CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00054867 17 Date Received COMMITTEE Walker County Republican Women **ELECTRONICALLY FILED** NAME 02/22/2024 TREASURER Miller, Susan NAME Date Hand-delivered or Date Postmarked **ORIGINAL** X January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Year Day Month Day Date Imaged **COVERED THROUGH** 07/01/2023 12/31/2023 **EXPLANATION OF CORRECTION** Total Political Contributions Maintained as of the Last Day of the Reporting Period showed ZERO but should be \$7,360.76 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Susan Miller Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE

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

Printed name of officer administering oath

_____, 20_____, to certify which, witness my hand and seal of office.

____, this the ____

Signature of officer administering oath

Sworn to and subscribed before me, by the said

Title of officer administering oath

FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00054867 3 COMMITTEE NAME **OFFICE USE ONLY** Walker County Republican Women Date Received **ELECTRONICALLY FILED** 02/22/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 7382 Date Hand-delivered or Date Postmarked Change of Address Huntsville, TX 77342-7394 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Susan NAME NICKNAME LAST **SUFFIX** Miller STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** PO Box 7382 STREET **ADDRESS** (Residence or Business) Huntsville, TX 77342 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 7382 MAILING **ADDRESS** Huntsville, TX 77342 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 770-7253 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Walker County Repu	ıblican Women		00054867	,
4 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	6,971.50
	2. TOTAL POLITICA	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,104.52
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	105.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	11,445.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	7,360.76
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
			n Miller	uror
		Signature of Car	npaign Freast	iiei
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscril	oed before me, by the said _	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	cer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					4 of 17
17 COI	MMITTE	EE NAME	18 Filer ID	(Ethics Commission I	Filers)
Wa	lker Co	ounty Republican Women	00054867	•	ŕ
19 SCI	HEDULI	E SUBTOTALS			
l		SCHEDULE		SUBTOTAL AM	OUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,104.52
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
				Ť	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		 	
J	ш	CONTENDED S. LEED CONTRIBUTIONS		*	
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R		
4.	Ш	ORGANIZATION		\$	
		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION	trioit oit	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	П	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
		ORGANIZATION		Ť	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	 	
0.	ш	CONEDULE D. I LEDGED CONTRIBOTIONOT NOW CORN CIRCUITON OR ENDORS	31(3)(11)2)(11)31(]*	
		COLIEDINE E. LOANIO			
9.	Ш	SCHEDULE E: LOANS		\$	
10.	Χ	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 1	11,445.60
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	П	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
	ш				
14.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ANS.	6	
14.	Ш	SCHEDOLE I. NON-FOLITICAL EXPENDITORES FROM FOLITICAL CONTRIBOTION	5113	\$	
4.5		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED		
15.	Ш	TO FILER		\$	
				l	
1					
I					

