GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00085529		 Total pages file 35 	
3	COMMITTEE NAME					OFFICE U	SE ONI Y
	TriCounty Republic	can Women's Club				Date Received	
						ELECTRONICA	
						02/08/2024	
	COMMITTEE		·	CTATE:	ZIP CODE	02/00/2024	
4	ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CIT	Y;	STATE;	ZIP CODE		
		2404 S Grand Blvd. Ste. 120				Date Hand-delivered or [Date Postmarked
	Change of Address						
		Pearland, TX 77581				Receipt #	Amount
						Date Processed	
						Date i locessed	
						Date Imaged	
						-	
5	CAMPAIGN	MS / MRS / MR FIRST				MI	
	TREASURER NAME	Ms. Andrea P.					
		NICKNAME LAST				SUFFIX	
		Williams					
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE :	#; CITY;	STAT	E; ZIP CODE
	TREASURER STREET	2404 S Grand Blvd. Ste. 120					
	ADDRESS						
	(Residence or Business)	Pearland, TX 77581					
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE	E#; CITY;	STA	TE; ZIP CODE
	TREASURER MAILING	2404 Grand Blvd. Ste. 120					
	ADDRESS						
	Change of Address	Pearland, TX 77581					
-	CAMPAIGN	AREA CODE PHONE NUMBER	= 1	ENSION			
°	TREASURER	(281) 997-2033		ENSION			
	PHONE	(201) 997-2033					
9	REPORT	X January 15)the d	au hoforo alastian		1 Dissolution (Attach	
	TYPE	X January 15 30	un a	ay before election		Dissolution (Attach	
			h da	y before election		10th day after cam	paign treasurer
		July 15	unof	ł			
10	PERIOD	Month Day Year		Мо	nth Day	Year	
1.0	COVERED	-	HRC	UGH	12/31/2023		
		0110112020			12/01/2020	, ,	
11	ELECTION	ELECTION DATE		ELECT	ION TYPE		
			Prima			Other	
			Sene	ral Spe	cial		
					onal		
L							
			0	PAGE 2			
Foi	rms provided by Tex	kas Ethics Commission www.et	hic	s.state.tx.us		Versio	n V3.5.1.9000c47f

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
TriCounty Republican V	Vomen's Club		00085529	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,070.25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	8,412.08
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Ms Andros	a P. Williams	
		Signature of Car		rer
ΑΕΕΙΧ ΝΟΤΑΒΥ	STAMP / SEAL ABOVE			
		, th, witness my hand and seal of office.	nis the	day
01	, 20 <u> </u>	which, whiless my hand and sear of onice.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c47f

FORM GPAC COVER SHEET PG 3

3 of 35

17 COMMIT	TEE NAME	18 Filer ID	(Ethics Commission Filers)
TriCoun	y Republican Women's Club	00085529	
			SUBTOTAL AMOUNT
NAME O	SCHEDULE		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,070.25
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$ 4,319.05
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - GPAC

