GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00070360		2 Total pages filed: 71
3	COMMITTEE NAME		-			OFFICE USE ONLY
	Republican Wome	n of Trinity County				Date Received
						ELECTRONICALLY FILED
						07/14/2024
_	000447755					07714/2024
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CIT	Y;	STATE; ZIP COD	DE	
	ABBRECC	P.O. Box 1916				Date Hand-delivered or Date Postmarked
	Change of Address					
		Trinity, TX 75862				Receipt # Amount
						Date Processed
						Date Imaged
5	CAMPAIGN	MS / MRS / MR FIRST				MI
Ĵ	TREASURER	Kirby D.				
	NAME	Kilby D.				
		NICKNAME LAST	•••••			SUFFIX
		Mackey				SOFFIX
		Wackey				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; C	ITY;	STATE; ZIP CODE
ľ	TREASURER	4 Westwood Drive West		AF1/30112#, C	,	STATE, ZIP CODE
	STREET	4 Westwood Drive West				
	ADDRESS					
	(Residence or Business)	Trinity, TX 75862				
7	CAMPAIGN TREASURER	STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
	MAILING	4 Westwood Drive West				
	ADDRESS					
	Change of Address	Trinity, TX 75862				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXT	ENSION		
-	TREASURER	(832) 691-6878				
	PHONE					
9	REPORT	January 15 30)th d	ay before election		Dissolution (Attach PAC-DR)
	TYPE			-		
			h da	y before election		10th day after campaign treasurer termination
			unof	f		
10	PERIOD	Month Day Year		Month D	Day	Year
10	COVERED	,		DUGH 06/30/		
				00,00	2021	
11	ELECTION	ELECTION DATE		ELECTION TYP	E	
			Prima			Other
		03/05/2024	Conc			
			Sene	eral Special		
		<u> </u>	ГО	PAGE 2		
For	rms provided by Te	xas Ethics Commission www.et	hic	s.state.tx.us		Version V3.5.1.5b35d027

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Republican Women of 1	rinity County		00070360	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	17,490.36
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	17,794.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the a nation required	accompanying report is d to be reported by me
		Kirby D.	Mackey	
		Signature of Car	npaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tł	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.5b35d027

FORM GPAC COVER SHEET PG 3

17 CON	имітте	EE NAME	18 Filer ID	(Ethics	s Commission Filers)
Rep	ublica	n Women of Trinity County	00070360	`	
		E SUBTOTALS SCHEDULE		s	UBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	17,490.36
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	17,794.94
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

SUBTOTALS - GPAC

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/37 Rpt: 4/71	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	Women of Trinity County		00070360	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/16/2024	Akin, Teresa		\$	\$50.00
	6 Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
-	upation / Job title (See Instructions)	9 Employer (See Instructions)	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/29/2024	Alaniz, Al		\$1	100.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
-	upation / Job title (See Instructions)	Employer (See Instructions		
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
02/26/2024	Allen, Carolyn		4	\$40.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
-	upation / Job title (See Instructions)	Employer (See Instructions		
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
06/03/2024	Allen, Donna		\$	\$40.00
	Contributor address; City; State; Zip Code			
Dringinglass	Trinity, TX 75862	England (On a landausting	\ \	
	upation / Job title (See Instructions)	Employer (See Instructions		
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/26/2024	Araiza, Cindy (Mrs.)		9	\$40.00
	Contributor address; City; State; Zip Code			
	Trinity TV 75960			
Duinciaala	Trinity, TX 75862		\	
-	upation / Job title (See Instructions)	Employer (See Instructions)	
Retired		Retired		

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/37 Rpt: 5/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Women of Trinity County			00070360	/
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/01/2024	Araiza, Cindy (Mrs.)				\$23.00
		6 Contributor address; City; State; Zip Code				
		Trinity, TX 75862				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Retired		Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/29/2024	Araiza, Cindy (Mrs.)	/			\$100.00
		Trinity, TX 75862				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/12/2024	Auvenshine, Linda)		/cu.it of Contained and (+)	\$40.00
		Contributor address; City; State; Zip Code				
		Trinity, TX 75862				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/27/2024	Auvenshine, Ron				\$100.00
		Contributor address; City; State; Zip Code				
		Trinity, TX 75862				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/29/2024	Auvenshine, Ron				\$100.00
		Contributor address; City; State; Zip Code				
		Trinity, TX 75862				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			

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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/37 Rpt: 6/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Women of Trinity County			00070360	/
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/12/2024	Baker, Carrie				\$40.00
		6 Contributor address; City; State; Zip Code				
		Trinity, TX 75862				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	retired		Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/29/2024	Baker, Carrie				\$200.00
		Contributor address; City; State; Zip Code				
		Trinity, TX 75862				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	02/12/2024	Baranowski, Teresa (Mrs.)				\$40.00
		Contributor address; City; State; Zip Code				
		Trinity, TX 75862				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
	01/12/2024	Bateman, Dottie (Mrs.)				\$40.00
		Contributor address; City; State; Zip Code				
		Trinity, TX 75862				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/18/2024	Bateman, Dottie (Mrs.)				\$100.00
		Contributor address; City; State; Zip Code				
		Trinity, TX 75862				
[]	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
			·			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/37 Rpt: 7/71	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	Women of Trinity County		00070360	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/23/2024	Bleakney, Karen Gisele			00.00
	6 Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
8 Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions Retired	;)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	~ ~ ~
04/29/2024			\$3U	00.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862	· · · · ·	<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/22/2024	Boney, Carol		\$4	0.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Retired	1	Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/29/2024	Boney, Carole		\$10	00.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
03/18/2024	Brown, Tanya		.,	0.00
	Contributor address; City; State; Zip Code	,		
	Trinity, TX 75862			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Retired		Retired	,	

