Zip Code			
\$270.73	1100 Sterns Drive			
Expenditure from				
corporate funds	Sauk Rapids, MN 56379			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription		
OF EXPENDITURE	Supplies for Historian	Check if travel outside of Texas. Complete Schedule T.		
	I	Check if Austin, TX, officeholder living expense oplies for Historian		
	Sup	pplies for Flistoriali		
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/O	•	omoc noid		
Date	Davis same			
05/31/2024	Payee name Devine, John			
	·			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	P. O. Drawer 12248			
Expenditure from				
corporate funds	Austin, TX 78711			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc			
OF EXPENDITURE	Campaign Contribution	Check if travel outside of Texas. Complete Schedule T.		
	I	Check if Austin, TX, officeholder living expense Mpaign Contribution		
		npagn contibution		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/O		Office field		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Credit Card F dyment	The Instruction Guide explains how to co	omplete this form	n.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 12/53 Rpt:	North Shore Republican Women		00054577	
4 Date	5 Payee name			
06/12/2024	Dollar General			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$39.51	147 Ridge Lake Lane			
Expenditure from corporate funds	Montgomery, TX 77356			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descriptio	on	
OF	Supplies for Donations		travel outside of Texas. Com	plete Schedule T.
EXPENDITURE			Austin, TX, officeholder living	
		Clothing	donated to Battere	d Women's Shelter
O Commission ONLY if allowed	Oscalidate/Office hadden as a second		Off: I-	-1.1
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ugnt	Office he	eia
·				
Date	Payee name			
06/17/2024	Dollar General			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$95.80	13232 Cedar Hill Drive			
Expenditure from				
corporate funds	Montgomery, TX 77356			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descriptio	on	
OF EXPENDITURE	Items for Donation		travel outside of Texas. Com Austin, TX, officeholder living	
				er Women's Shelter
Complete ONLY if direct	Candidate/Officeholder name Office soi	<u>l</u> ught	Office he	eld
expenditure to benefit C/O		. 3		
Date	Payee name			
05/31/2024	Doolittle, Wesley			
Amount (\$)	Payee address; City; State; Zip Ci	nde		
\$500.00	6606 FM 1488	ouc		
Ψ000.00	Suite 148-638			
Expenditure from	Magnolia, TX 77354-2544			
corporate funds	-	Tax		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descriptio	on travel outside of Texas. Com	inlete Schedule T
EXPENDITURE	Campaign Contribution		Austin, TX, officeholder living	
		Campaig	n Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office he	eld
expenditure to benefit C/O	1			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/53 Rpt:	North Shore Republican Women	00054577
4 Date	5 Payee name	•
05/31/2024	Finley, Lee	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	1818 Waterford Lane	
Expenditure from corporate funds	Richardson, TX 75082	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	) Description
OF EXPENDITURE	Campaign Contribution	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
<u> </u>		
Date	Payee name	
05/31/2024	Gilbert, Tracy	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,000.00	301 North Main Stree	
Expenditure from	Suite 217	
corporate funds	Conroe, TX 77301	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	) Description
OF EXPENDITURE	Campaign Contribution	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Contribution
		Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		Cinice field
Data		
Date 01/13/2024	Payee name	
	Google Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$63.74	1600 Amphitheatre Parkway	
Expenditure from		
corporate funds	Mountain View, CA 94043	
PURPOSE OF	,	Description
EXPENDITURE	Google Workspace	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Google email addresses for officers
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
02/14/2024	Google Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$55.28	1600 Amphitheatre Parkway
Expenditure from	
corporate funds	Mountain View, CA 94043
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Google Workspace Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Media Google email addresses for officers
	modia coogio cinali addi occosi (ci cinecio
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/16/2024	Google Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$51.17	1600 Amphitheatre Parkway
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Communications Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Google Workspace email addresses for officers
	Google Workspace email addresses for officers
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/16/2024	Google Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$55.12	1600 Amphitheatre Parkway
·	
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Media Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Google Workspace email address for officers
	Google workspace email address for officers
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee L	egal Services  The Instruction Guide 6	Salaries/V	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 15/53 Rpt:		Republican Wome	n				00054577	
4 Date	5 Payee name							
06/12/2024	Google Inc.							
6 Amount (\$)	7 Payee address	s; City;	State; Zip Co	ode				
\$69.08	1600 Amphit	heatre Parkway						
Expenditure from corporate funds	Mountain Vie	ew, CA 94043						
8 PURPOSE OF	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description			
EXPENDITURE	Media				<b>=</b>		de of Texas. Com	
					<b>—</b>		officeholder living	
					Officers	jie	workspace	email addresses for
9 Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ıght			Office he	eld
expenditure to benefit C/OI	1							
Date	Payee name				<u> </u>			
05/30/2024	Google Inc.							
Amount (\$)	Payee address	s; City;	State; Zip Co	ode				
\$79.08	1600 Amphit	heatre Parkway						
		•						
Expenditure from corporate funds	Mountain Vie	ew, CA 94043						
PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description			
OF EXPENDITURE	Media				<b>=</b>		de of Texas. Com	
					<b>—</b>		officeholder living	
					officers	e v	vorkspace e	mail addresses for
Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ıaht			Office he	ald
expenditure to benefit C/OI		enoluei name	Office 300	igiit			Office file	aiu
Date	Dayes name							
05/31/2024	Payee name Grant, Phil							
Amount (\$)	Payee address		State; Zip Co	ode				
\$3,500.00	303 Tangle E	Birch Court						
Expenditure from								
corporate funds	Montgomery	, TX 77316						
PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description			
OF EXPENDITURE	Campaign C	ontribution					de of Texas. Com	
					ш		officeholder living	j expense
					Campaign Co	ווווועווע	ามนแบบ	
Complete CNII V if direct	Candidata/Offic	oholder name	Office	labt			Office b	ald.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic	епошен патте	Office sou	ıgrıt			Office he	tiu

