

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00085529	<b>2 Total pages filed:</b> 35
<b>3 COMMITTEE NAME</b> TriCounty Republican Women's Club		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 02/08/2024	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2404 S Grand Blvd. Ste. 120  Pearland, TX 77581	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>5 CAMPAIGN TREASURER NAME</b>		MS / MRS / MR FIRST MI Ms. Andrea P.	
		NICKNAME LAST SUFFIX Williams	
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2404 S Grand Blvd. Ste. 120  Pearland, TX 77581	
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2404 Grand Blvd. Ste. 120  Pearland, TX 77581	
<b>8 CAMPAIGN TREASURER PHONE</b>		AREA CODE PHONE NUMBER EXTENSION (281) 997-2033	
<b>9 REPORT TYPE</b>		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
<b>10 PERIOD COVERED</b>		Month Day Year      Month Day Year 07/01/2023      THROUGH      12/31/2023	
<b>11 ELECTION</b>		ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> TriCounty Republican Women's Club	<b>13 Filer ID</b> (Ethics Commission Filers) 00085529
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,070.25
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 8,412.08
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Ms. Andrea P. Williams  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> TriCounty Republican Women's Club		<b>18 Filer ID</b> (Ethics Commission Filers) 00085529
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,070.25
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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,319.05
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/24 Rpt: 4/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 09/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Block, Nancy (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Kemah, TX 77565	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bodkins, Pattie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pasadena, TX 77502	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 08/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bodkins, Pattie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pasadena, TX 77502	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 07/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradley, Jonda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77062	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradley, Jonda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77062	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/24 Rpt: 5/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 09/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradley, Jonda (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77062	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradley, Jonda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77062	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradley, Jonda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77062	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradley, Jonda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77062	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bradley, Jonda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77062	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/24 Rpt: 6/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 07/06/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brannan, Liz (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77062	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) Architect/Designer		<b>9</b> Employer (See Instructions)
Date 07/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burleigh, Denise (Ms.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Insurance Broker		Employer (See Instructions)
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burleigh, Denise (Ms.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Insurance Broker		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Sherry (Ms.) <hr/> Contributor address; City; State; Zip Code  Alvin, TX 77511	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions)
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cohen, Mindy (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77062	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/24 Rpt: 7/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 10/06/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cohen, Mindy (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77062	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) David, Carri (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77584	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) David, Carri (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77584	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) David, Carri (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77584	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) David, Carri (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77584	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 5/24 Rpt: 8/35
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 12/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) David, Carri (Ms.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code  Pearland, TX 77584	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeVine, Gaylyn (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 09/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeVine, Gaylyn (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dugas, Al (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Senior Project Manager		Employer (See Instructions)
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eckels, Donna (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/24 Rpt: 10/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 10/05/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eubanks, Patricia (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Friendswood, TX 77546	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fisher, Peggy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Seabrook, TX 77586	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flickinger, Fred (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Kingwood, TX 77345	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flickinger, Fred (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Kingwood, TX 77345	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greene, Gloria (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Galveston, TX 77550	
Principal occupation / Job title (See Instructions) Marketing Consultant		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/24 Rpt: 11/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 11/06/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gresham, Regina (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77582	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Groff, Carol (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Groff, Carol (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harris-Jamison, Heather	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77089	
Principal occupation / Job title (See Instructions) Retired Bookkeeper		Employer (See Instructions)
Date 07/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrison, Judith (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77089-5310	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/24 Rpt: 12/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 10/24/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Himel, Jo <hr/> <b>6</b> Contributor address; City; State; Zip Code  League City, TX 77573	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Himel, Jo <hr/> Contributor address; City; State; Zip Code  League City, TX 77573	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kamkar, Alex <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Political Candidate		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kamkar, Alex <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Political Candidate		Employer (See Instructions)