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/37 Rpt: 8/71	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
-		Nomen of Trinity County		1	00070360	1 11010)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/15/2024	Brown, Tanya				\$22.00
		6 Contributor address; City; State; Zip Code		1		
		Trinity, TX 75862				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/03/2024	Brown, Tanya				\$25.00
		Contributor address; City; State; Zip Code		1		
		Trinity, TX 75862				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/03/2024	Bryan, Nita				\$40.00
		Contributor address; City; State; Zip Code		1		
		Trinity, TX 75862				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/18/2024	Bryan, Nita				\$50.00
		Contributor address; City; State; Zip Code]		
	<u> </u>	Trinity, TX 75862		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/02/2024	Bryan, Nita				\$25.00
		Contributor address; City; State; Zip Code				
		Trinity, TX 75862				
	Dringing occur		Employor (Soo Instructions	<u> </u>		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
			Realed			

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 6/37 Rpt: 9/71 2 FILER NAME Republican Women of Trinity County 3 Filer ID (Ethics Commission File 00070360 4 Date 01/04/2024 5 Full name of contributor on out-of-state PAC (ID#:) Carlton, Jennifer (Mrs.) 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 6 Contributor Address; City; State; Zip Code 7	ers)
Republican Women of Trinity County 00070360 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 01/04/2024 Carlton, Jennifer (Mrs.) 6 Contributor address; City; State; Zip Code 7	lers)
Republican Women of Trinity County 00070360 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 01/04/2024 Carlton, Jennifer (Mrs.) 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$)	,
01/04/2024 Carlton, Jennifer (Mrs.) 6 Contributor address; City; State; Zip Code	
6 Contributor address; City; State; Zip Code	
6 Contributor address; City; State; Zip Code	\$40.00
Groveton, TX 75845	
Groveton, TX 75845	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Retired Retired	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
04/23/2024 Carney, Betsy	\$40.00
Contributor address; City; State; Zip Code	
Canyon Lake, TX 78133	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
retired	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
03/15/2024 Carson, Paulette (Mrs.)	\$5.00
Contributor address; City; State; Zip Code	
Apple Springs, TX 75926	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Retired	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
04/02/2024 Carson, Paulette (Mrs.)	150.00
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code Apple Springs, TX 75926	
Contributor address; City; State; Zip Code Apple Springs, TX 75926 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Contributor address; City; State; Zip Code Apple Springs, TX 75926 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) retired	
Contributor address; City; State; Zip Code Apple Springs, TX 75926 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Apple Springs, TX 75926 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) O6/04/2024 Carson, Paulette (Mrs.) \$	211.59
Contributor address; City; State; Zip Code Apple Springs, TX 75926 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	211.59
Contributor address; City; State; Zip Code Apple Springs, TX 75926 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor 06/04/2024 Carson, Paulette (Mrs.)	211.59
Contributor address; City; State; Zip Code Apple Springs, TX 75926 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Carson, Paulette (Mrs.) Contributor address; City; State; Zip Code	211.59
Contributor address; City; State; Zip Code Apple Springs, TX 75926 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor O6/04/2024 Carson, Paulette (Mrs.) Contributor address; City; State; Zip Code Apple Springs, TX 75926 Apple Springs, TX 75926	211.59
Contributor address; City; State; Zip Code Apple Springs, TX 75926 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor O6/04/2024 Carson, Paulette (Mrs.) Contributor address; City; State; Zip Code Apple Springs, TX 75926 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	211.59
Contributor address; City; State; Zip Code Apple Springs, TX 75926 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor Od/04/2024 Carson, Paulette (Mrs.) Contributor address; City; State; Zip Code Apple Springs, TX 75926	211.59

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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/37 Rpt: 10/71	
2 FILER NAME			3 Filer ID (Ethics Commission Filers))
Republican	Women of Trinity County		00070360	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/02/2024	Chamberlin, Barbara		\$150	00.0
	6 Contributor address; City; State; Zip Code		1	
	Trinity, TX 75862			
	pation / Job title (See Instructions)	9 Employer (See Instructions	6)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/16/2024	Chamberlin, Barbara		\$100	.00
	Contributor address; City; State; Zip Code		1	
	Trinity, TX 75862	-		
-	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/16/2024	Chamberlin, Barbara		\$25	.00
	Contributor address; City; State; Zip Code		•	
	Trinity, TX 75862	<u> </u>	-	
-	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Retired		Retired	·	
Date	Full name of contributor)	Amount of Contribution (\$)	
03/15/2024			\$10	.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Retired		Retired	5)	
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	_
Date 04/29/2024	Full name of contributor out-of-state PAC (ID#: Chamberlin, Richard (Mr.))	Amount of Contribution (\$) \$400	00
04/20/2024			↓ ·	.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Retired		Retired	,	
		<u> </u>		

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/37 Rpt: 11/71	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
[Nomen of Trinity County		00070360	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
	04/29/2024	Chamberlin, Richard (Mr.)		\$400.	00
		6 Contributor address; City; State; Zip Code			
		Trinity, TX 75862			
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	s)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	02/05/2024	Clark, Sheryl (Mrs.)		\$40.	00
		Contributor address; City; State; Zip Code			
		Contributor address, City, State, Zip Code			
		Trinity, TX 75862			
_	Dringing ogg	-	Employer (Cap Instructions		
		pation / Job title (See Instructions)	Employer (See Instructions	5)	
	retired		Retired		
	Date	Full name of contributor 🛛 🗌 out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
	04/16/2024	Clark, Sheryl (Mrs.)		\$100.	00
		Contributor address; City; State; Zip Code			
		Trinity, TX 75862			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	retired		Retired		
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	04/27/2024	Croxson, Harry	/	\$100.	00
	04/21/2024	-			00
		Contributor address; City; State; Zip Code			
		Trinity, TX 75862			
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Retired		Retired		
⊨	Data	Full name of contributor	`	Amount of Contribution (\$)	
	Date)	Amount of Contribution (\$)	00
	03/04/2024	DeVries, Linda		\$40.	00
		Contributor address; City; State; Zip Code			
		Woodlake, TX 75865			
		pation / Job title (See Instructions)	Employer (See Instructions	s)	
	retired		retired		
1					