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	1
	Sch: 16/53 Rpt:		North Shore	Republican Wo	omen					00054577		
4	Date	5	Payee name									
	05/31/2024		Griffin, B.D.									
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	ode					
	\$2,000.00		P.O. Box 13		,							
	Expenditure from corporate funds		Conroe, TX	77305								
8	PURPOSE OF	(a)	Category (Se	ee Categories listed at t	he top of this sch	edule)	(b)	Description				
	EXPENDITURE		Campaign (	Contribution				<b>=</b>		de of Texas. Com officeholder living	plete Schedule T.	
								Campaign Co			y expense	
								- apaigii 00				
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	laht			Office he	eld	
Ĺ	expenditure to benefit C/Oh			- Tanica			-911L			Onice III		
	Date		Payee name									
	05/29/2024		Harland Cla	rke Corp								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$39.72		15955 LaCa	antera Parkway								
	Expenditure from corporate funds		San Antonio	o, TX 78256								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Check Orde	r				ш			plete Schedule T.	
								Checks Orde		officeholder living	g expense	
								CHECKS OIDE	ı <del>c</del> u	ı		
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	laht Iaht			Office he	əld	
	expenditure to benefit C/O		Januluale/OIII	ocholaci nallic		21110E 30U	agrit			Onice III	Jiu	
_	<u> </u>											_
	Date		Payee name		. A o o t == = :	. 0 - : . :						
	03/06/2024			nservatives of I								
	Amount (\$)		Payee addres		State;	Zip Co	ode					
	\$1,000.00		1308 S. 7th	St.								
	Expenditure from corporate funds		Conroe, TX	77301								
F		(=)					/l->	D				
	PURPOSE OF	(a)		ee Categories listed at t	he top of this sch	edule)	(a)	Description  Check if travel of	outsi	de of Texas Com	plete Schedule T.	
	EXPENDITURE		Help in Rec	เนเนาช						officeholder living		
								Recruiting His				
								-				
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ıght			Office he	eld	_
	expenditure to benefit C/OF	Н					-					

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Sch: 17/53 Rpt:	North Shore Republican Women	00054577
4 Date	5 Payee name	•
03/28/2024	Hobby Lobby	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$137.88	1217 N. Loop 336 West	
Expenditure from corporate funds	Conroe, TX 77301	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Art for Mental Health Treatment Court	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Art for Mental Health Treatment Court
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/O		
Date	Payes name	
02/09/2024	Payee name Intuit QuickBooks	
	•	-4-
Amount (\$)	Payee address; City; State; Zip Ci	ode
\$95.00	2800 E. Commerce Center Place	
Expenditure from corporate funds	Tucson, AZ 85706	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
LA LINDITORIL		Check if Austin, TX, officeholder living expense
		Monthly fee for Quckbooks
Complete ONLY if direct	Candidate/Officeholder name Office so	Light Office held
expenditure to benefit C/O		office field
Date	Payee name	
03/25/2024	Intuit QuickBooks	
Amount (\$)	Payee address; City; State; Zip C	ode
\$95.94	2800 E. Commerce Center Place	
Expenditure from		
corporate funds	Tucson, AZ 85706	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Monthly Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Monthly Fees for QuickBooks Online
		s.any i soo to! Quienasono omino
Complete ONLY if direct	Candidate/Officeholder name Office so	Light Office held
expenditure to benefit C/O		Since Hold
		V 1 V2 = 1 2222 1