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/24 Rpt: 4/35
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
TriCounty R	epublican Women's Club		00085529
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/29/2023	Block, Nancy (Ms.)		\$20.00
	6 Contributor address; City; State; Zip Code		
	Kemah, TX 77565		
	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Retired			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
07/11/2023	Bodkins, Pattie (Ms.)		\$25.00
	Contributor address; City; State; Zip Code		
<u> </u>	Pasadena, TX 77502	1 <u>.</u>	<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Realtor			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/08/2023	Bodkins, Pattie (Ms.)		\$20.00
	Contributor address; City; State; Zip Code		
	Decedence TV 77500		
Dringing Loop	Pasadena, TX 77502		<u> </u>
Principal occu Realtor	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/06/2023	Bradley, Jonda (Ms.)		\$50.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77062		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Retired			<i>י</i>
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
08/02/2023	Bradley, Jonda (Ms.)	/	\$20.00
00,02,2020	Contributor address; City; State; Zip Code		+
	Continuutor audress, City, State, Zip Code		
	Houston, TX 77062		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>
Retired	,		,
		<u> </u>	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/24 Rpt: 5/35
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	epublican Women's Club		00085529
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/01/2023	Bradley, Jonda (Ms.)		\$20.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77062		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	
Retired)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/05/2023	Bradley, Jonda (Ms.)		\$20.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77062		
	pation / Job title (See Instructions)	Employer (See Instructions	
Retired			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/14/2023	Bradley, Jonda (Ms.)		\$20.00
	Contributor address; City; State; Zip Code		
	Houston TX 77062		
Drinoinal agou	Houston, TX 77062 pation / Job title (See Instructions)	Employer (See Instructions	
Retired)
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 12/08/2023	Full name of contributor out-of-state PAC (ID#: Bradley, Jonda (Ms.))	41100111 01 Contribution (\$) \$20.00
12/00/2023			\$20.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77062		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Retired			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/28/2023	Bradley, Jonda (Ms.)		\$20.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77062		
	pation / Job title (See Instructions)	Employer (See Instructions	
Retired			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/24 Rpt: 6/35
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	epublican Women's Club		00085529
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/06/2023	Brannan, Liz (Ms.)		\$150.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77062		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)
Architect/De	signer		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/06/2023	Burleigh, Denise (Ms.)		\$50.00
01100/2020			\$00.00
	Contributor address; City; State; Zip Code		
	Decilorid TV 77501		
	Pearland, TX 77581		
	pation / Job title (See Instructions)	Employer (See Instructions)
Insurance B	roker		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/01/2023	Burleigh, Denise (Ms.)		\$15.00
	Contributor address; City; State; Zip Code		
	Pearland, TX 77581		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions)
Insurance B			,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/10/2023	Clark, Sherry (Ms.)		\$20.00
	Contributor address; City; State; Zip Code		
	Alvin, TX 77511		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Nurse			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/08/2023	Cohen, Mindy (Ms.)	/	\$20.00
00/00/2020	Contributor address; City; State; Zip Code		+
	Contributor address, City, State, Zip Code		
	Houston TX 77062		
	Houston, TX 77062	Fundar (O. 1. 1. 1.	
-	pation / Job title (See Instructions)	Employer (See Instructions)
Retired			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/24 Rpt: 7/35
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	epublican Women's Club		00085529
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/06/2023	Cohen, Mindy (Ms.)		\$20.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77062		
	pation / Job title (See Instructions)	9 Employer (See Instructions))
Retired			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/11/2023	David, Carri (Ms.)		\$25.00
	Contributor address; City; State; Zip Code		
	Pearland, TX 77584		
	pation / Job title (See Instructions)	Employer (See Instructions))
Retired			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/01/2023	David, Carri (Ms.)		\$20.00
	Contributor address; City; State; Zip Code		
	Dearland TV 77504		
Dringing oogu	Pearland, TX 77584	Employer (See Instructions	<u> </u>
Retired	pation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/03/2023	David, Carri (Ms.)		\$20.00
	Contributor address; City; State; Zip Code		
	Pearland, TX 77584		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Retired			,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/14/2023	David, Carri (Ms.)	/	\$20.00
** , *	Contributor address; City; State; Zip Code		••
	Commuter address, City, State, Zip Code		
	Pearland, TX 77584		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Retired			
		1	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/24 Rpt: 8/35
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	epublican Women's Club		00085529
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/12/2023	David, Carri (Ms.)		\$20.0
	6 Contributor address; City; State; Zip Code		
	Pearland, TX 77584		
	pation / Job title (See Instructions)	9 Employer (See Instructions))
Retired			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/04/2023	DeVine, Gaylyn (Ms.)		\$50.0
	Contributor address; City; State; Zip Code		
	Pearland, TX 77581		
	pation / Job title (See Instructions)	Employer (See Instructions))
Business Ov	/ner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/03/2023	DeVine, Gaylyn (Ms.)		\$20.0
	Contributor address; City; State; Zip Code		
	Pearland, TX 77581		
	pation / Job title (See Instructions)	Employer (See Instructions))
Business Ov	/ner		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/07/2023	Dugas, Al (Mr.)		\$20.0
	Contributor address; City; State; Zip Code		
	Pearland, TX 77581		
	pation / Job title (See Instructions)	Employer (See Instructions))
Senior Proje	ct Manager		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/01/2023	Eckels, Donna (Ms.)		\$20.0
	Contributor address; City; State; Zip Code		
	Pearland, TX 77581		
	pation / Job title (See Instructions)	Employer (See Instructions))
Marketing			

1				
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/24 Rpt: 9/35	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	epublican Women's Club		00085529	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/05/2023	Eckels, Donna (Ms.)		\$2	20.00
	6 Contributor address; City; State; Zip Code			
	Pearland, TX 77581			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Marketing				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/03/2023	Eckels, Donna (Ms.)		\$2	20.00
	Pearland, TX 77581			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Marketing				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/08/2023	Eckels, Donna (Ms.)		\$2	20.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77581			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Marketing				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/06/2023	Eckels, Donna (Ms.)		\$2	20.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77581			
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Marketing				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/03/2023	Eubanks, Patricia (Ms.)		\$2	25.00
	Contributor address; City; State; Zip Code			
	Friendswood, TX 77546			
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Retired				

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/24 Rpt: 10/35	
2 FILER NAMI			3 Filer ID (Ethics Commission Filers)	
	- Republican Women's Club		00085529	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/05/2023			\$20	.00
	6 Contributor address; City; State; Zip Code			
	Friendswood, TX 77546			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/29/2023			\$20	.00
	Contributor address; City; State; Zip Code			
	Seabrook, TX 77586			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/04/2023	Flickinger, Fred (Mr.)		\$20	.00
	Contributor address; City; State; Zip Code			
	Kingwood TX 77245			
Dringingloog	Kingwood, TX 77345	Employer (Cap Instructions		
Retired	upation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/06/2023			\$20	.00
	Contributor address; City; State; Zip Code			
	Kingwood, TX 77345			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
Retired			,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/08/2023)	\$20	00
00/00/2020	Contributor address; City; State: Zip Code		Ψ20	.00
	Contributor address, City, State, Zip Code			
	Galveston, TX 77550			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
Marketing (•		

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 8/24 Rpt: 11/35
2 FILER NAMI	 E		3 Filer ID (Ethics Commission Filers)
TriCounty F	Republican Women's Club		00085529
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/06/2023			\$20.00
	6 Contributor address; City; State; Zip Code		
	Pearland, TX 77582		
	cupation / Job title (See Instructions)	9 Employer (See Instructions))
Retired			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/05/2023			\$20.00
	Contributor address; City; State; Zip Code		
Dringingloor	Pearland, TX 77581		
Principal occ Retired	cupation / Job title (See Instructions)	Employer (See Instructions))
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/06/2023	· · · ·		\$20.00
	Contributor address; City; State; Zip Code		
	Pearland, TX 77581		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u>لــــــــــــــــــــــــــــــــــــ</u>
Retired			,
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
07/07/2023		/	\$25.00
···	Contributor address; City; State; Zip Code		
	Pearland, TX 77089		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions))
Retired Boo	okkeeper		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/04/2023	Harrison, Judith (Ms.)		\$25.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77089-5310		
	cupation / Job title (See Instructions)	Employer (See Instructions))
Retired			
		·	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 9/24 Rpt: 12/35	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	lers)
	epublican Women's Club		00085529	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
10/24/2023	- ,			\$20.00
	6 Contributor address; City; State; Zip Code			
	League City, TX 77573			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/12/2023	Himel, Jo			\$50.00
	Contributor address; City; State; Zip Code			
	League City, TX 77573			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	.)	
Retired			,	
Date	Full name of contributor Out-of-state PAC (ID#:	\	Amount of Contribution (\$)	
12/12/2023)		\$30.00
12/12/2023				\$30.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77584			
Dringingloog		Employer (See Instructions		
Political Car	upation / Job title (See Instructions)	Employer (See Instructions)	
Folitical Cal				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/12/2023	Kamkar, Alex			\$20.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77584			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Political Car	ndidate			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/03/2023	Landis, Judy			\$20.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77581			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Retired				