2 FILER NAME Republican Women of Trinity County 3 Filer ID (Ethics Commission Filers) 00070360 4 Date 03/15/2024 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) retired 7 Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) retired Amount of Contribution (\$) 04/16/2024 Full name of contributor out-of-state PAC (ID#:) DeVries, Linda Amount of Contribution (\$) \$25.00 9 Finoipal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$25.00 04/16/2024 Full name of contributor out-of-state PAC (ID#:) retired Amount of Contribution (\$) \$25.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Amount of Contribution (\$) \$25.00 04/29/2024 Full name of contributor out-of-state PAC (ID#:) DeVries, Linda Amount of Contribution (\$) \$100.00 04/29/2024 Full name of contributor out-of-state PAC (ID#:
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 03/15/2024 5 Full name of contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$5.00 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) retired 7 Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) retired 9 Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$25.00 Vincipal occupation / Job title (See Instructions) retired DeVries, Linda S25.00 Amount of Contribution (\$) Voodlake, TX 75865 Full name of contributor out-of-state PAC (ID#:
03/15/2024 DeVries, Linda \$5.00 6 Contributor address; City; State; Zip Code woodlake, TX 75865 8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Voodlake, TX 75865 Woodlake, TX 75865 \$25.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired \$25.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired \$25.00 Date Full name of contributor out-of-state PAC (ID#: out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/29/2024 DeVries, Linda Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Woodlake, TX 75865 Woodlake, TX 75865 8 Principal occuration / Job title (See Instructions) retired 9 Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 DeVries, Linda \$25.00 Voodlake, TX 75865 Voodlake, TX 75865 Principal occuration / Job title (See Instructions) retired Employer (See Instructions) retired Principal occuration / Job title (See Instructions) retired Employer (See Instructions) retired Principal occuration / Job title (See Instructions) retired Employer (See Instructions) retired Principal occuration / Job title (See Instructions) retired Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) Date Full name of contributor out-of-state PAC (ID#:) Od/29/2024 DeVries, Linda Amount of Contribution (\$) 04/29/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
6 Contributor address; City; State; Zip Code Woodlake, TX 75865 Woodlake, TX 75865 8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 DeVries, Linda S25.00 Contributor address; City; State; Zip Code Moodlake, TX 75865 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired S25.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired S25.00 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired S25.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) S25.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) S100.00 04/29/2024 DeVries, Linda S100.00 S100.00 S100.00
8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 DeVries, Linda \$25.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$25.00 Woodlake, TX 75865 Woodlake, TX 75865 Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:
8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 DeVries, Linda \$25.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$25.00 Woodlake, TX 75865 Woodlake, TX 75865 Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:
retired retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 DeVries, Linda \$25.00 Contributor address; City; State; Zip Code Sector \$25.00 Woodlake, TX 75865 Woodlake, TX 75865 Employer (See Instructions) retired Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/29/2024 DeVries, Linda \$100.00
04/16/2024 DeVries, Linda \$25.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Woodlake, TX 75865 Woodlake, TX 75865 Principal occuration / Job title (See Instructions) retired Employer (See Instructions) retired Date Full name of contributor on out-of-state PAC (ID#:) Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Woodlake, TX 75865 Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/29/2024 DeVries, Linda
Woodlake, TX 75865 Employer (See Instructions) retired Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) 04/29/2024 DeVries, Linda
Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) 04/29/2024 DeVries, Linda \$100.00
Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) 04/29/2024 DeVries, Linda \$100.00
Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) 04/29/2024 DeVries, Linda \$100.00
retired retired Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/29/2024 DeVries, Linda \$100.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/29/2024 DeVries, Linda \$100.00
04/29/2024 DeVries, Linda \$100.00
Woodlake, TX 75865
Principal occupation / Job title (See Instructions) Employer (See Instructions)
retired
Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$)
06/04/2024 DeVries, Linda \$211.59
Contributor address; City; State; Zip Code
Meadlake TV 75065
Woodlake, TX 75865 Principal occupation / Job title (See Instructions) Employer (See Instructions)
retired retired
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/06/2024 Delta T Heating and Cooling \$250.00
Contributor address; City; State; Zip Code
Trinity, TX 75862
Principal occupation / Job title (See Instructions) Employer (See Instructions)

	The Instru	ction Guide explains how to complete th	s for	m.	1	Total pages Schedule A1: Sch: 10/37 Rpt: 13/71	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		Nomen of Trinity County				00070360	
4	Date	5 Full name of contributor out-of-state PAC (I	D#:)	7	Amount of Contribution (\$)	
	02/26/2024	Ellsworth, Dean					\$409.54
		6 Contributor address; City; State; Zip Code			1		
	Deinsteallesse	Trinity, TX 75862		England (Or a hardworth and			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date	Full name of contributor 🛛 out-of-state PAC (I	D#:)		Amount of Contribution (\$)	
	04/01/2024	Ellsworth, Dean					\$150.00
		Contributor address; City; State; Zip Code					
		Trinity, TX 75862					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor out-of-state PAC (I	D#:)		Amount of Contribution (\$)	
	01/22/2024	Erdmann, Dana					\$40.00
		Contributor address; City; State; Zip Code					
		Trinity, TX 75862					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	retired			retired			
	Date	Full name of contributor out-of-state PAC (I	D#:)		Amount of Contribution (\$)	
	05/15/2024	Erdmann, Dana					\$100.00
		Contributor address; City; State; Zip Code					
		Trinity, TX 75862					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	retired			retired			
	Date	Full name of contributor out-of-state PAC (I	D#:)		Amount of Contribution (\$)	
	05/21/2024	Erdmann, Dana					\$50.00
		Contributor address; City; State; Zip Code					
		T : : TX 75000					
⊢		Trinity, TX 75862			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	retired			retired			