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
04/16/2024	Intuit QuickBooks
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$95.94	2800 E. Commerce Center Place
Expenditure from corporate funds	Tucson, AZ 85706
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Quickbooks Online Plus  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Monthly Fee Quickbooks Online Plus
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/15/2024	Intuit QuickBooks
Amount (\$)	Payee address; City; State; Zip Code
\$95.94	2800 E. Commerce Center Place
Expenditure from corporate funds	Tucson, AZ 85706
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	QuickBooks Online  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	QuickBooks Online Monthly
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
06/05/2024	Intuit QuickBooks
	-
Amount (\$)	Payee address; City; State; Zip Code
\$95.94	2800 E. Commerce Center Place
Expenditure from	
corporate funds	Tucson, AZ 85706
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EAFENDITUKE	Check if Austin, TX, officeholder living expense
	Fee to take credit cards
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 19/53 Rpt:	North Shore Republican Women 00054577	
4 Date	5 Payee name	
05/31/2024	Johnson, Leanne	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	1085 Pearl Street	
	Suite 330	
Expenditure from corporate funds	Beaumont, TX 77701-3552	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Campaign Contribution Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	_
05/30/2024	Kroger- Montgomery	
Amount (\$)	Payee address; City; State; Zip Code	_
\$11.34	20168 Eva Street	
Expenditure from corporate funds	Montgomery, TX 77356	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Golf Tournament Expenses Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Supplies for Golf Tournament	
	Cappines to Community	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	L Candidate/Officeholder name Office sought Office held H	
Date	Payee name	_
05/31/2024	Ligon, Brett	
Amount (\$)	Payee address; City; State; Zip Code	
\$3,500.00	P.O. Box 805	
+0,000.00	1.10.20%	
Expenditure from corporate funds	Montgomery, TX 77304	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Campaign Contribution Check if travel outside of Texas. Complete Schedule T.	
	Campaign Contribution	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/Ol		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries/V	Vages	/Contract Labor		OTHER (enter a	strict category not listed above)	
4 Tatal manua Cabadula E4.	<b>10</b> EII ED MANE		cxpiano non to oc		1	_	Ell ID	(Fabine Commission Files	
1 Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers	,)
Sch: 20/53 Rpt:	North Shore	Republican Wom	en				00054577		
4 Date	5 Payee name								
01/25/2024	Mailchimp								
6 Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	ode					
\$13.86	1	Science Group	, ,						
,		de Leon Ave. NE,	Suite 5000						
Expenditure from			Suite 3000						
corporate funds	Atlanta, GA	30308							
8 PURPOSE	(a) Category (Se	ee Categories listed at the to	op of this schedule)	(b)	Description				
OF EXPENDITURE	Media - Mo	nthly emails sent						plete Schedule T.	
					Media - Mont		officeholder living		
					Wedia - Worth	лпу	emans sem		
				<u> </u>					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ceholder name	Office sou	ıght			Office h	eld	
oxponditure to senent ere									
Date	Payee name								
04/16/2024	Mailchimp								
Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode					
\$13.86	c/o The Roo	ket Science Group	0						
		de Leon Avenue N							
Expenditure from	Atlanta, GA		, ,, ,,						
corporate funds	· ·								
PURPOSE OF		ee Categories listed at the to	op of this schedule)	(b)	Description		d4.T O	undanta Calcaduda T	
EXPENDITURE	Communica	ations			_		de of Texas. Com officeholder living	plete Schedule T.	
					Monthly Emai		, omeendaer nam	у ехрепос	
						0			
Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	laht			Office h	ald	
expenditure to benefit C/O		ceriolaer mame	Office 30t	igiit			Office fi	Ciu	
									_
Date	Payee name								
04/16/2024	Mailchimp								
Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode					
\$13.86	c/o The Roo	ket Science Grou	ρ						
	975 Ponce	de Leon Avenue N	IE, #5000						
Expenditure from corporate funds	Atlanta, GA	30308							
PURPOSE	( ) -			(h)	Description				
OF	Media	ee Categories listed at the to	op of this schedule)	(5)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
EXPENDITURE	Iviedia						officeholder living	•	
					Monthly Emai	ils			
Complete ONLY if direct	Candidate/Offi	ceholder name	Office sou	ıght			Office h	eld	
expenditure to benefit C/O				-					

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

nent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wag  The Instruction Guide explains how to comp	es/Contract Labor OTHER (enter a category not listed above)  lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 21/53 Rpt:	North Shore Republican Women	00054577
4 Date	5 Payee name	
05/15/2024	Mailchimp	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$13.86	c/o The Rocket Science Group	
	975 Ponce de Leon Avenue NE, #5000	
Expenditure from corporate funds	Atlanta, GA 30308	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description
OF EXPENDITURE	Media Monthly Emails	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Media Monthly Emails
		Weda World by Emails
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI	1	
Date	Payee name	
06/12/2024	Mailchimp	
Amount (\$)	Payee address; City; State; Zip Code	
\$13.86	c/o The Rocket Science Group	
	975 Ponce de Leon Avenue NE, #5000	
Expenditure from corporate funds	Atlanta, GA 30308	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description
OF EXPENDITURE	Media	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Media - Monthly Emails
		Weda Worlding Emails
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI	1	
Date	Payee name	
04/25/2024	Marc Fowler CPA	
Amount (\$)	Payee address; City; State; Zip Code	
\$725.00	414 West Philips Street	
	Suite 100	
Expenditure from corporate funds	Conroe, TX 77301	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description
OF EXPENDITURE	CPA Fee	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Preparation of Form 990-EZ for 2023
		i reparation of Form 990-EZ for 2023
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI	1	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 22/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
05/31/2024	McRae, Tammy
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,500.00	10 Capshaw Court
Expenditure from corporate funds	Conroe, TX 77385-3477
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Campaign Contribution
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Campaign Contribution
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/31/2024	Metcalf, Will
Amount (\$)	Payee address; City; State; Zip Code
\$3,500.00	P.O. Box 454
Expenditure from corporate funds	Conroe, TX 77301
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Campaign Contribution Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Campaign Contribution
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/12/2024	NFRW
Amount (\$)	Payee address; City; State; Zip Code
\$80.00	124 N. Alfred St.
Expenditure from corporate funds	Alexandria, VA 22314
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Donations to NFRW funds  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Donations to NFRW
	Donations to William
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Takal manage Cabadala Edu	·
1 Total pages Schedule F1:	
Sch: 23/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
03/30/2024	Office Depot
	·
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$73.47	1319 W. Davis St.
Expenditure from corporate funds	Conroe, TX 77304
	1
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Supplies for 2024 Membership Check if travel outside of Texas. Complete Schedule T.
	Directory Check if Austin, TX, officeholder living expense
	Office Supplies for 2024 Membership Directory
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/O	
Date	Payee name
05/15/2024	Office Depot
	·
Amount (\$)	Payee address; City; State; Zip Code
\$104.99	1319 W. Davis St.
Expenditure from corporate funds	Conroe, TX 77304
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Office Supplies for Gift Table
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Data	
Date	Payee name
05/30/2024	Office Depot
Amount (\$)	Payee address; City; State; Zip Code
\$33.55	1319 W. Davis St.
,,,,,,	
Expenditure from	
corporate funds	Conroe, TX 77304
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Cardboard Check
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Large Cardboard check to present to Scholarship
	recipient.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>o</b>
•	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 24/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
01/28/2024	Olive Pop Co.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$348.00	19 Abbey Road
Expenditure from	
corporate funds	Huntsville, TX 77340
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate Forum 2024
	Garialidato i Gialli 202 i
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/31/2024	Parker, Gina
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	5015 Fort Avenue
Expenditure from corporate funds	Waco, TX 76710
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Campaign Donation Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Donation
	Campaign Donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/29/2024	Public Storage
Amount (\$)	Payee address; City; State; Zip Code
\$880.00	22394 W. FM1097
Ψ000.00	22004 W.1 MI301
Expenditure from corporate funds	Montgomery, TX 77356
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Storage Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Payment for Storage Fees Feb - June 2024
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