The Ir	struction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 10/24 Rpt: 13/35
2 FILER N	AME	3 Filer ID (Ethics Commission Filers)
	nty Republican Women's Club	00085529
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/12/2	023 Landis, Judy	\$20.00
	6 Contributor address; City; State; Zip Code	
8 Principa	Pearland, TX 77581 I occupation / Job title (See Instructions) 9 Employer (See Instruction	
Retirec		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/22/2	023 Lauer, Sarah (Ms.)	
	Contributor address; City; State; Zip Code	
	Houston, TX 77062	
Principa	l occupation / Job title (See Instructions) Employer (See Instruction	 (ج)
Retirec		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/06/2	023 Lauer, Sarah (Ms.)	\$20.00
	Contributor address; City; State; Zip Code	
<u> </u>	Houston, TX 77062	
Principa Retirec	I occupation / Job title (See Instructions) Employer (See Instruction	S)
		A record of Contribution (#)
Date 07/11/2	Full name of contributor Image: out-of-state PAC (ID#:) 023 Little, William (Mr.)	Amount of Contribution (\$) \$30.00
U11112		
	Contributor address; City; State; Zip Code	
	Cypress, TX 77429	
Principa	l occupation / Job title (See Instructions) Employer (See Instruction	ls)
Politica	Operative	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/01/2	023 Lowe, Janis (Ms.)	\$12.00
	Contributor address; City; State; Zip Code	
	Friendswood, TX 77546	
Principa	l occupation / Job title (See Instructions) Employer (See Instruction)c)
Realto		<i></i>

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/24 Rpt: 14/35	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	epublican Women's Club		00085529	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
10/04/2023	Lowe, Janis (Ms.)		\$2	20.00
	6 Contributor address; City; State; Zip Code			
	Friendswood, TX 77546			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Realtor				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/01/2023	McDonald, Dawn (Ms.)		\$30	80.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77090			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
District Direc	ctor			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/08/2023	McDonald, Dawn (Ms.)		\$2	20.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77090			
	ipation / Job title (See Instructions)	Employer (See Instructions)	
District Direc	ctor			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/01/2023	Medway, Carol (Ms.)		\$1	5.00
	Contributor address; City; State; Zip Code			
	League City, TX 77573		×	
	ipation / Job title (See Instructions)	Employer (See Instructions)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/26/2023	Medway, Carol (Ms.)		\$20	20.00
	Contributor address; City; State; Zip Code			
Dringing	League City, TX 77573	Employer (Coolectivet)		
Retired	upation / Job title (See Instructions)	Employer (See Instructions)	

7	The Instru	ction Guide explains how to complete th	is form.		Total pages Schedule A1: Sch: 12/24 Rpt: 15/35	
2 F	FILER NAME			_	Filer ID (Ethics Commission	ı Filers)
		epublican Women's Club			00085529	
4 [Date	5 Full name of contributor out-of-state PAC (I	(ID#:)	7	Amount of Contribution (\$)	
(09/01/2023	Middleton, Mayes	ł			\$45.00
		6 Contributor address; City; State; Zip Code		"		
			ł			
		Galveston, TX 77550				
	Principal occu Politician	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
[Date	Full name of contributor Out-of-state PAC (I	(ID#:)	Τ	Amount of Contribution (\$)	
	07/05/2023	Molohosky, Stephen (Mr.)	, <u> </u>			\$25.00
				·		
			ļ			
		1	ļ			
		Seabrook, TX 77586				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
E	Business Ag	ent				
	Date		(ID#:)	Τ	Amount of Contribution (\$)	
C	08/21/2023	Mondragon, Lydia (Ms.)				\$20.00
		Contributor address; City; State; Zip Code	ļ]		
			ł			
		Pearland, TX 77584	ļ			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	Travel Agent			5,		
	Date	Full name of contributor Out-of-state PAC (I	(ID#:)	Τ	Amount of Contribution (\$)	
1	10/06/2023	Mondragon, Lydia (Ms.)				\$20.00
		Contributor address; City; State; Zip Code	,	1		
			ł			
		Pearland, TX 77584	ļ			
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
ר	Travel Agent	:				
[Date	Full name of contributor out-of-state PAC (I	(ID#:)	Τ	Amount of Contribution (\$)	
1	11/06/2023	Mondragon, Lydia (Ms.)	ļ			\$20.00
		Contributor address; City; State; Zip Code		"		
		1	ļ			
			ļ			
		Pearland, TX 77584				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Travel Agent					