The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/37 Rpt: 14/71	
2 FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Women of Trinity County			ľ	00070360	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
04/29/2024	Evans, David	—				\$100.00
	6 Contributor address; City; Sta	ate; Zip Code		1		
	Trinity, TX 75862					
8 Principal occu Retired	pation / Job title (See Instructions)		9 Employer (See Instructions Retired	5)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
02/05/2024	Evans, Janice	、			· · · · · · · · · · · · · · · · · · ·	\$40.00
<u> </u>	Contributor address; City; Sta			ł		T · - · ·
	CUITITIDUTOL autress, City, Su	ale; Zip Coue				
	Trinity, TX 75862					
Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	1 S)		
Retired	, , ,		Retired	,		
Data	Full name of contributor			Г	Amount of Contribution (\$)	
Date 04/27/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
04/21/2024						ΦΤΟΟ'ΟΟ
	Contributor address; City; Sta	ate; Zip Code				
	Trinite TV 75060					
- · · · · · · · · · · · · · · · · · · ·	Trinity, TX 75862			Ĺ		
	pation / Job title (See Instructions)	1	Employer (See Instructions	5)		
retired			retired			
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
01/22/2024	Frye, Sunnie					\$40.00
	Contributor address; City; Sta	ate; Zip Code		1		
	Trinity, TX 75862					
	pation / Job title (See Instructions))	Employer (See Instructions	5)		
retired			retired	_		
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
02/26/2024	Frye, Sunnie	—				\$5.00
	Contributor address; City; Sta	ate; Zip Code		1		
		·····, 1				
	Trinity, TX 75862					
Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	<u> </u>		
retired	, , ,		retired	<i>,</i>		

The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/37 Rpt: 15/71	
2 FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Nomen of Trinity County			ľ	00070360	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
04/02/2024	Frye, Sunnie					\$25.00
	6 Contributor address; City; State	e; Zip Code				
	Trinity, TX 75862					
	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
retired			retired			
Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
04/16/2024	Frye, Sunnie					\$22.00
	Contributor address; City; State]		
	Trinity, TX 75862			Ĺ		
	pation / Job title (See Instructions)		Employer (See Instructions	5)		
retired	1		retired			
Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
06/04/2024	Frye, Sunnie					\$211.59
	Contributor address; City; State					
	Tripity TV 75962					
Dringingloggy	Trinity, TX 75862		Employer (Cap Instructions			
retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
				-		
Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢25.00
04/16/2024						\$25.00
	Contributor address; City; State	e; Zip Code				
	Trinity, TX 75862					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
Retired			Retired			
Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
04/27/2024	Fuentes, Maria		/		(1)	\$200.00
		e: Zip Code				
		-,				
	Trinity, TX 75862					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Retired			Retired			

	The Instru	ction Guide explains how to cor	nplete this for	m.	1	Total pages Schedule A1: Sch: 13/37 Rpt: 16/71	
2	FILER NAME				3	Filer ID (Ethics Commission) Filers)
		Nomen of Trinity County				00070360	
4	Date	5 Full name of contributor out-o	f-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/27/2024	Goodman, Judy					\$200.00
		6 Contributor address; City; State; Zip C	Code				
		Trinity, TX 75862					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
⊨	Date	Full name of contributor out-o	f-state PAC (ID#:)		Amount of Contribution (\$)	
	02/26/2024	Gore, Malaki		/			\$40.00
	02/20/2021						+
		Contributor address; City; State; Zip (Joue				
		Trinity, TX 75862					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Retired			Retired			
⊨	Date	Full name of contributor out-o	f-state PAC (ID#:)		Amount of Contribution (\$)	
	02/26/2024	Gore, Malaki					\$5.00
		Contributor address; City; State; Zip C	Code				
		Trinity, TX 75862					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Retired			Retired			
	Date	Full name of contributor out-o	f-state PAC (ID#:)		Amount of Contribution (\$)	
	04/27/2024	Grounds, David					\$100.00
		Contributor address; City; State; Zip C					
		Trinity, TX 75862			Ĺ		
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
╞					_		
	Date		f-state PAC (ID#:)		Amount of Contribution (\$)	.
	01/13/2024	Hansen, Erin					\$40.00
		Contributor address; City; State; Zip C	Code				
		Trinity, TX 75862					
\vdash	Principal occu	pation / Job title (See Instructions)	i	Employer (See Instructions	<u>ا</u>		
	Retired			Retired	,		

	The Instru	ction Guide explains how to complet	e this for	m.	1	Total pages Schedule A1: Sch: 14/37 Rpt: 17/71	
2	FILER NAME				3	Filer ID (Ethics Commission) Filers)
		Nomen of Trinity County				00070360	
4	Date	5 Full name of contributor out-of-state	PAC (ID#:)	7	Amount of Contribution (\$)	
	04/16/2024	Hansen, Erin					\$200.00
		6 Contributor address; City; State; Zip Code					
		Trinity, TX 75862					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Retired			Retired			
╞	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	05/15/2024	Hansen, Erin					\$47.00
		Trinity, TX 75862					
⊢	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	L;)		
	Retired			Retired	,		
					_	Annount of Questile sting (\$)	
	Date		PAC (ID#:)		Amount of Contribution (\$)	¢1.00.01
	06/19/2024	Hansen, Erin					\$168.01
		Contributor address; City; State; Zip Code					
		Trivity TV 75060					
	<u> </u>	Trinity, TX 75862			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor out-of-state I	PAC (ID#:)		Amount of Contribution (\$)	
	04/25/2024	Hargrave , Orrin					\$100.00
		Contributor address; City; State; Zip Code			1		
		Trinity, TX 75862					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	CPA			self employed			
F	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	03/04/2024	Harrington, Sally Jo (Ms.)					\$5.00
		Contributor address; City; State; Zip Code					
		Trinity, TX 75862					
\vdash	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	г ;)		
	Retired	• •		Retired			
⊢			I				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 15/37 Rpt: 18/71
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Women of Trinity County		00070360
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/02/2024	Harrington, Sally Jo (Ms.)		\$25.0
	6 Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
8 Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions Retired	3)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/16/2024	Harrington, Sally Jo (Ms.)		\$72.00
	Trinity, TX 75862		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	8)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/27/2024	Harrott, Randy		\$100.00
	Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions retired	5)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/06/2024	Hart, Ann (Mrs.)		\$100.00
	Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
Dringinglagg		Employer (Cap Instructions	
Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	;)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/03/2024	Hart, Ann (Mrs.)		\$22.00
	Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions) 3)
Retired	, ,	Retired	
1			