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

Fees Co
Food/Beverage Expense P
Gitt/Awards/Memorials Expense P
Lenal Services P

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 25/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
06/25/2024	Public Storage
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$957.00	22394 W. FM1097
- Evpanditura from	
Expenditure from corporate funds	Montgomery, TX 77356
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Rental for Storage Unit  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Rental for Storage Unit
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	'
Date	Payee name
03/11/2024	Republican Market
Amount (\$)	Payee address; City; State; Zip Code
\$473.00	22 Eleven Oaks Circle
Funanditura from	
Expenditure from corporate funds	Eustis, FL 32726
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Inventory for Gift Table Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Inventory for Gift Table
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/25/2024	Robin, Jennifer
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	410th District Court
Ψ <u>2,</u> 000.00	301 N. Main, Suite 210
Expenditure from	Conroe, TX 77301
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Campaign Contribution  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Campaign Contribution  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del></del>

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Sal The Instruction Guide explains how	aries/Wages/Contract Labor OTHER (enter a category not listed above)  to complete this form.
1 Total pages Schedule F1: Sch: 26/53 Rpt:	FILER NAME     North Shore Republican Women	3 Filer ID (Ethics Commission Filers) 00054577
4 Date 05/30/2024	5 Payee name Sacred Heart Catholic Church	'
6 Amount (\$) \$100.00	7 Payee address; City; State; Zi 704 Old Montgomery Road	p Code
Expenditure from corporate funds	Conroe, TX 77301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Event Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Booth for Voter Registration 77301
Complete ONLY if direct expenditure to benefit C/OI		e sought Office held
Date 01/29/2024	Payee name Sam's Club	
Amount (\$) \$27.46	Payee address; City; State; Zi 2000 Westview Boulevard	p Code
Expenditure from corporate funds	Conroe, TX 77304-3561	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Event Expense	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Cookies
Complete ONLY if direct expenditure to benefit C/O		e sought Office held
Date 05/31/2024	Payee name Santini, Vince	
Amount (\$) \$3,500.00  Expenditure from corporate funds	Payee address; City; State; Zi 301 North Main Street Suite 140-422 Conroe, TX 77304	p Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Campaign Contribution	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Contribution
Complete ONLY if direct expenditure to benefit C/O		e sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 27/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
06/29/2024	Schenck, David
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	1717 Main Street
Expenditure from	Suite 4200
corporate funds	Dallas, TX 75201
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Campaign Donation Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Campaign Donation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
01/03/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.46	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fees for Credit Card usage
	1 cos for Great Gara asage
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/04/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$6.97	1455 Market St.
Expenditure from	Suite 600
corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fees for Credit Card Usage
	1 000 for Great Gard Godge
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Great Sara r ayment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 28/53 Rpt:	2 FILER NAME North Shore Republican Women 3 Filer ID (Ethics Commission Filers) 00054577
4 Date	5 Payee name
01/05/2024	Square Up, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.50	1455 Market St.
— Foresedit ve from	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fee to use Credit Cards
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
· 	
Date	Payee name
01/08/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$19.14	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fee to use Credit Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	Davis ware
Date 01/10/2024	Payee name Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$7.01	1455 Market St.
Expenditure from	Suite 600
corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LA LABITORL	Check if Austin, TX, officeholder living expense
	Fee to use Credit Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations N Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 29/53 Rpt:	North Shore Republican Women 00054577
-	·
4 Date	5 Payee name
01/15/2024	Square Up, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.91	1455 Market St.
Expenditure from	Suite 600
corporate funds	San Francisco, CA 94103
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fee to use Credit Cards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialture to beliefit C/O	
Date	Payee name
01/17/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$0.88	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
PURPOSE	_
OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fee to use Credit Cards
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
01/18/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.28	1455 Market St.
¥2.20	Suite 600
Expenditure from	
corporate funds	San Francisco, CA 94103
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fee to use Credit Cards
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	н