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 13/24 Rpt: 16/35
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
TriCounty Re	epublican Women's Club		00085529
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/07/2023	Mondragon, Lydia (Ms.)		\$20.00
	6 Contributor address; City; State; Zip Code		
	Pearland, TX 77584		
		9 Employer (See Instructions))
Travel Agent			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/04/2023	Moore, Ken (Mr.)		\$20.00
	Contributor address; City; State; Zip Code		
	Pearland, TX 77581		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions)	A
Retired)
		<u> </u>	Amount of Contribution (#)
Date 08/04/2023	Full name of contributor out-of-state PAC (ID#: Morgan_Clint (Mr.))	Amount of Contribution (\$) \$20.00
U0/U4/2U23	Morgan, Clint (Mr.)		φ20.00
	Contributor address; City; State; Zip Code		
	Sugar Land, TX 77479		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)
Asst DA Hou			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/03/2023	North, Linda (Ms.)		\$20.00
	Contributor address; City; State; Zip Code		
	Pasadena, TX 77505		
-	pation / Job title (See Instructions)	Employer (See Instructions))
Retired			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/08/2023	Plante, Karen (Ms.)		\$50.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77059		
Principal occu	1	Employer (See Instructions	
Manager	ipation / Job title (See Instructions)	Employer (See Instructions))
Manager			

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 14/24 Rpt: 17/35	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	epublican Women's Club		00085529	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/12/2023	Plante, Karen (Ms.)			\$20.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77059			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions))	
Manager			7	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/12/2023	Plante, Karen (Ms.)			\$20.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77059	i		
-	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Manager				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/29/2023	Ragaisis, DeeAnn			\$42.00
	Contributor address; City; State; Zip Code			
	Dearland TV 77591			
Drinoinal agai	Pearland, TX 77581	Employeer (See Instructions	<u> </u>	
Manager	ipation / Job title (See Instructions)	Employer (See Instructions)	
		\	Amount of Constribution (ft)	
Date 09/12/2023	Full name of contributor out-of-state PAC (ID#: Ragaisis, DeeAnn)	Amount of Contribution (\$)	\$20.00
09/12/2023	-			φ20.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77581			
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	l ;)	
Manager				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/03/2023	Ragaisis, DeeAnn			\$40.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77581			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;) 	
Manager				

The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 15/24 Rpt: 18/35
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
TriCounty R	epublican Women's Club		00085529
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/05/2023	Redus, Rachel (Ms.)		\$50.00
	6 Contributor address; City; State; Zip Code		
	Pearland, TX 77581		
		9 Employer (See Instructions)	;)
Team Mana	ger		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/12/2023	Redus, Rachel (Ms.)		\$20.00
	Contributor address; City; State; Zip Code		
	Pearland, TX 77581		
-	upation / Job title (See Instructions)	Employer (See Instructions)	<i>;</i>)
Team Mana	ger		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/03/2023	Rogers, Kathy (Ms.)		\$20.00
	Contributor address; City; State; Zip Code		
Dringing Loop	Friendswood, TX 77546	Encloser (Cas Instructions	<u> </u>
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions)	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/22/2023	Rogers, Kathy (Ms.)		\$20.00
	Contributor address; City; State; Zip Code		
	Friendswood, TX 77546		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Retired			·)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/10/2023	Rogers, Kathy (Ms.)		\$20.00
	Contributor address; City; State; Zip Code		
	Friendswood, TX 77546		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Retired			<i>.</i> ,

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 16/24 Rpt: 19/35
2 FILER NAMI	Ξ		3 Filer ID (Ethics Commission Filers)
	Republican Women's Club		00085529
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/08/2023	- 5 ,		\$20.0
	6 Contributor address; City; State; Zip Code		
	Friendswood, TX 77546		
8 Principal occ	L	9 Employer (See Instructions	l s)
Retired			,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/15/2023			\$20.0
	Contributor address; City; State; Zip Code		
	Friendswood, TX 77546		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	5)
Retired			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/04/2023			\$20.0
	Contributor address; City; State; Zip Code		
	Alvin, TX 77582		
	cupation / Job title (See Instructions)	Employer (See Instructions	3)
Nurse Prac	tioner		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/07/2023			\$20.0
	Contributor address; City; State; Zip Code		
	Alvin, TX 77511		
	cupation / Job title (See Instructions)	Employer (See Instructions	3)
Nurse Prac	tioner		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/31/2023	Schreiber, Laura (Ms.)		\$20.0
	Contributor address; City; State; Zip Code		
	Friendswood, TX 77546		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	5)
Retired			