	The Instru	ction Guide explains how to o	complete this fo	orm.	1	Total pages Schedule A1: Sch: 16/37 Rpt: 19/71	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
. 		Women of Trinity County				00070360	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	02/26/2024	Hassell, Linda (Mrs.)					\$40.00
		6 Contributor address; City; State; Z					
Ļ	<u> </u>	Trinity, TX 75862	,		Ļ		
8		upation / Job title (See Instructions)	ļ	9 Employer (See Instructions))		
L	Retired			Retired	—		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/16/2024						\$100.00
		Contributor address; City; State; Z					
		Trinity TV 75060					
	Dringingloog	Trinity, TX 75862	,	Employer (Coo Instructions	Ļ		
	County Attor	upation / Job title (See Instructions)	ļ	Employer (See Instructions) Trinity County)		
	-	-			—		
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷ +0,00
	01/22/2024						\$40.00
		Contributor address; City; State; Z	Zip Code				
		Trinity, TX 75862					
┝	Principal occu	upation / Job title (See Instructions)	,	Employer (See Instructions)	<u>ا</u>		
	Retired		ļ	Retired	9		
╞		Full name of contributor			—	Amount of Contribution (¢)	
	Date 02/26/2024		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
	0212012024						Φ40.00
		Contributor address; City; State; Z	Zip Code				
		Trinity, TX 75862					
⊢	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	nurse/busine		ļ	hospital	,		
╞	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/22/2024	Holden, Robbin	, <u> </u>			······	\$40.00
			Zip Code				
		Trinity, TX 75862					
┢	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions)	;)		
	Loan Officer		ļ	Chartway Credit Union			
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The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 17/37 Rpt: 20/71
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Women of Trinity County		00070360
4 Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7 Amount of Contribution (\$)
03/18/2024	Holden, Robbin		\$150.00
	6 Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
Loan Officer		Chartway Credit Union	
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
04/29/2024	Holden, Robbin		\$400.00
	Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instruction:	s)
Loan Officer		Chartway Credit Union	
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
06/19/2024	Holden, Robbin		\$211.59
	Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Loan Officer		Chartway Credit Union	
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
03/18/2024	Holsinger, Cindy		\$100.00
	Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
retired		retired	
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
04/02/2024	Holsinger, Cindy		\$25.00
	Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	s)
retired		retired	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 18/37 Rpt: 21/71	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Republican V	Women of Trinity County		00070360	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/16/2024	Holsinger, Cindy		\$	49.00
	6 Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/06/2024	Holsinger, Cindy		\$	20.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
	pation / Job title (See Instructions)	Employer (See Instructions		
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/16/2024	Jenkins, Barbara (Mrs.)		\$	40.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
	pation / Job title (See Instructions)	Employer (See Instructions		
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
02/05/2024	Kennedy, JoAnn		\$	40.00
	Contributor address; City; State; Zip Code			
	Croveton TX 75945			
Dringing ogg	Groveton, TX 75845	Employer (See Instructions		
Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	~~ ~~
04/27/2024	Kennedy, Joseph		\$1	.00.00
	Contributor address; City; State; Zip Code			
	Groveton, TX 75845			
Principal occu		Employor (Soo Instructions	<u> </u>	
Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	7	
		i i cui cu		

	The Instru	ction Guide explains how to complete this t	orm.	1	Total pages Schedule A1: Sch: 19/37 Rpt: 22/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
ľ		Nomen of Trinity County		ľ	00070360	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/27/2024	Kmiec, Christopher				\$200.00
		6 Contributor address; City; State; Zip Code		1		
		Spring, TX 77373				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Medical Sup	ply	Gulf Coast Prosthetics			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Г	Amount of Contribution (\$)	
	04/27/2024)			\$300.00
	04/2/12024					\$300.00
		Contributor address; City; State; Zip Code Spring, TX 77373				
⊢	Duin air al a ann		Freedown (Oan Instructions			
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Medical Sup	ріу	Gulf Coast Prosthetics			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/12/2024	Kreitzer, Brenda				\$20.00
		Contributor address; City; State; Zip Code		1		
		Trinity, TX 75862 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/16/2024	Kreitzer, Brenda				\$47.00
		Contributor address; City; State; Zip Code				
		Trinity, TX 75862				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	04/23/2024	Kreitzer, Brenda)			\$50.00
	04/23/2024					\$50.00
		Contributor address; City; State; Zip Code				
		Trinity, TX 75862				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
			1			

The Ins	ruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 20/37 Rpt: 23/71	
2 FILER NA	ME		3 Filer ID (Ethics Commission	Eilers)
	an Women of Trinity County		00070360	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/01/20				\$5.00
	6 Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
8 Principal c	ccupation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/02/20				\$25.00
	Trinity, TX 75862			
Principal c	ccupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Retired		Retired		
			Amount of Contribution (ft)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	¢100.00
04/16/20				\$100.00
	Contributor address; City; State; Zip Code			
	Trinity TV 75962			
Duinainala	Trinity, TX 75862			
Retired	ccupation / Job title (See Instructions)	Employer (See Instructions Retired	5)	
Relieu		Retireu	1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/16/20	Lasater, Monet			\$22.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862	-		
-	ccupation / Job title (See Instructions)	Employer (See Instructions	5)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/27/20	24 Lasater, Monet			\$200.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
Principal c	ccupation / Job title (See Instructions)	Employer (See Instructions	S)	
Retired		Retired		
		1		