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/Politica Credit Card Payment		es/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 30/53 Rpt:	North Shore Republican Women	00054577
4 Date	5 Payee name	
01/19/2024	Square Up, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$5.93	1455 Market St.	
— Foregoedituus fores	Suite 600	
Expenditure from corporate funds	San Francisco, CA 94103	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fees to use Credit Cards
		rees to use credit cards
9 Complete ONLY if direct	Candidate/Officeholder name Office	Sought Office held
expenditure to benefit C/O	Н	
Date	Payee name	
01/20/2024	Square Up, Inc.	
Amount (\$)	Payee address; City; State; Zip	Code
\$1.46	1455 Market St.	
	Suite 600	
Expenditure from corporate funds	San Francisco, CA 94103	
	[ (a) a .	(6) 2
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees	Check if days of Texas. Complete Schedule 1.
		Fees to use Credit Cards
Complete ONLY if direct	Candidate/Officeholder name Office	Sought Office held
expenditure to benefit C/O	H	
Date	Payee name	
01/22/2024	Square Up, Inc.	
Amount (\$)	Payee address; City; State; Zip	Code
\$1.46	1455 Market St.	
	Suite 600	
Expenditure from corporate funds	San Francisco, CA 94103	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EVDENDITUDE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fees to use Credit Cards
Operation Children	Openhidate (Office helder	015
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office H	Sought Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	The Instruction Guide explains how to co	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 31/53 Rpt:	North Shore Republican Women	00054577
4 Date	5 Payee name	
01/24/2024	Square Up, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$1.17	1455 Market St.	
	Suite 600	
Expenditure from corporate funds	San Francisco, CA 94103	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fees to use Credit Cards
		1 000 to add ordan oards
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/OI		Jiit Office Held
Data		
Date	Payee name	
01/25/2024	Square Up, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$5.99	1455 Market St.	
Evponditure from	Suite 600	
Expenditure from corporate funds	San Francisco, CA 94103	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Fees to use Credit Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
experientary to benefit ever		
Date	Payee name	
01/25/2024	Square Up, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$0.88	1455 Market St.	
	Suite 600	
Expenditure from corporate funds	San Francisco, CA 94103	
PURPOSE		(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fees to use Credit Cards
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 32/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
01/28/2024	Square Up, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.04	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fees to use Credit Cards
	r cos to ase orealt ouras
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
01/29/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.91	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fees to use Credit Cards
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/30/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$9.76	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fees to use Credit Cards
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 33/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
02/01/2024	Square Up, Inc.
6 Amount (\$) \$3.51	7 Payee address; City; State; Zip Code 1455 Market St.
Ψ5.51	
Expenditure from	Suite 600
corporate funds	San Francisco, CA 94103
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fees to use Credit Cards
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/04/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.46	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fees to use Credit Cards
	1 cos to uso creat curus
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/05/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.17	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fees to use Credit Cards
	rees to use Cieuit Catus
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 34/53 Rpt:	2 FILER NAME North Shore Republican Women 3 Filer ID (Ethics Commission Filers) 00054577
4 Date 02/06/2024 6 Amount (\$) \$3.21	<ul> <li>5 Payee name     Square Up, Inc.</li> <li>7 Payee address; City; State; Zip Code     1455 Market St.     Suite 600</li> </ul>
Expenditure from corporate funds	San Francisco, CA 94103
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fees to use Credit Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date 02/06/2024	Payee name Square Up, Inc.
Amount (\$) \$11.71  Expenditure from corporate funds	Payee address; City; State; Zip Code  1455 Market St.  Suite 600  San Francisco, CA 94103
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fees to use Credit Cards
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 02/09/2024	Payee name Square Up, Inc.
Amount (\$) \$7.43  Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fees to use Credit Cards
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 35/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
02/15/2024	Square Up, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.36	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fees to use Credit Cards
	rees to use credit cards
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
02/19/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.46	1455 Market St.
— Formandikum forma	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fees to use Credit Cards
	rees to use credit cards
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/21/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.19	1455 Market St.
Expenditure from	Suite 600
corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fees to use Credit Cards
	i ces to use cieut Carus
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

19 Expense Event Expense Loan Repayment/Reimbu

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 36/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
02/22/2024	Square Up, Inc.
6 Amount (\$) \$13.65	7 Payee address; City; State; Zip Code 1455 Market St.
Ψ13.03	
Expenditure from	Suite 600
corporate funds	San Francisco, CA 94103
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Fees to use Credit Cards
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/23/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$0.88	1455 Market St.
Ψ0.00	
Expenditure from	Suite 600
corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Fees to use Credit Cards
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/23/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.90	1455 Market St.
Ψ1.30	
Expenditure from	Suite 600
corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fees to use Credit Cards
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Travel in Dis Travel Out of	
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1: Sch: 37/53 Rpt:		E Republican Women			3 Filer ID 0005457	(Ethics Commission Filers) 7
4 Date	5 Payee name					
03/13/2024	Square Up					
6 Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	de		
\$2.91	1455 Marke	et St.				
Expenditure from	Suite 600					
corporate funds	San Franci	sco, CA 94103				
8 PURPOSE OF	1	ee Categories listed at the top of t	this schedule)	(b) Description		Name alasta Calacadoda T
EXPENDITURE	Fees				outside of Texas. C n, TX, officeholder li	Complete Schedule T. ving expense
				Fees to use		3 - 1
Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ght	Office	held
Date	Payee name					
03/06/2024	Square Up	Inc.				
Amount (\$)	Payee addre	ss; City;	State; Zip Co	de		
\$10.85	1455 Marke	•	, ,			
¥=3.00	Suite 600					
Expenditure from		CO. CA 04102				
corporate funds		sco, CA 94103				
PURPOSE OF	1	ee Categories listed at the top of t	this schedule)	(b) Description	outside of Toyas (	Complete Schedule T.
EXPENDITURE	Fees			<b>=</b>	n, TX, officeholder li	
				Fees to use	Credit Cards	
Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ght	Office	held
Date	Payee name					
03/08/2024	Square Up					
Amount (\$)	Payee addre	ss; City;	State; Zip Co	de		
\$1.46	1455 Marke					
	Suite 600					
Expenditure from corporate funds		sco, CA 94103				
PURPOSE	(-) -			(b) Description		
OF	Fees	ee Categories listed at the top of t	tnis schedule)		outside of Texas. C	Complete Schedule T.
EXPENDITURE				Check if Austin	n, TX, officeholder li	ving expense
				Fees to use (	Credit Cards	
Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sou	ght	Office	held
Forms provided by Tayas F	thice Commiss	on www.oth	nice state ty u	<u> </u>		Version V2 5 1 0000c47