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCH	EDU	LE A1
	The Instru	1	Total pages Schedule Sch: 1/1 Rpt: 5/17	• A1:			
2	FILER NAME Walker County Republican Women			3	Filer ID (Ethics Cor 00054867	nmissi	on Filers)
4	Date 08/22/2023 5 Full name of contributor out-of-state PAC (ID#:) Susan, Miller 6 Contributor address; City; State; Zip Code		7	Amount of Contribution	on (\$)	\$12.00	
8		Huntsville, TX 77340 upation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date 11/12/2023	Full name of contributor out-of-state PAC (ID#:_Susan, Miller Contributor address; City; State; Zip Code Huntsville, TX 77340	Retired		Amount of Contribution	on (\$)	\$12.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#:_ Susan, Miller Contributor address; City; State; Zip Code			Amount of Contribution	n (\$)	\$1,109.02
	Principal occu Retired	Huntsville, TX 77340 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
orean oard rayment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/12 Rpt: 6/17	Walker County Republican Women 00054867
4 Date	5 Payee name
12/08/2023	Elkins Lake Cafe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,476.23	282 Elkins Lake
Expenditure from corporate funds	Huntsville, TX 77340
8 PURPOSE	1
OF OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Meals: Swearing in of Officers
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	David and the second se
Date	Payee name
08/21/2023	Farmhouse Cafe
Amount (\$)	Payee address; City; State; Zip Code
\$350.00	1004 14th Sreet
Expenditure from corporate funds	Huntsville, TX 77340
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Veterans Breakfast
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/08/2023	Heartfield Florist
Amount (\$)	Payee address; City; State; Zip Code
\$140.00	1525 Sam Houston Ave
Ψ1-0.00	
Expenditure from	Human illa TV 77040
corporate funds	Huntsville, TX 77340
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Flowers for Swearing In of Officers
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORGICATO TO DOTION O/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/12 Rpt: 7/17	Walker County Republican Women 00054867
4 Date	5 Payee name
12/11/2023	Heartfield Florist
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$41.14	1525 Sam Houston Ave
Expenditure from corporate funds	Huntsville, TX 77340
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Flowers for ill Member
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/20/2023	Humphrey, Tish
Amount (\$)	Payee address; City; State; Zip Code
\$327.85	305 Forest Ln
Expenditure from corporate funds	Huntsville, TX 77340
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	2023 Travel expense for Training and Education
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
08/21/2023	Humphreys
Amount (\$)	Payee address; City; State; Zip Code
\$355.06	1930 Sam Houston Ave
Expenditure from corporate funds	Huntsville, TX 77340
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Meeting Lunches
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment		Legal Services			se s/Contract Labor		OTHER (enter a	strict a category not listed abo	ve)
Credit Card Payment		The Instruction Guid	de explains how to co	omple	ete this form.				
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission	on Filers)
Sch: 3/12 Rpt: 8/17	Walker Cou	nty Republican W	/omen				00054867		
4 Date	5 Payee name				•				
10/16/2023	Humphreys								
6 Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	ode					
\$147.22	1930 Sam F	louston Ave							
Expenditure from corporate funds	Huntsville, 7	X 77340							
8 PURPOSE	(a) Category (c.	e Categories listed at the	4	(b)	Description				
OF		age Expense	top of this schedule)	(~)		outsi	de of Texas. Com	plete Schedule T.	
EXPENDITURE		ago =/tpoileo			Check if Austin,	, TX,	officeholder living	g expense	
					General Meet	ting	J Lunches		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offi	ceholder name	Office sou	ught			Office h	eld	
experialitire to beliefit C/OI									
Date	Payee name								
11/13/2023	Humphreys								
Amount (\$)	Payee addres	ss; City;	State; Zip Co	ode					
\$155.00	1930 Sam F	louston Ave							
— Forestitus from									
Expenditure from corporate funds	Huntsville, ٦	X 77340							
PURPOSE	(a) Category (Se	e Categories listed at the	top of this schedule)	(b)	Description				
OF EXPENDITURE		age Expense	,					nplete Schedule T.	
LXI LINDITORE					ш		officeholder living	g expense	
					General Meet	uriç	Lunches		
Commission ONII V if dispose	Canadidate/Offi		Office	. culo t			Office le	alal	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offi	centituer frame	Office sou	ıgnı			Office h	eiu	
	Г								
Date	Payee name								
12/11/2023	Lunsford, R	enee							
Amount (\$)	Payee addres	•	State; Zip Co	ode					
\$1,292.34	1062 Elkins	Lk							
Expenditure from									
corporate funds	Huntsville, 7	X 77340							
PURPOSE	(a) Category (Se	e Categories listed at the	top of this schedule)	(b)	Description				
OF EXPENDITURE	Event Expe	nse					de of Texas. Com officeholder living	plete Schedule T.	
					Travel Expen				
					Training/Educ			2020	
Complete <u>ONLY</u> if direct	Candidate/Offi	ceholder name	Office sou	l Jaht			Office h	eld	
expenditure to benefit C/OI			255 500	9			200 11		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
oroun out a ymon	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/12 Rpt: 9/17	Walker County Republican Women 00054867
4 Date	5 Payee name
11/29/2023	Miller, Susan
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$996.02	288 Elkins Lk
Expenditure from corporate funds	Huntsville, TX 77340
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Travel Expense Reimbursement for 2023
	Training/Education
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/16/2023	Miller, Susan
Amount (\$)	Payee address; City; State; Zip Code
\$1,039.02	288 Elkins Lk
Expenditure from corporate funds	Huntsville, TX 77340
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Donation Rescinded Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Donation was Rescinded - rejected by budget board therefore was refunded to donor.
	therefore was returned to donor.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/16/2023	MoneyMinder
Amount (\$)	Payee address; City; State; Zip Code
\$179.59	PO Box 30307
Expenditure from corporate funds	Bellingham, WA 98228
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
LAFLINDITUKE	Check if Austin, TX, officeholder living expense
	Accounting Software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/12 Rpt: 10/17 Walker County Republican Women 00054867 4 Date Payee name 10/06/2023 Renee, Lunsford 6 Amount (\$) Payee address; City; State; Zip Code \$8.12 1062 Elkins Lk Expenditure from Huntsville, TX 77340 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Paper: Office Max Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/01/2023 Republican Party of Walker County Amount (\$) Payee address; City; State; Zip Code \$150.00 1205 University Ave Expenditure from Huntsville, TX 77340 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Space Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/01/2023 Republican Party of Walker County Amount (\$) Payee address: City: State; Zip Code \$150.00 1205 University Ave Expenditure from corporate funds Huntsville, TX 77340 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Space Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/12 Rpt: 11/17	Walker County Republican Women 00054867
4 Date	5 Payee name
09/01/2023	Republican Party of Walker County
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.00	1205 University Ave
— Foreseditors from	
Expenditure from corporate funds	Huntsville, TX 77340
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Space
	Cinice Opado
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/01/2023	Republican Party of Walker County
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	1205 University Ave
Expenditure from corporate funds	Huntsville, TX 77340
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Space
	Office Space
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	· ·
Date	Payee name
10/26/2023	Republican Party of Walker County
Amount (\$)	Payee address; City; State; Zip Code
\$350.00	1205 University Ave
Expenditure from corporate funds	Huntsville, TX 77340
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	1st Responder Goodie Bags
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Forms provided by Tayas F	thics Commission was athics state ty us Version V2.5.1.9000c/75