The Instruction Guide explains how to complete this form.	4 T · · · · · · · · · · ·
	1 Total pages Schedule A1: Sch: 21/37 Rpt: 24/71
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Republican Women of Trinity County	00070360
Date 5 Full name of contributor Image: out-of-state PAC (ID#:) Image: out-of-statePAC (ID#:) Image: out-of-statePAC (ID#:	7 Amount of Contribution (\$)
04/27/2024 Linderman, Maja	\$200.00
6 Contributor address; City; State; Zip Code	
Trinity, TX 75862	
B Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	,
retired Retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/02/2024 Loftin, Michael (Rev.)	\$100.00
Contributor address; City; State; Zip Code	
Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Pastor River Of Life Church	
	to a state of Operation (Φ)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	\$65.00
06/19/2024 Loria, Dana	
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code Trinity, TX 75862	
Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Contributor address; City; State; Zip Code Trinity, TX 75862	
Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Employer (See Instructions)) Amount of Contribution (\$)
Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired	
Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor 06/19/2024 Mackey, Kirby	Amount of Contribution (\$)
Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor 06/19/2024 Mackey, Kirby	Amount of Contribution (\$)
Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor 06/19/2024 Mackey, Kirby	Amount of Contribution (\$)
Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired Date Date Full name of contributor O6/19/2024 Mackey, Kirby Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$)
Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) Mackey, Kirby Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired Date Date Full name of contributor O6/19/2024 Mackey, Kirby Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor 06/19/2024 Mackey, Kirby Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor Date Full name of contributor 06/19/2024 Mackey, Kirby Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Admin	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor O6/19/2024 Mackey, Kirby Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor Of 19/2024 Mackey, Kirby Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Admin Date Full name of contributor Date Full name of contributor	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired Date Full name of contributor	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 06/19/2024 Mackey, Kirby Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor Od/19/2024 Mackey, Kirby Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Admin Date Full name of contributor out-of-state PAC (ID#:) 02/05/2024 Malvini, Denni Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired Date Date Full name of contributor controlstate PAC (ID#:) Mackey, Kirby Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Admin Employer (See Instructions) SHSU Date Full name of contributor controlstate PAC (ID#:) Malvini, Denni Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$200.00 Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#:) 06/19/2024 Mackey, Kirby Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Retired Date Full name of contributor Od/19/2024 Mackey, Kirby Contributor address; City; State; Zip Code Trinity, TX 75862 Principal occupation / Job title (See Instructions) Admin Date Full name of contributor out-of-state PAC (ID#:) 02/05/2024 Malvini, Denni Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$200.00 Amount of Contribution (\$) \$40.00

т	he Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 22/37 Rpt: 25/71
2 F	ILER NAME			3 Filer ID (Ethics Commission Filers)
		Nomen of Trinity County		00070360
4 D	Date	5 Full name of contributor Dut-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
0	4/16/2024	Martin, Danny		\$100.00
		6 Contributor address; City; State; Zip Code		
		Groveton, TX 75845		
8 P	rincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	l S)
	wner		Shaw Butane	,
D	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
0	3/15/2024	Martin, Shary		\$40.00
		Trinity, TX 75862		
Р	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
R	Retired		Retired	
D	Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
0	4/16/2024	Matuszewski, Karen		\$100.00
		Contributor address; City; State; Zip Code		
		Trinity, TX 75862		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
re	etired		retired	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
0	4/16/2024	Matuszewski, Karen		\$22.00
		Contributor address; City; State; Zip Code		
		Trinity, TX 75862		
P	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
re	etired		retired	
D	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
0	4/29/2024	McMichael, George (Mrs.)		\$100.00
		Contributor address; City; State; Zip Code		
		Trinity, TX 75862		
		pation / Job title (See Instructions)	Employer (See Instructions	
R	Remodeler/E	Entrepreneur	self-employed	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 23/37 Rpt: 26/71	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	Women of Trinity County		00070360	(10)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
04/29/2024	McWilliams, Jason		\$	100.00
	6 Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
8 Principal occu Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions Retired	3)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
04/16/2024	Mobley, Kathleen (Mrs.)			\$10.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75826			
Principal occu	<pre>upation / Job title (See Instructions)</pre>	Employer (See Instructions	3)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/19/2024	Morrison, Bobbie			\$40.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862		\	
Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	5)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/27/2024	Nasser, William		\$	500.00
	Contributor address; City; State; Zip Code			
	Carrollton, TX 75010			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_	·)	Amount of Contribution (\$)	
04/27/2024	Newhouse, Dan		\$	100.00
	Contributor address; City; State; Zip Code			
	Spring, TX 77379			
-	upation / Job title (See Instructions)	Employer (See Instructions	3)	
tech		Exxon		