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 17/24 Rpt: 20/35	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	Republican Women's Club		00085529	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/04/2023	, (-)		\$2	20.00
	6 Contributor address; City; State; Zip Code			
	Pearland, TX 77581			
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/01/2023			\$5	50.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77581			
-	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/12/2023	Sheridan, Jonette (Ms.)		\$2	20.00
	Contributor address; City; State; Zip Code			
- 1 1 1	Pearland, TX 77581	1 _ · /2 hartmatian		
Principal occi Retired	upation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/10/2023	Sheridan, Jonette (Ms.)		\$2	20.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77581			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/14/2023	Sheridan, Jonette (Ms.)		\$1	2.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77581	1		
-	upation / Job title (See Instructions)	Employer (See Instructions	()	
Retired				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 18/24 Rpt: 21/35	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	epublican Women's Club		00085529	13)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/14/2023	Sheridan, Jonette (Ms.)		\$2	20.00
	6 Contributor address; City; State; Zip Code			
	Pearland, TX 77581			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/08/2023	Sheridan, Jonette (Ms.)			20.00
	Pearland, TX 77581			
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions)	
Retired			,	
		<u> </u>	Amount of Contribution (ft)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/12/2023	Sheridan, Jonette (Ms.)		<u>۵</u>	30.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77581			
	pation / Job title (See Instructions)	Employer (See Instructions)	
Retired				
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/28/2023	Shumate, Sandra (Ms.)		\$4	40.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77584			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/04/2023	Simon, Destiny (Ms.)			30.00
	Contributor address; City; State; Zip Code			
	Galveston, TX 77554			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Homemaker			·	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 19/24 Rpt: 22/35
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	epublican Women's Club		00085529
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/27/2023	Simon, Destiny (Ms.)		\$20.00
	6 Contributor address; City; State; Zip Code		
	Galveston, TX 77554		
8 Principal occu	I Ipation / Job title (See Instructions)	9 Employer (See Instructions)
Homemaker			,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/04/2023	Smith, April (Ms.)		\$20.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77063		
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/05/2023	Sommerville, Brenda		\$25.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77089		
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/04/2023	Stearns, Winnie (Ms.)		\$75.00
	Contributor address; City; State; Zip Code		
	Pearland, TX 77581		
Principal occu Entrepreneu	pation / Job title (See Instructions) r	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/03/2023	Strouhal, Ann (Ms.)		\$25.00
	Contributor address; City; State; Zip Code		
	Pearland, TX 77584		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions)
HR Consulta			
		1	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 20/24 Rpt: 23/35	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	5)
	epublican Women's Club		00085529	-)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
08/03/2023			\$20	0.00
	6 Contributor address; City; State; Zip Code			
	Pearland, TX 77584			
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions)	
HR Consult	ant			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/31/2023	Strouhal, Ann (Ms.)			0.00
00/31/2023			ΨΖ	0.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77584			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
HR Consult	ant			
Date	Full name of contributor out-of-state PAC (ID#:_	\	Amount of Contribution (\$)	
)		0.00
10/06/2023	Strouhal, Ann (Ms.)		Φ20	0.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77584			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
HR Consult	ant			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/09/2023)		0.00
11/09/2023	Strouhal, Ann (Ms.)		φΖί	0.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77584			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
HR Consult			,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/08/2023	Strouhal, Ann (Ms.)		\$20	0.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77584			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
HR Consult			·	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 21/24 Rpt: 24/35
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	epublican Women's Club		00085529
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/03/2023	Sullivan, Colleen (Ms.)		\$25.00
	6 Contributor address; City; State; Zip Code		
	Pearland, TX 77581		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)
Retired)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/02/2023	Sullivan, Colleen (Ms.)		\$20.00
	Contributor address; City; State; Zip Code		
	Pearland, TX 77581		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Retired			
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/28/2023	Sullivan, Colleen (Ms.)	/	\$20.00
00/20/2020	Contributor address; City; State; Zip Code		+
	Contributor address, City, State, Zip Code		
	Pearland, TX 77581		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions)
Retired	· · · · · · · · · · · · · · · · · · ·		
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/02/2023	Sullivan, Colleen (Ms.)	/	\$20.00
	Contributor address; City; State; Zip Code		
	Pearland, TX 77581		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Retired			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/03/2023	Sullivan, Colleen (Ms.)	/	\$40.00
	Contributor address; City; State; Zip Code		
	Pearland, TX 77581		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions)
Retired			

2 FLIF NAME 3 Flifer ID (Ethics Commission Filers) TriCounty Republican Women's Club 00085529 4 Date Sullivan, Colleen (Ms.) 00005529 6 Contributor address; Chy, State; Zip Code 7 Pearland, TX 77581 9 Employer (See Instructions) Retired 9 Employer (See Instructions) Retired Sullivan, Colleen (Ms.) 520.00 Date Full name of contributor oxet-distate PAC (Diff. 12/28/2023 Sullivan, Colleen (Ms.) Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor oxet-distate PAC (Diff. Amount of Contribution (\$) Retired Sullivan, Colleen (Ms.) Contributor address; City; State: Zip Code Amount of Contribution (\$) 07/05/2023 Full name of contributor oxet-distate PAC (Diff. Amount of Contribution (\$) 9/01/2023 Full name of contributor oxet-distate PAC (Diff. Amount of Contribution (\$) 09/01/2023 Full name of contributor oxet-distate PAC (Diff. Amount of Contribution (\$)	The	e Instruc	ction Guide explains how to complete this	s form.		Total pages Schedule A1: Sch: 22/24 Rpt: 25/35	
4 Date 5 Full name of contributor out of state PAC (D#	2 FILE	ER NAME			3	Filer ID (Ethics Commission	Filers)
12/06/2023 Sullivan, Colleen (Ms.) \$20.00 6 Contributor address; City; State; Zip Code Pearland, TX 77581 9 Principal occupation / Job title (See Instructions) Pearland, TX 77581 Pate Full name of contributor out-of-state PAC (ID#) 12/28/2023 Sullivan, Colleen (Ms.) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Principal occupation / Job title (See Instructions) Retired Out-of-state PAC (ID#	TriC	County Re	publican Women's Club			00085529	
6 Contributor address; City; State; 2ip Code Pearland, TX 77581 9 8 Principal occupation / Job title (See Instructions) Retired 9 Date Full name of contributor out-of-state PAC (ID#	4 Date	e	5 Full name of contributor 🔲 out-of-state PAC (ID	#:)	7	Amount of Contribution (\$)	
6 Contributor address: City; State; Zip Code Pearland, TX 77581 9 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Sullivan, Colleen (Ms.) Contribution (\$) Contributor address; City; State; Zip Code Participal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Sullivan, Colleen (Ms.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Retired Sullivan, Colleen (Ms.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Retired Partely Sandra (Ms.) Employer (See Instructions) \$25.00 Og9/01/2023 Full name of contributor out-of-state PAC (ID#	12/0	06/2023					\$20.00
8 Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions) Date 12/28/2023 Full name of contributor Sullivan, Colleen (Ms.) Amount of Contribution (\$) \$20.00 Pearland, TX 77581 Contributor address; City; State; Zip Code Amount of Contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Amount of Contribution (\$) \$20.00 Date 07/05/2023 Full name of contributor out-of-state PAC (De#) Amount of Contribution (\$) \$54.51 Orifo5/2023 Sullivan, Colleen (Ms.) Employer (See Instructions) Amount of Contribution (\$) \$54.51 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Amount of Contribution (\$) \$25.00 Orifo1/2023 Full name of contributor out-of-state PAC (De#) Amount of Contribution (\$) \$25.00 Og/01/2023 Full name of contributor out-of-state PAC (DE#) Amount of Contribution (\$) \$25.00 Orifo1/2023 Full name of contributor out-of-state PAC (DE#) Amount of Contribution (\$) \$25.00 Og/01/2023 Full name of contributor out-of-state PAC (DE#) Amo		ļ			1		
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Contributor address; City; State; Zip Code Galveston, TX 77554 Principal occupation / Job title (See Instructions) Employer (See Instructions)				#:)]	Amount of Contribution (\$)	_
Galveston, TX 77554 Principal occupation / Job title (See Instructions) Employer (See Instructions)	09/0	01/2023	Tetley, Sandra (Ms.)				\$30.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State; Zip Code]		
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				Employer (See instructions	5)		
	Rea		ſ				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 23/24 Rpt: 26/35	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	epublican Women's Club		00085529	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
09/01/2023	Tetley, Sandra (Ms.)		\$12.	.00
	6 Contributor address; City; State; Zip Code			
	Galveston, TX 77554			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	
Realty Office	er			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
09/06/2023	Toth, Mildred (Ms.)		\$45.	.00
	Pearland, TX 77581			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	
Retired	······································		,	
		\	Amount of Contribution (\$)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	~~
11/14/2023	Toth, Mildred (Ms.)		\$32.	.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77581			
	upation / Job title (See Instructions)	Employer (See Instructions)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/07/2023	Toth, Mildred (Ms.)		\$20.	.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77581			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/12/2023	Toth, Mildred (Ms.)		\$20.	.00
	Contributor address; City; State; Zip Code			
	Pearland, TX 77581			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Retired			,	