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 38/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
03/21/2024	Square Up, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.62	1455 Market St.
Expenditure from	Suite 600
corporate funds	San Francisco, CA 94103
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fees to use Credit Cards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/21/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$5.63	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
•	_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
	Fees to use Credit Cards
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/26/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.33	1455 Market St.
Expenditure from	Suite 600
corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fees to use Credit Cards
0 1 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
and an arrange to portone of o	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gitt/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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	- · · · ( · · · · · · · · · · · · · · ·	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
Sch: 39/53 Rpt:	North Shore Republican Women		00054577	
4 Date	5 Payee name		•	
04/03/2024	Square Up, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$16.34	1455 Market St.			
	Suite 600			
Expenditure from corporate funds	San Francisco, CA 94103			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		outside of Texas. Complete Sch	
		Fee to use C	n, TX, officeholder living expense	
		ree to use C	ieuit Caius	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held	
expenditure to benefit C/Ol		ugnt	Office field	
Date	Payee name			
04/24/2024	Square Up, Inc.			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$14.80	1455 Market St.	oue		
Ψ14.00	Suite 600			
Expenditure from				
corporate funds	San Francisco, CA 94103	T.,		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	outside of Texas. Complete Sch	andula T
EXPENDITURE	Fees	l —	n, TX, officeholder living expense	
		Fee to use C	redit Cards	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held	
expenditure to benefit C/O	4			
Date	Payee name			
04/27/2024	Square Up, Inc.			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$1.14	1455 Market St.			
	Suite 600			
Expenditure from corporate funds	San Francisco, CA 94103			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		outside of Texas. Complete Sch	nedule T.
EXPENDITURE		_ <del>_</del>	n, TX, officeholder living expense	2
		Fee to use C	realt Caras	
Complete CAU V if direct	Condidate/Officeholder name	ught	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ugrit	Office held	
·				

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 40/53 Rpt:	North Shore Republican Women 00054577
•	·
4 Date	5 Payee name
05/01/2024	Square Up, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.65	1455 Market St.
- Evnanditura from	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fee to use Credit Cards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiorations to benefit C/O	•
Date	Payee name
05/02/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$7.55	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
PURPOSE	Ţ
OF OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fee to use Credit Cards
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
05/03/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$29.60	1455 Market St.
,	Suite 600
Expenditure from	San Francisco, CA 94103
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fee to use Credit Cards
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politice Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 41/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
05/06/2024	Square Up, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$67.61	1455 Market St.
Expenditure from	Suite 600
corporate funds	San Francisco, CA 94103
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fee to use Credit Cards
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 05/09/2024	Payee name
	Square Up, Inc.
Amount (\$) \$4.65	Payee address; City; State; Zip Code  1455 Market St.
Φ4.05	Suite 600
Expenditure from	San Francisco, CA 94103
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fee to use Credit Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
05/14/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$14.80	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fee to use Credit Cards
	The to use oreal salas
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 42/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
05/15/2024	Square Up, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.10	1455 Market St.
- "	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fee to use Credit Cards
	r ce to use orealt outus
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del></del>
Date	Payee name
05/22/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$29.30	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
PURPOSE	(b) p
OF	(a) Category (See Categories listed at the top of this schedule)  Fees  CD Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fee to use Credit Cards
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
06/05/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$5.52	1455 Market St.
_	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LA LABITORL	Check if Austin, TX, officeholder living expense
	Fee to use Credit Cards
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 43/53 Rpt:	North Shore Republican Women	00054577
4	Date	5 Payee name	
	06/10/2024	Square Up, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.55	1455 Market St.	
_	■ Expenditure from	Suite 600	
L	corporate funds	San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if trave	l outside of Texas. Complete Schedule T.
		Fee to use 0	in, TX, officeholder living expense
		1 00 10 450	Steak Gards
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
•	expenditure to benefit C/OI		Cine neid
	Date	Davida martia	
	06/12/2024	Payee name Square Up, Inc.	
		1 1'	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$58.30	1455 Market St.	
Г	T Expenditure from	Suite 600	
<u></u>	corporate funds	San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 1 663	l outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Fee to use 0	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	06/18/2024	Square Up, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.80	1455 Market St.	
		Suite 600	
	Expenditure from corporate funds	San Francisco, CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		l outside of Texas. Complete Schedule T.
	EXPENDITURE	,	in, TX, officeholder living expense
		Fee to use C	Credit Cards
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Orange to borion Oron		

### SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 44/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
06/22/2024	Square Up, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7.55	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fee to use Credit Cards
	ree to use credit Cards
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
06/24/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
` *	
\$30.14	1455 Market St.
Expenditure from	Suite 600
corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fee to use Credit Cards
Committee ONLY if direct	Our didn't lotter had a grant of the second to the second
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/09/2024	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$3.07	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAI LINDITORE	Check if Austin, TX, officeholder living expense
	Fee to use Credit Cards
Complete CAU V Station	Constitute / Office helder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
, ,	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

nent Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHEP (page 2 category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 45/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
06/26/2024	Square Up, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$19.45	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fees to Use Credit Cards
O Commission ONLY if alignent	Our distance (Office health annuage)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
03/03/2024	Square Up, Inc.
	·
Amount (\$)	Payee address; City; State; Zip Code
\$0.88	1455 Market St.
Evpanditura from	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fees to use credit cards
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiditure to benefit 6/0	
Date	Payee name
01/22/2024	TFRW PAC
Amount (\$)	Payee address; City; State; Zip Code
\$1,725.00	13740 N. Hwy 183, Ste. J4
Expenditure from corporate funds	Austin, TX 78750
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Dues Check if travel outside of Texas. Complete Schedule T.
LA LIBITORE	Check if Austin, TX, officeholder living expense
	Payment of Membership Dues to TFRW
Operation Children	Our distance (Office health annuary Office annual to the Company of the Company o
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
and a section of O	
1	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to co	-	,
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	•	3 Filer ID (Ethics Commission Filers)
Sch: 46/53 Rpt:	North Shore Republican Women		00054577
4 Date	5 Payee name		
02/21/2024	TFRW PAC		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$1,500.00	13740 N. Hwy 183, Ste. J4		
Expenditure from corporate funds	Austin, TX 78750		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	scription
OF EXPENDITURE	Dues for membership	▎▕▏	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		⊢ ∐ Pa	yment of Membership Dues to TFRW
			уе., оте
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
expenditure to benefit C/OI		gnt	Office field
Date	Payee name		
02/29/2024	TFRW PAC		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$475.00	13740 N. Hwy 183, Ste. J4		
— F			
Expenditure from corporate funds	Austin, TX 78750		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> De	scription
OF	Dues for Membership	Π̈́	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE			Check if Austin, TX, officeholder living expense
		Pa	yment of Membership Dues to TFRW
Complete ONLY if direct	Candidate/Officeholder name Office sour	ght	Office held
expenditure to benefit C/OI	4		
Date	Payee name		
04/30/2024	TFRW PAC		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$350.00	13740 N. Hwy 183, Ste. J4	, ac	
Ψ000.00	10140 W. 1Wy 100, Old. 04		
Expenditure from corporate funds	Austin, TX 78750		
		<i>a</i> > -	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) De	SCription Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Membership Submission	H	Check if days dusing of rexast Complete Scredule 1.  Check if Austin, TX, officeholder living expense
			embership Submission
			·
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht .	Office held
expenditure to benefit C/OI		9110	Since Hold

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 47/53 Rpt:	North Shore Republican Women	00054577
4 Date	5 Payee name	
06/12/2024	TFRW PAC	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е
\$25.00	13740 N. Hwy 183, Ste. J4	
Expenditure from corporate funds	Austin, TX 78750	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Donation to TFRW	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Donation to TFRW to defray meeting costs
		Donation to 11 100 to deliay meeting costs
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		THE Office Held
Date	Payee name	
06/25/2024	TFRW PAC	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$100.00	13740 N. Hwy 183, Ste. J4	
— Forestitus from		
Expenditure from corporate funds	Austin, TX 78750	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Submission #6 to TFRW	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Membership Submission #6 to TFRW for payment of Membership costs
		Membership costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
experioratione to benefit C/OI		
Date	Payee name	
06/12/2024	TFRW State Scholarship Fund	
Amount (\$)	Payee address; City; State; Zip Cod	е
\$50.00	13740 N Highway 183, Ste. J4	
Expenditure from corporate funds	Austin, TX 78750-1832	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Donation to State Scholarship Fund	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Donation to TFRW State Scholarship Fund
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
experience to benefit 6/61		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 48/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
04/03/2024	The UPS Store #4211
6 Amount (\$) \$129.37	7 Payee address; City; State; Zip Code 502 West Montgomery Street
Expenditure from corporate funds	Willis, TX 77378-8827
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Copies Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Copies of USCIS Books for Citizenship Classes
O Compulate ONLY if diseast	Condidate/Office helder no year Office accords
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/30/2024	Total Graphics Management
Amount (\$)	Payee address; City; State; Zip Code
\$1,565.30	15018 Mintz Lane
Expenditure from corporate funds	Houston, TX 77014
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	2024 Membership Directory Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	2024 Membership Directory
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/31/2024	Toth, Steve
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	67 Chestnut Meadow Drive
	Suite 100
Expenditure from corporate funds	Conroe, TX 77384
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Campaign Contribution
	Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 49/53 Rpt:	North Shore Republican Women 00054577
4 Date	5 Payee name
01/25/2024	U S Post Office-Montgomery
6 Amount (\$) \$17.12	7 Payee address; City; State; Zip Code 20821 Eva Street
Ψ11.12	Suite H
Expenditure from	2
corporate funds	Montgomery, TX 77356-9998
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Postage for Certified Mail  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Postage Certified Mail to send Sales Taxes to
	Comptroller
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/09/2024	U S Post Office-Montgomery
Amount (\$)	Payee address; City; State; Zip Code
\$142.00	20821 Eva Street
	Suite H
Expenditure from corporate funds	Montgomery, TX 77356-9998
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Annual Mail Box Fee Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Annual Mail Box Fee
	Airidal Mail Box I ce
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/30/2024	U S Post Office-Montgomery
Amount (\$)	Payee address; City; State; Zip Code
\$27.20	20821 Eva Street
	Suite H
Expenditure from corporate funds	Montgomery, TX 77356-9998
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Supplies for Golf Tournament Check if travel outside of Texas. Complete Schedule T.
	Colf Tournament Expanses
	Golf Tournament Expenses
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