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/12 Rpt: 12/17	Walker County Republican Women 00054867
4 Date	5 Payee name
10/31/2023	Republican Party of Walker County
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.00	1205 University Ave
- "	
Expenditure from corporate funds	Huntsville, TX 77340
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Space
	Office Space
O Committee ONII Wife discret	Our did to 10 ff as had done as many
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/01/2023	Republican Party of Walker County
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	1205 University Ave
Expenditure from corporate funds	Huntsville, TX 77340
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Office Space
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
11/09/2023	Rosenberger, Sylvia
Amount (\$)	Payee address; City; State; Zip Code
\$358.04	PO Box 7382
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from	Huntsville, TX 77320
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Travel Expense Reimbursement for 2023
	Training/Education
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	• • • • • • • • • • • • • • • • • • •

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/12 Rpt: 13/17	Walker County Republican Women 00054867
4 Date	5 Payee name
11/13/2023	Rosenberger, Sylvia
6 Amount (\$) \$117.80	7 Payee address; City; State; Zip Code PO Box 7382
Expenditure from corporate funds	Huntsville, TX 77320
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Travel Expense Reimbursement for 2023
	Training/Education
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/21/2023	Sam Houston State University
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$100.00	1402 19th St
Expenditure from	
corporate funds	Huntsville, TX 77340
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Meeting Room Rental
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
10/16/2023	Sam Houston State University
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1402 19th St
\$100.00	1402 1901 50
Expenditure from	
corporate funds	Huntsville, TX 77340
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Room Rental
Complete ONLY if allow	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to beliefit 6/01	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/12 Rpt: 14/17 Walker County Republican Women 00054867 4 Date Payee name 11/09/2023 Sam Houston State University 6 Amount (\$) Payee address; City; State; Zip Code \$100.00 1402 19th St Expenditure from Huntsville, TX 77340 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Room Rental Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/08/2023 State Comptroller Amount (\$) Payee address; City; State; Zip Code \$86.28 111 E 17th St Expenditure from Austin, TX 78774 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundraising Expense **EXPENDITURE** TX Check if Austin, TX, officeholder living expense Sales Tax Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/20/2023 Sylvia, Rosenberger Amount (\$) Payee address: City; State; Zip Code \$49.39 PO Box 7382 Expenditure from corporate funds Huntsville, TX 77320 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Brookshire Expense water, cookies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	,
1 Total pages Schedule F1:	
Sch: 10/12 Rpt: 15/17	Walker County Republican Women 00054867
4 Date	5 Payee name
07/12/2023	Texas Federation of Republican Women
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$151.80	13740 N Highway 183, Suite J4
Expenditure from corporate funds	Austin, TX 78750
8 PURPOSE	(b) Description
OF	Category (See Categories listed at the top of this schedule) Fees CD Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Membership Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
08/11/2023	Texas Federation of Republican Women
Amount (\$)	Payee address; City; State; Zip Code
\$126.50	13740 N Highway 183, Suite J4
Expenditure from corporate funds	Austin, TX 78750
PURPOSE	_
OF OF	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
	Membership Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/25/2023	Texas Federation of Republican Women
Amount (\$)	Payee address; City; State; Zip Code
\$75.90	13740 N Highway 183, Suite J4
Expenditure from corporate funds	Austin, TX 78750
PURPOSE	(a) a
OF	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Membership Fees
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commis	ssion Filers)
Sch: 11/12 Rpt: 16/17	Walker County Republican Women		00054867	
4 Date	5 Payee name			
09/07/2023	Texas Federation of Republican Women			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$25.30	13740 N Highway 183, Suite J4			
Expenditure from corporate funds	Austin, TX 78750			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Fees		outside of Texas. Complete Schedule T.	
EXPENDITURE			TX, officeholder living expense	
		Membership F	-ees	
		1.	O'''	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held	
·				
Date	Payee name			
09/24/2023	Texas Federation of Republican Women			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$25.30	13740 N Highway 183, Suite J4			
Expenditure from				
corporate funds	Austin, TX 78750			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees	—	outside of Texas. Complete Schedule T. TX, officeholder living expense	
		Membership F		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	1			
Date	Payee name			
12/01/2023	Texas Federation of Republican Women			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$1,158.70	13740 N Highway 183, Suite J4			
Expenditure from corporate funds	Austin, TX 78750			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Fees		outside of Texas. Complete Schedule T.	
EXPENDITURE			TX, officeholder living expense	
		Membership F	-ees	
			0.00	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held	
7				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/12 Rpt: 17/17	Walker County Republican Women 00054867
4 Date	5 Payee name
12/11/2023	Texas Federation of Republican Women
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.00	13740 N Highway 183, Suite J4
Expenditure from	
corporate funds	Austin, TX 78750
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Meeting Hospitality donation
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/20/2023	US Post Office
Amount (\$)	Payee address; City; State; Zip Code
\$83.00	1315 10th St
Expenditure from corporate funds	Huntsville, TX 77340
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	PO Box Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	