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 24/24 Rpt: 27/35	
2	FILER NAME			3	Filer ID (Ethics Commission I	=ilers)
	TriCounty Re	epublican Women's Club			00085529	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	07/07/2023	Youngblood, Alicia (Ms.)				\$25.00
	1	6 Contributor address; City; State; Zip Code		1		
	ſ					
		League City, TX 77573				
8			9 Employer (See Instructions	5)		
	Homemaker					
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/04/2023	Youngblood, Alicia (Ms.)				\$20.00
	ł	Contributor address; City; State; Zip Code		1		
	ł					
	ł					
	ł	League City, TX 77573				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Homemaker					
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/26/2023	Youngblood, Alicia (Ms.)				\$30.00
		Contributor address; City; State; Zip Code				
		Contributor address, orty, State, Zip Sode				
	ł					
	ł	League City, TX 77573				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Homemaker					
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	12/12/2023	Youngblood, Alicia (Ms.)	/			\$45.74
	12/12/2020	· · · ·				φ + 0.1+
	ł	Contributor address; City; State; Zip Code				
	ľ					
	ł	League City, TX 77573				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Homemaker			,		
\vdash						

Total pages Sch Sch: 1/8 Rpt:	edule I: 2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
Date 11/24/2023	5 Payee name Devine Promotions & Printing	
Amount (\$) 24.0 Expenditure from	n	
corporate funds PURPOSE OF EXPENDITURE	Houston, TX 77287 (a) Category (See instructions for examples of acceptable Printing Expense	categories) (b) Description (See instructions regarding type of information required. Name Badges and engraving
Date 08/31/2023	Payee name Donham & Williams, PC	I
Amount (\$) 550.0 Expenditure from corporate funds	Suite 120	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable Accounting/Banking	categories) (b) Description (See instructions regarding type of information required. Filing Campaign Finance report for 01/01/23 to 6/30/23
Date 07/31/2023	Payee name Frost Bank	I
Amount (\$) 5.0 Expenditure fron corporate funds	Payee Address; City; State; Zip 0 5208 Broadway St)
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable Fees	categories) (b) Description (See instructions regarding type of information required. Service Fee
Date 08/31/2023	Payee name Frost Bank	I
Amount (\$) 5.0 Expenditure fron corporate funds)
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable Fees	categories) (b) Description (See instructions regarding type of information required. Service Fee

Total pages Schedule I: Sch: 2/8 Rpt:	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers 00085529
Date 09/30/2023	5 Payee name Frost Bank	
Amount (\$) 5.00 Expenditure from	 7 Payee Address; City; State; Zip 5208 Broadway St Pearland, TX 77581 	
Corporate funds PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. Online Banking fee
Date 10/31/2023 Amount (\$)	Payee name Frost Bank Payee Address; City; State; Zip	
5.00 Expenditure from corporate funds	5208 Broadway St Pearland, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. Online Banking fee
Date 11/30/2023	Payee name Frost Bank	
Amount (\$) 5.00 Expenditure from corporate funds	Payee Address; City; State; Zip 5208 Broadway St Pearland, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. Online Banking fee
Date 12/31/2023	Payee name Frost Bank	
Amount (\$) 5.00 Expenditure from	Payee Address; City; State; Zip 5208 Broadway St	
Corporate funds PURPOSE OF EXPENDITURE	Pearland, TX 77581 (a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. Online Banking fee

