

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 1

| | | | | |
|--|---|---|--|--|
| The SC C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00087768 | 2 Total pages filed: 9 | |
| 3 CANDIDATE NAME | MS / MRS / MR Ms. | FIRST Gwen | MI MI | OFFICE USE ONLY |
| | NICKNAME | LAST Withrow | SUFFIX | |
| 4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 54 Brookgreen Circle N Montgomery, TX 77356 | | | Date Received ELECTRONICALLY FILED 02/04/2024 |
| | | | | Date Hand-delivered or Date Postmarked |
| | | | | Receipt # Amount |
| | | | | Date Processed |
| | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | FIRST Gwen | MI MI | |
| | NICKNAME | LAST Withrow | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 54 Brookgreen Circle North Montgomery, TX 77356 | | | |
| | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (140) | PHONE NUMBER 943-3264 | EXTENSION | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH-FR) | | | |
| | | | | |
| 9 PERIOD COVERED | Month Day Year 01/01/2024 | THROUGH | Month Day Year 01/25/2024 | |
| 10 CONVENTION / ELECTION DATE | Month Day Year 03/05/2024 | 11 OFFICE SOUGHT | <input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR | |
| | | | | |
| 12 POLITICAL PARTY | Republican COUNTY (If Applicable) Montgomery | | | |

GO TO PAGE 2

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT:
SUPPORT & TOTALS**

**FORM SC C/OH
COVER SHEET PG 2**

2 of 9

| | |
|--|---|
| 13 CANDIDATE NAME Withrow, Gwen (Ms.) | 14 Filer ID (Ethics Commission Filers) 00087768 |
|--|---|

| | | | |
|--|--|--------------------------|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures. | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | | |
| | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |

| | | | |
|--------------------------------|---|----|----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 1,973.62 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 2,475.55 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 2,071.31 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 3,336.88 |

17 AFFADAVIT

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

 Ms. Gwen Withrow
 Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - SC C/OH

| | | | |
|--|--|--------------------------------|----------------------------|
| 18 CANDIDATE NAME Withrow, Gwen (Ms.) | | 19 Filer ID 00087768 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 1,973.62 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ | |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 2,475.55 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | 0.01 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/9 |
| 2 FILER NAME Withrow, Gwen (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00087768 |
| 4 Date 01/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambright, Belinda <hr/> 6 Contributor address; City; State; Zip Code Pampa, TX 79066 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 01/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurence, Steve <hr/> Contributor address; City; State; Zip Code Spring, TX 77381 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locetta , Catherine (Ms.) <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) NA |
| Date 01/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lum, Ester <hr/> Contributor address; City; State; Zip Code Spring, TX 77381 | Amount of Contribution (\$) \$33.62 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William <hr/> Contributor address; City; State; Zip Code Montgomer, TX 77316 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) NA |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/9 |
| 2 FILER NAME Withrow, Gwen (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00087768 |
| 4 Date 01/19/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pedraza, Luis <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77301 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 01/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Lisa <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316 | Amount of Contribution (\$) \$475.00 |
| Principal occupation / Job title (See Instructions) Communication | | Employer (See Instructions) |
| Date 01/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Larry <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scruggs, Susan <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) NA |
| Date 01/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tavel, Sherry <hr/> Contributor address; City; State; Zip Code Kingwood, TX 77339 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/9 |
| 2 FILER NAME Withrow, Gwen (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00087768 |
| 4 Date 01/10/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thealer, John <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77381 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 01/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickers, Lauren <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) |
| Date 01/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Herschel <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$90.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) None |
| Date 01/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) winter, Allison <hr/> Contributor address; City; State; Zip Code Spring, TX 77381 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) NA |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 1/2 Rpt: 7/9 | 2 FILER NAME Withrow, Gwen (Ms.) | 3 Filer ID (Ethics Commission Filers) 00087768 |
| 4 Date 01/16/2024 | 5 Payee name CAZ Consulting | |
| 6 Amount (\$) \$828.11 | 7 Payee address; City; State; Zip Code 6255 Miller Way Houston, TX 77057 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense push cards |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/08/2024 | Payee name CAZ Consulting | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 6255 Miller Way Houston, TX 77057 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense web site design |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/09/2024 | Payee name East Montgomery co. RW | |
| Amount (\$) \$25.00 | Payee address; City; State; Zip Code PO Box 292 New Caney, TX 77357 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table for event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|---|-------------|
| 1 Total pages Schedule F1: Sch: 2/2 Rpt: 8/9 | 2 FILER NAME Withrow, Gwen (Ms.) | 3 Filer ID (Ethics Commission Filers) 00087768 | |
| 4 Date 01/19/2024 | 5 Payee name Quik Pics | | |
| 6 Amount (\$) \$622.44 | 7 Payee address; City; State; Zip Code 25329 Budde Road Suite 604 The Woodlands, TX 77380 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push card order | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

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

SCHEDULE K

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/1 Rpt: 9/9 |
| 2 FILER NAME Withrow, Gwen (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00087768 |
| 4 Date 01/22/2024 | 5 Name of person from whom amount is received First Financial Bank | 8 Amount (\$) \$0.01 |
| | 6 Address of person from whom amount is received; City; State; Zip Code Willis, TX 77318 | |
| | 7 Purpose for which amount is received interest on account | <input type="checkbox"/> Check if political contribution returned to filer |