Date 09/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Landis, Judy <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/24 Rpt: 13/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 12/12/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Landis, Judy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77581	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
<b>Date</b> 08/22/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lauer, Sarah (Ms.) <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77062	<b>Amount of Contribution (\$)</b>  \$20.00
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 10/06/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lauer, Sarah (Ms.) <hr/> <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77062	<b>Amount of Contribution (\$)</b>  \$20.00
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 07/11/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Little, William (Mr.) <hr/> <b>Contributor address; City; State; Zip Code</b>  Cypress, TX 77429	<b>Amount of Contribution (\$)</b>  \$30.00
<b>Principal occupation / Job title (See Instructions)</b> Political Operative		<b>Employer (See Instructions)</b>
<b>Date</b> 09/01/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowe, Janis (Ms.) <hr/> <b>Contributor address; City; State; Zip Code</b>  Friendswood, TX 77546	<b>Amount of Contribution (\$)</b>  \$12.00
<b>Principal occupation / Job title (See Instructions)</b> Realtor		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/24 Rpt: 14/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 10/04/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lowe, Janis (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Friendswood, TX 77546	
<b>8</b> Principal occupation / Job title (See Instructions) Realtor		<b>9</b> Employer (See Instructions)
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDonald, Dawn (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77090	
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McDonald, Dawn (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77090	
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions)
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medway, Carol (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  League City, TX 77573	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Medway, Carol (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  League City, TX 77573	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/24 Rpt: 15/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 09/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Middleton, Mayes <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77550	<b>7</b> Amount of Contribution (\$)  \$45.00
<b>8</b> Principal occupation / Job title (See Instructions) Politician		<b>9</b> Employer (See Instructions)
Date 07/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Molohosky, Stephen (Mr.) <hr/> Contributor address; City; State; Zip Code  Seabrook, TX 77586	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Business Agent		Employer (See Instructions)
Date 08/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mondragon, Lydia (Ms.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions)
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mondragon, Lydia (Ms.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mondragon, Lydia (Ms.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/24 Rpt: 16/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 12/07/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mondragon, Lydia (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77584	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Travel Agent		<b>9</b> Employer (See Instructions)
Date 08/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Ken (Mr.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgan, Clint (Mr.) <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Asst DA Houston		Employer (See Instructions)
Date 11/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) North, Linda (Ms.) <hr/> Contributor address; City; State; Zip Code  Pasadena, TX 77505	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plante, Karen (Ms.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77059	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/24 Rpt: 17/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 09/12/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plante, Karen (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77059	
<b>8</b> Principal occupation / Job title (See Instructions) Manager		<b>9</b> Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plante, Karen (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Houston, TX 77059	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ragaisis, DeeAnn	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ragaisis, DeeAnn	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ragaisis, DeeAnn	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/24 Rpt: 18/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 07/05/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Redus, Rachel (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77581	
<b>8</b> Principal occupation / Job title (See Instructions) Team Manager		<b>9</b> Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Redus, Rachel (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Team Manager		Employer (See Instructions)
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Kathy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Kathy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Kathy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/24 Rpt: 19/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 11/08/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Kathy (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Friendswood, TX 77546	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rogers, Kathy (Ms.) <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosser, Stephanie (Ms.) <hr/> Contributor address; City; State; Zip Code  Alvin, TX 77582	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Nurse Practioner		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rosser, Stephanie (Ms.) <hr/> Contributor address; City; State; Zip Code  Alvin, TX 77511	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Nurse Practioner		Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schreiber, Laura (Ms.) <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/24 Rpt: 20/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 08/04/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sheridan, Jonette (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77581	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sheridan, Jonette (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sheridan, Jonette (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sheridan, Jonette (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sheridan, Jonette (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/24 Rpt: 21/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 11/14/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sheridan, Jonette (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77581	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sheridan, Jonette (Ms.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sheridan, Jonette (Ms.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shumate, Sandra (Ms.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simon, Destiny (Ms.) <hr/> Contributor address; City; State; Zip Code  Galveston, TX 77554	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/24 Rpt: 22/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 12/27/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simon, Destiny (Ms.)	<b>7</b> Amount of Contribution (\$)  \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77554	
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker		<b>9</b> Employer (See Instructions)
Date 08/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, April (Ms.)	Amount of Contribution (\$)  \$20.00
	Contributor address; City; State; Zip Code  Houston, TX 77063	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sommerville, Brenda	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Houston, TX 77089	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stearns, Winnie (Ms.)	Amount of Contribution (\$)  \$75.00