The Instruction Guide explains how to complete this form.	1 Total manual Calcula A1.
2 FILER NAME	1 Total pages Schedule A1: Sch: 24/37 Rpt: 27/71
	3 Filer ID (Ethics Commission Filers)
Republican Women of Trinity County	00070360
4 Date 5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/18/2024 Newhouse, Michele	\$50.00
6 Contributor address; City; State; Zip Code	1
Trinity, TX 75862	
B Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	3)
retired retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/02/2024 Newhouse, Michele	\$25.00
Contributor address; City; State; Zip Code	
Continuation address, City, State, Zip Code	
Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Employer (See Instructions	<u> </u> s)
retired retired	<i>''</i>
	Amount of Contribution (\$)
	Amount of Contribution (\$) \$200.00
	φ200.00
Contributor address; City; State; Zip Code	
Trinity, TX 75862	
	<u> </u>
Principal occupation / Job title (See Instructions) Employer (See Instructions)	 \$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) retired	
Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#:) 04/27/2024 Newhouse, Rob	
Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#:) 04/27/2024 Newhouse, Rob	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#:) 04/27/2024 Newhouse, Rob Contributor address; City; State; Zip Code	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) Newhouse, Rob 04/27/2024 Newhouse, Rob Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#:) 04/27/2024 Newhouse, Rob Contributor address; City; State; Zip Code Trinity, TX 75862 Full composition / Job title (See Instructions) Employer (See Instructions)	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Full name of contributor out-of-state PAC (ID#:) 04/27/2024 Newhouse, Rob	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) 04/27/2024 Newhouse, Rob	Amount of Contribution (\$) \$100.00 \$) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) Newhouse, Rob 04/27/2024 Newhouse, Rob Trinity, TX 75862 Employer (See Instructions) retired Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) Newman, Brent Newman, Brent	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) 04/27/2024 Newhouse, Rob	Amount of Contribution (\$) \$100.00 \$) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) Newhouse, Rob 04/27/2024 Newhouse, Rob Trinity, TX 75862 Employer (See Instructions) retired Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) Newman, Brent Newman, Brent	Amount of Contribution (\$) \$100.00 \$) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) Newhouse, Rob 04/27/2024 Newhouse, Rob	Amount of Contribution (\$) \$100.00 \$) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Full name of contributor out-of-state PAC (ID#:) 04/27/2024 Newhouse, Rob	Amount of Contribution (\$) \$100.00 (\$) Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired Employer (See Instructions) retired Date Full name of contributor out-of-state PAC (ID#:) Newhouse, Rob 04/27/2024 Newhouse, Rob	Amount of Contribution (\$) \$100.00 (\$) Amount of Contribution (\$) \$100.00

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The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 25/37 Rpt: 28/71	
2 FILER NAME			3 Filer ID (Ethics Commission File	rs)
	Nomen of Trinity County		00070360	13)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
02/12/2024	Poe, Tillie (Mrs.)		\$	40.00
	6 Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/01/2024	Poe, Tillie (Mrs.)		\$2	25.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
06/03/2024	Poe, Tillie (Mrs.)		\$2	25.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/22/2024	Price, Connie		\$	40.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	l S)	
Retired		Retired	,	
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
04/29/2024	Price, Connie	/	.,	00.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Retired		Retired		

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 26/37 Rpt: 29/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Republican V	Women of Trinity County	ļ		00070360	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/10/2024	Price, Connie	ļ			\$100.00
		6 Contributor address; City; State; Zip Code				
		1	ļ			
		Trinity, TX 75862				
8	Principal occu Retired	pation / Job title (See Instructions)	 9 Employer (See Instructions) Retired 	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/29/2024	Price, James	ļ			\$100.00
		Contributor address; City; State; Zip Code				
		1	ļ			
		1	ļ			
		Trinity, TX 75862				
		pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	retired		Retired			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/02/2024	Rawlings, Caren				\$40.00
		Contributor address; City; State; Zip Code		1		
		1	ļ			
		THAT TV 7EOCO	ļ			
<u> </u>		Trinity, TX 75862 pation / Job title (See Instructions)	Employer (See Instructions			
	Principal occu Retired	Jation / Job tile (See instructions)	Employer (See Instructions) Retired	3)		
╞			l	,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	<u>ቀ 40 00</u>
	01/22/2024	Rhoden, Libby	J			\$40.00
		Contributor address; City; State; Zip Code	ļ			
		1	ļ			
		Trinity, TX 75862				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	上 3)		
	Retired		Retired			
╞	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/01/2024	Robert Nichols Senate Campaign			· ·	\$500.00
		Contributor address; City; State; Zip Code		1		
			ļ			
		1	ļ			
		Jacksonville, TX 75766	ļ			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
			I			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 27/37 Rpt: 30/71	
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
	Women of Trinity County		00070360	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
03/15/2024	Rosenberger, Sylvia			\$5.00
	6 Contributor address; City; State; Zip Code			
	Huntsville, TX 77320			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))	
business ow		self-employed	/	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/02/2024	Ross, Beverly	/		\$100.00
0				¥±00
	Trinity, TX 75862			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))	
retired		retired		
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
05/15/2024	S & K Services			\$150.00
	Trinity, TX 75862			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
05/06/2024	Schiro, Bennie			\$125.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
	pation / Job title (See Instructions)	Employer (See Instructions))	
District Attor	ney	Trinity County		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
03/18/2024	See, Elizabeth (Sue)			\$100.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
	pation / Job title (See Instructions)	Employer (See Instructions))	
Owner		Texan Hitch		

			1
The Instrue	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 28/37 Rpt: 31/71
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Republican \	Women of Trinity County		00070360
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/23/2024	See, Elizabeth (Sue)		\$400.00
	6 Contributor address; City; State; Zip Code		1
	Trinity, TX 75862		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	۱ ۶)
Owner		Texan Hitch	, ,
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
02/05/2024	Shanafelt, Nancy	/	\$40.00
021001202 .			
	Contributor address, City, State, Zip Code		
	Groveton, TX 75845		
Principal occu	Iupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
County Trea		Trinity County	,
Date	Full name of contributor Out-of-state PAC (ID#:	l)	Amount of Contribution (\$)
06/03/2024	Shanafelt, Nancy	,	\$100.00
00,00,222	Contributor address; City; State; Zip Code		
	Contributor address, Gity, State, Eip Sout		
	Groveton, TX 75845		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
County Trea	surer	Trinity County	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
04/27/2024	Sheffield, Billy		\$100.00
	Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	<u>.</u>)	Amount of Contribution (\$)
04/29/2024	Simmons, Lane		\$100.00
	Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
retired		Retired	
retired		Retired	