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers
Sch: 3/8 Rpt:	TriCounty Republican Women's Club	00085529
Date	5 Payee name	
07/13/2023	Golfcrest Country Club	
Amount (\$)	7 Payee Address; City; State; Zip	
710.00	2509 Country Club Dr	
Expenditure from		
corporate funds	Pearland, TX 77581	l
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required. Monthly Meeting
Date	Payee name	1
08/11/2023	Golfcrest Country Club	
Amount (\$)	Payee Address; City; State; Zip	
420.00	2509 Country Club Dr	
Expenditure from		
corporate funds	Pearland, TX 77581	1
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	
EXPENDITURE	Event Expense	Monthly Meeting
Date	Payee name	
09/14/2023	Golfcrest Country Club	
Amount (\$)	Payee Address; City; State; Zip	
	2509 Country Club Dr	
460.00 — Expenditure from		
corporate funds	Pearland, TX 77581	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Event Expense	Monthly Meeting
Date	Payee name	
10/12/2023	Golfcrest Country Club	
Amount (\$)	Payee Address; City; State; Zip	
	2509 Country Club Dr	
425.00		
Expenditure from corporate funds	Pearland, TX 77581	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Event Expense	Monthly Meeting

Total pages Schedule 1	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Total pages Schedule I: Sch: 4/8 Rpt:	TriCounty Republican Women's Club	00085529
Date	5 Payee name	
11/21/2023	Golfcrest Country Club	
Amount (\$)	7 Payee Address; City; State; Zip	
440.00	2509 Country Club Dr	
Expenditure from corporate funds	Pearland, TX 77581	
PURPOSE		(b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Event Expense	Monthly Meeting
Date	Payee name	
12/15/2023	Golfcrest Country Club	
Amount (\$)	Payee Address; City; State; Zip	
320.00	2509 Country Club Dr	
Expenditure from		
corporate funds	Pearland, TX 77581	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Event Expense	
EXPENDITURE	Event Expense	Monthly Meeting
Date	Payee name	
07/05/2023	Hike for Mental Health	
Amount (\$)	Payee Address; City; State; Zip	
125.00	207 West Heritage Dr	
Expenditure from		
corporate funds	Friendswood, TX 77546	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Gift/Awards/Memorials Expense	501c3 contribution
Date	Payee name	
07/17/2023	Intuit	
Amount (\$)	Payee Address; City; State; Zip	
341.12	2800 E Commerce Center Place	
Expenditure from		
corporate funds	Tucson, AZ 85706	
PURPOSE		(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Accounting/Banking	Quickbooks online subscription