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions)
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strouhal, Ann (Ms.)	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Pearland, TX 77584	
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/24 Rpt: 23/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 08/03/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strouhal, Ann (Ms.)	<b>7</b> Amount of Contribution (\$) \$20.00
<b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77584		
<b>8</b> Principal occupation / Job title (See Instructions) HR Consultant		<b>9</b> Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strouhal, Ann (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Pearland, TX 77584		
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions)
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strouhal, Ann (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Pearland, TX 77584		
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strouhal, Ann (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Pearland, TX 77584		
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strouhal, Ann (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Pearland, TX 77584		
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/24 Rpt: 24/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 07/03/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sullivan, Colleen (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77581	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 08/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sullivan, Colleen (Ms.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sullivan, Colleen (Ms.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sullivan, Colleen (Ms.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sullivan, Colleen (Ms.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/24 Rpt: 25/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 12/06/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sullivan, Colleen (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Pearland, TX 77581	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sullivan, Colleen (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sullivan, Colleen (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tetley, Sandra (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Galveston, TX 77554	
Principal occupation / Job title (See Instructions) Realty Officer		Employer (See Instructions)
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tetley, Sandra (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Galveston, TX 77554	
Principal occupation / Job title (See Instructions) Realty Officer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/24 Rpt: 26/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 09/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tetley, Sandra (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston, TX 77554	<b>7</b> Amount of Contribution (\$) \$12.00
<b>8</b> Principal occupation / Job title (See Instructions) Realty Officer		<b>9</b> Employer (See Instructions)
Date 09/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toth, Mildred (Ms.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toth, Mildred (Ms.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$) \$32.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toth, Mildred (Ms.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toth, Mildred (Ms.) <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77581	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/24 Rpt: 27/35
<b>2</b> FILER NAME TriCounty Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 07/07/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Youngblood, Alicia (Ms.)	<b>7</b> Amount of Contribution (\$) \$25.00
<b>6</b> Contributor address; City; State; Zip Code  League City, TX 77573		
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker		<b>9</b> Employer (See Instructions)
Date 08/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Youngblood, Alicia (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  League City, TX 77573		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Youngblood, Alicia (Ms.)	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code  League City, TX 77573		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Youngblood, Alicia (Ms.)	Amount of Contribution (\$) \$45.74
Contributor address; City; State; Zip Code  League City, TX 77573		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/8 Rpt:	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
4 Date 11/24/2023	5 Payee name Devine Promotions & Printing	
6 Amount (\$)  24.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P.O. Box 87355  Houston, TX 77287	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Name Badges and engraving
Date 08/31/2023	Payee name Donham & Williams, PC	
Amount (\$)  550.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2404 S Grand Blvd Suite 120 Pearland, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(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	
Amount (\$)  5.00 <input type="checkbox"/> 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.) Service Fee
Date 08/31/2023	Payee name Frost Bank	
Amount (\$)  5.00 <input type="checkbox"/> 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.) Service Fee

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/8 Rpt:		2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529	
4 Date 07/13/2023		5 Payee name Golfcrest Country Club			
6 Amount (\$) 710.00 <input type="checkbox"/> Expenditure from corporate funds		7 Payee Address; City; State; Zip 2509 Country Club Dr Pearland, TX 77581			
8 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 08/11/2023		Payee name Golfcrest Country Club			
Amount (\$) 420.00 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 2509 Country Club Dr Pearland, TX 77581			
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 09/14/2023		Payee name Golfcrest Country Club			
Amount (\$) 460.00 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 2509 Country Club Dr Pearland, TX 77581			
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 10/12/2023		Payee name Golfcrest Country Club			
Amount (\$) 425.00 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 2509 Country Club Dr Pearland, TX 77581			
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	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 5/8 Rpt:	<b>2</b> FILER NAME TriCounty Republican Women's Club	<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 07/05/2023	<b>5</b> Payee name Loyd, George	
<b>6</b> Amount (\$) 75.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 212 S Patricia St Waco, TX 76705	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Web Hosting for 1 year
Date 07/03/2023	Payee name Square Inc	
Amount (\$) 21.32 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Monthly Service fee
Date 07/31/2023	Payee name Square Inc	
Amount (\$) 42.47 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Credit Card transaction fees
Date 08/03/2023	Payee name Square Inc	
Amount (\$) 21.32 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Monthly Service fees



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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<b>1</b> Total pages Schedule I: Sch: 6/8 Rpt:	<b>2</b> FILER NAME TriCounty Republican Women's Club	<b>3</b> Filer ID (Ethics Commission Filers) 00085529
<b>4</b> Date 08/31/2023	<b>5</b> Payee name Square Inc	
<b>6</b> Amount (\$) 19.32 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Credit Card transaction fee
Date 09/06/2023	Payee name Square Inc	
Amount (\$) 21.32 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Monthly Service fee
Date 09/30/2023	Payee name Square Inc	
Amount (\$) 9.60 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Credit Card transaction fees
Date 10/03/2023	Payee name Square Inc	
Amount (\$) 21.32 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Monthly Service fee

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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