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

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

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)

Credit Card Payment	The Instruction Guide explains how to co	mplete this	form.	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		(Ethics Commission Filers)	
Sch: 50/53 Rpt:	North Shore Republican Women		00054577	
4 Date	5 Payee name		L	
02/14/2024	UPS Store #4211			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$45.24	502 West Montgomery Street			
Expenditure from corporate funds	Willis, TX 77378-8827			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	ription	
OF EXPENDITURE	Event Expense		neck if travel outside of Texas. Comp	
			eck if Austin, TX, officeholder living es of Agenda for meetin	
		Сорі	es of Agenda for meeting	9
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ıaht	Office he	d
expenditure to benefit C/O		· · ·	Since her	-
Date	Payee name			
01/25/2024	Walgreens Montgomery			
Amount (\$)	Payee address; City; State; Zip Co	nde		
\$23.39	18900 Highway 105 W	ouc		
Ψ20.03	10000 Highway 100 W			
Expenditure from corporate funds	Montgomery, TX 77356			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	•	
OF EXPENDITURE	Photo	. —	neck if travel outside of Texas. Comp neck if Austin, TX, officeholder living	
			o - Historian for Book	БАРСПЭС
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>ı                                    </u>	Office he	d
expenditure to benefit C/O	4			
Date	Payee name			
05/30/2024	Walgreens Montgomery			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$15.86	18900 Highway 105 W			
Expenditure from corporate funds	Montgomery, TX 77356			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	ription	
OF EXPENDITURE	Historian Supplies	☐ Ch	neck if travel outside of Texas. Comp	
EXI ENDITORE			neck if Austin, TX, officeholder living	expense
		HISIC	orian Supplies	
Complete ONLY if direct	Candidate/Officeholder name Office sou	l ught	Office he	d
expenditure to benefit C/O		agiit	Onice He	u

#### SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense

Food/Beverage Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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)

Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 51/53 Rpt:	North Shore Republican Women	00054577
4 Date	5 Payee name	•
03/28/2024	Walgreens Willis	
6 Amount (\$)	7 Payee address; City; State; Zip Code	9
\$40.04	9610 FM 1097 West	
Expenditure from corporate funds	Willis, TX 77318	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Easel Panel for Mental Health Treatment	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Court	Easel Panel for Mental Health Treatment Court
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt Office held
Date	Payee name	
05/31/2024	Walker, Robert	
Amount (\$)	Payee address; City; State; Zip Code	9
\$3,500.00	P.O. Box 558	
Expenditure from corporate funds	Pinehurst, TX 77362-0558	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Campaign Contribution	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Contribution
		Campaign Continuation
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt Office held
Date	Payee name	
02/15/2024	Walmart (The Woodlands)	
Amount (\$)	Payee address; City; State; Zip Code	
\$405.00	3040 College Park Dr.	
Expenditure from corporate funds	The Woodlands, TX 77384	

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

**PURPOSE** 

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Donation of Diapers and wipes to Pregnancy Centers

Office held

Check if Austin, TX, officeholder living expense

Montgomery County

(a) Category (See Categories listed at the top of this schedule)

Diapers Etc.

Candidate/Officeholder name

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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)

Credit Card Payment	The Instruction Guide explains how to co	mplete this for	m.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 52/53 Rpt:	North Shore Republican Women		00054577	
4 Date	5 Payee name		<b>I</b>	
01/29/2024	Walmart			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$16.13	18700 Highway 105W			
Expenditure from corporate funds	Montgomery, TX 77356			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti	ion	
OF EXPENDITURE	Event Expense	<u> </u>	if travel outside of Texas. Comp	
		Cups fo	if Austin, TX, officeholder living	expense
		Oups to	a Event	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office he	ld
expenditure to benefit C/Ol		giit	Office fie	ıu
Data				
Date	Payee name Walmart			
03/06/2024				
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$65.00	18700 Highway 105W			
Expenditure from corporate funds	Montgomery, TX 77356			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti	ion	
OF EVENDITURE	Square Reader		if travel outside of Texas. Comp	olete Schedule T.
EXPENDITURE	·		if Austin, TX, officeholder living	
		Square	Reader for Gift Table	9
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office he	ld
Date	Payee name			
03/11/2024	Walmart			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$37.70	18700 Highway 105W			
Evponditure from				
Expenditure from corporate funds	Montgomery, TX 77356			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descripti	ion	
OF EXPENDITURE	Supplies for Gift Table		if travel outside of Texas. Comp	olete Schedule T.
LAFLINDITURE			if Austin, TX, officeholder living	expense
		Supplie	s for Gift Table	
Operation Object "	Operation (Office In 1)			1.4
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	gnt	Office he	la
,				

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 53/53 Rpt:	North Shore Republican Women 00054577
-	·
4 Date	5 Payee name
06/05/2024	Walmart
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$13.60	1407 N. Loop 336W
Expenditure from corporate funds	Conroe, TX 77304
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Postage  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Postage Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Postage for Care Cards
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/16/2024	Weebly, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$76.54	564 Pacific Ave.
Expenditure from corporate funds	San Francisco, CA 94113
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Weehly Pro Wehsite  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Weebly Pro Website  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Website Program 2-year renewal
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/29/2024	Woodforest National Bank
Amount (\$)	Payee address; City; State; Zip Code
\$35.00	550 W. Montgomery St.
Expenditure from corporate funds	Willis, TX 77378
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Stop Payment on Check  Check  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Stop Payment on Check Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Stop Payment on Check
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	