OF EXPENDITURE Fees Web Hosting for 1 year Date Payee name Square Inc Amount (\$) Payee Address; City; State; Zip 1455 Market St Ste 600 21.32 1455 Market St Ste 600 San Francisco, CO 94103 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Monthly Service fee Date Payee name O7/31/2023 Square Inc Amount (\$) Payee Address; City; State; Zip Monthly Service fee Date Payee name O7/31/2023 Square Inc Amount (\$) Payee Address; City; State; Zip 42.47 1455 Market St Ste 600 Expenditure from San Francisco, CO 94103 Expenditure from Square Inc Square Inc Amount (\$) Payee Address; City; State; Zip 42.47 1455 Market St Ste 600 Expenditure from San Francisco, CO 94103	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers 00085529
Amount (\$) 7 Payee Address; City; State; Zip 75.00 212 S Patricia St PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Web Hosting for 1 year Date Payee name Square Inc Amount (\$) Payee Address; City; State; Zip 21.32 1455 Market St Ste 600 Expenditure from corporate funds San Francisco, CO 94103 PuRPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description Date Payee name 07/03/2023 Square Inc Amount (\$) Payee Address; City; State; Zip 21.32 1455 Market St Ste 600 Monthly Service fee Date Payee name Square Inc Amount (\$) Payee Address; City; State; Zip 42.47 1455 Market St Ste 600 San Francisco, CO 94103 San Francisco, CO 94103 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card transaction fees Purpeoste Fee		
75.00 212 S Patricia St Date Payee name 07/03/2023 Square Inc Amount (\$) Payee name 07/03/2023 Square Inc Amount (\$) Payee address; 010 Description (See instructions for examples of acceptable categories) 07/03/2023 Square Inc Amount (\$) Payee Address; 010 Description (See instructions for examples of acceptable categories) 07/03/2023 Square Inc Amount (\$) Payee Address; 010 Description (See instructions for examples of acceptable categories) 010 Description (See instructions regarding type of information Monthly Service fee 020 Date Payee name 07/31/2023 Square Inc Amount (\$) Payee Address; 020 Classing (b) Description (See instructions for examples of acceptable categories) (b) Description 020 Corporate funds San Francisco, CO 94103 PURPOSE (a) Category (See instructions for examples of acceptable categories) 042,47 1455 Market St Ste 600 12 Sependiture from San Francisco, CO 94103 PURPOSE (a) Category (See instructions for examples of acceptable categories) 08/03/2023 Square Inc Amountt	Loyd, George	
73.00 Waco, TX 76705 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Web Hosting for 1 year Date Payee name Square Inc Arnount (\$) Payee Address; City; State; Zip 1455 Market St Ste 600 Expenditure from San Francisco, CO 94103 (b) Description (See instructions regarding type of information Monthly Service fee Date Payee name (d) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Monthly Service fee Date Payee name (d) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Monthly Service fee Date Payee name Square Inc Monthly Service fee Arnount (\$) Payee Address; City; State; Zip 42.47 1455 Market St Ste 600 San Francisco, CO 94103 (b) Description (See instructions regarding type of information Credit Card transaction fees PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Credit Card transaction fees PSpenditure from San Francisco, CO 94103 Credit Card transaction fees	7 Payee Address; City; State; Zip	
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21.32 1455 Market St Ste 600 Expenditure from or expenditure from or expenditure San Francisco, CO 94103 PURPOSE or expenditure (a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information Monthly Service fee Date 07/31/2023 Payee name Monthly Service fee 07/31/2023 Square Inc Amount (\$) Payee Address; City; State; Zip 1455 Market St Ste 600 Expenditure from corporate funds San Francisco, CO 94103 PURPOSE or expenditure from corporate funds (a) Category (See instructions for examples of acceptable categories) PURPOSE of expenditure from Date 08/03/2023 Payee name 08/03/2023 Square Inc Amount (\$) Payee name 08/03/2023 Square Inc Amount (\$) Payee Address; City; State; Zip 1455 Market St Ste 600 21.32 1455 Market St Ste 600	Square Inc	
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07/31/2023 Square Inc Amount (\$) Payee Address; City; State; Zip 42.47 1455 Market St Ste 600 Expenditure from corporate funds San Francisco, CO 94103 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information Credit Card transaction fees Date 08/03/2023 Payee name Square Inc Square Inc Amount (\$) Payee Address; City; State; Zip 21.32 1455 Market St Ste 600	Fees Monthly Se	rvice fee
Amount (\$) Payee Address; City; State; Zip 42.47 1455 Market St Ste 600 Expenditure from corporate funds San Francisco, CO 94103 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) OF Fees Date Payee name 08/03/2023 Square Inc Amount (\$) Payee Address; City; State; Zip 1455 Market St Ste 600 Late State Stat	Payee name	
42.47 1455 Market St Ste 600 Expenditure from corporate funds San Francisco, CO 94103 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information Credit Card transaction fees Date 08/03/2023 Payee name Square Inc Payee Address; City; State; Zip 1455 Market St Ste 600 Expenditure from Payee Address; City; State; Zip	Square Inc	
42.47 Expenditure from corporate funds San Francisco, CO 94103 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information Credit Card transaction fees Date Payee name 08/03/2023 Square Inc Amount (\$) Payee Address; City; State; Zip 1455 Market St Ste 600	Payee Address; City; State; Zip	
Image: Corporate funds San Francisco, CO 94103 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information Credit Card transaction fees Date Payee name Square Inc 08/03/2023 Payee Address; City; State; Zip 1455 Market St Ste 600 Expenditure from City is the payee is	1455 Market St Ste 600	
OF EXPENDITURE Fees Credit Card transaction fees Date Payee name 08/03/2023 Square Inc Amount (\$) Payee Address; City; State; Zip 21.32 1455 Market St Ste 600	San Francisco, CO 94103	
EXPENDITURE Payee name Date Payee name 08/03/2023 Square Inc Amount (\$) Payee Address; 21.32 1455 Market St Ste 600		(See instructions regarding type of information required
08/03/2023 Square Inc Amount (\$) Payee Address; City; State; Zip 21.32 1455 Market St Ste 600	Fees Credit Card	transaction fees
Amount (\$) Payee Address; City; State; Zip 21.32 1455 Market St Ste 600 Expenditure from Description	Payee name	
21.32 1455 Market St Ste 600	Square Inc	
Expenditure from	Payee Address; City; State; Zip	
	1455 Market St Ste 600	
	San Francisco, CO 94103	
PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information	(a) Category (See instructions for examples of acceptable categories) (b) Description	(See instructions regarding type of information required
OF Fees Monthly Service fees		rvice fees

Total pages Schedule I: Sch: 6/8 Rpt:	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
Date 08/31/2023	5 Payee name Square Inc	
Amount (\$) 19.32 Expenditure from corporate funds	 Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103 	
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required.) Credit Card transaction fee
Date 09/06/2023	Payee name Square Inc	
Amount (\$) 21.32 – Expenditure from	Payee Address; City; State; Zip 1455 Market St Ste 600	
corporate funds PURPOSE OF EXPENDITURE	San Francisco, CO 94103 (a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. Monthly Service fee
Date 09/30/2023	Payee name Square Inc	
Amount (\$) 9.60 Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. Credit Card transaction fees
Date 10/03/2023	Payee name Square Inc	
Amount (\$) 21.32 Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. Monthly Service fee

Total pages Schedule I: Sch: 7/8 Rpt:	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers 00085529
Date 10/31/2023	5 Payee name Square Inc	
Amount (\$) 19.68 Expenditure from	 Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103 	
Corporate funds PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required. Credit Card transaction fee
Date 11/03/2023	Payee name Square Inc	
Amount (\$) 21.32 Expenditure from	Payee Address; City; State; Zip 1455 Market St Ste 600	
Corporate funds PURPOSE OF EXPENDITURE	San Francisco, CO 94103 (a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. Monthly Service fee
Date 11/30/2023	Payee name Square Inc	
Amount (\$) 12.92 Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. Credit Card transaction fees
Date 12/04/2023	Payee name Square Inc	
Amount (\$) 21.32 Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required. Monthly Service fee

The Instruction Guide explains how to complete this form. FILER NAME (Ethics Commission Filers) 1 Total pages Schedule I: 2 3 Filer ID TriCounty Republican Women's Club 00085529 Sch: 8/8 Rpt: 4 Date 5 Payee name 12/31/2023 Square Inc Amount (\$) Payee Address; 6 7 City; State; Zip 1455 Market St Ste 600 21.02 Expenditure from San Francisco, CO 94103 corporate funds 8 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) OF Fees Credit Card transaction fees EXPENDITURE Date Payee name 09/06/2023 **US Postal Office** Amount (\$) Payee Address; City; State; Zip 3519 E Walnut St 146.00 Expenditure from Pearland, TX 77581 corporate funds PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) OF Fees 12 month renewal of PO box EXPENDITURE