The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 29/37 Rpt: 32/71
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Nomen of Trinity County		00070360
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/20/2024	Smith, Cristina		\$38.86
	6 Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
		9 Employer (See Instructions))
Insurance Re	p	Comparion Insurance	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/29/2024	Smith, Maklisha		\$200.00
	Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
	pation / Job title (See Instructions)	Employer (See Instructions))
Housewife		1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/05/2024	Spearman, Cheryl		\$40.00
	Contributor address; City; State; Zip Code		
	I		
	Trinity, TX 75986		
	pation / Job title (See Instructions)	Employer (See Instructions))
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/22/2024	Steptoe, Jillian		\$40.00
	Contributor address; City; State; Zip Code		
	Crouoton TV 75045		
Dringingl occur	Groveton, TX 75845	Employer (See Instructions	\
owner	pation / Job title (See Instructions)	Employer (See Instructions) Jillian's Dance Center)
UWIICI		Jillali S Dance Center	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Date 04/16/2024	Sullivan, Kay (Mrs.))	Amount of Contribution (\$) \$25.00
)	.,
	Sullivan, Kay (Mrs.))	.,
	Sullivan, Kay (Mrs.) Contributor address; City; State; Zip Code)	.,
04/16/2024	Sullivan, Kay (Mrs.) Contributor address; City; State; Zip Code Trinity, TX 75862		\$25.00
04/16/2024 Principal occur	Sullivan, Kay (Mrs.) Contributor address; City; State; Zip Code	Employer (See Instructions)	\$25.00
04/16/2024	Sullivan, Kay (Mrs.) Contributor address; City; State; Zip Code Trinity, TX 75862		\$25.00

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/37 Rpt: 33/71
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Women of Trinity County		00070360
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/16/2024	Swan, Roberta Gail		\$22.
	6 Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Home Remo	odeler	Self-Employed	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/27/2024	Swan, Roberta Gail)	\$100.
04/21/2024			¢100.
	Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	;)
Home Remo		Self-Employed	, ,
Data			Amount of Contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/03/2024	Swan, Roberta Gail		\$40.
	Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions) ;)
Home Remo		Self-Employed	,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/16/2024	Swidersky, Nancy		\$22.
	Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
Principal occu retired	ipation / Job title (See Instructions)	Employer (See Instructions retired)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/12/2024	Taylor, Karen (Ms.)		\$40.
	Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	; ;)
Retired		Retired	
		1	

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/37 Rpt: 34/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Republican \	Women of Trinity County			00070360	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/01/2024	Thompson, Charla (Mrs.)				\$150.00
		6 Contributor address; City; State; Zip Code		1		
		Trinity, TX 75862				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
	04/16/2024	Thompson, Charla (Mrs.)				\$25.00
		Contributor address; City; State; Zip Code		1		
		T-104, TV 75060				
┡	Principal occu	Trinity, TX 75862 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired	pation / Job title (See instructions)	Retired	5)		
╞				.	Amount of Contribution (¢)	
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀ100 00
	04/29/2024	Thompson, Charla (Mrs.)				\$100.00
		Contributor address; City; State; Zip Code				
		Trinity, TX 75862				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/29/2024	Thompson, J Sue				\$200.00
		Contributor address; City; State; Zip Code		1		
		Lago Vista, TX 78645				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/06/2024	Thompson, J Sue				\$40.00
		Contributor address; City; State; Zip Code		1		
		Lago Vista, TX 78645				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Retired		Retired	-,		
⊢						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/37 Rpt: 35/71	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Women of Trinity County		ľ	00070360	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	04/29/2024	Thornton, Marilyn (Mrs.)				\$200.00
	I	6 Contributor address; City; State; Zip Code		1		
		Apple Springs, TX 75926				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired	1	Retired			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	04/25/2024	Trinity County Republican Party	/		Allount of Contribution (+)	\$100.00
	04/23/2024					Φ100.00
		Contributor address; City; State; Zip Code				
		Trinity, TX 75862		$ _{}$		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
		1				
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_)	Г	Amount of Contribution (\$)	
	02/26/2024	Tucker, Libby			Allount of Contribution (+)	\$5.00
	0212012024	-				ψ0.00
		Contributor address; City; State; Zip Code				
		Trinity, TX 75862				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired	1	retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	03/18/2024	Tucker, Libby				\$25.00
	00,10,202	-		ł		¥20.02
		Contributor address; City; State; Zip Code				
		Trinity, TX 75862	r			
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	04/29/2024	Tucker, Libby				\$300.00
	I	Contributor address; City; State; Zip Code		ł		
		Contributor address, City, State, Zip Code				
		Trinity, TX 75862	r			
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired	1	retired			

The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 33/37 Rpt: 36/71		
2	FILER NAME			3	3 Filer ID (Ethics Commission Filers)		
-		epublican Women of Trinity County			00070360		
4	Date 5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)		
	06/19/2024					\$211.59	
		6 Contributor address; City; State; Zip Code		1			
		Trinity, TX 75862					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	retired	retired					
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)		
	04/29/2024	Tucker, Norman				\$100.00	
	Contributor address; City; State; Zip Code			1			
		Trinity, TX 75862					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	retired		retired				
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)		
	05/15/2024	Tucker, Norman		\$47.00			
		Contributor address; City; State; Zip Code	y; State; Zip Code				
		Trinity, TX 75862					
		pation / Job title (See Instructions)	Employer (See Instructions	s)			
	retired		retired				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	04/02/2024	Tyler, Loretta				\$125.00	
		Contributor address; City; State; Zip Code		1			
		Trinity, TX 75862					
			Employer (See Instructions	S)			
Retired			Retired				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)		
	04/16/2024	Vaughn, Elaine (Mrs.)]		\$100.00	
		Contributor address; City; State; Zip Code					
		Trinity TV 75060					
	Delectrol	Trinity, TX 75862	Freedow (O				
	Principal occupation / Job title (See Instructions)		Employer (See Instructions	5)			
	retired		retired				

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 34/37 Rpt: 37/71	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	Women of Trinity County	00070360		
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of Contribution (\$)	
04/27/2024	Vaughn, Elaine (Mrs.)		\$1	00.00
	6 Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	
retired		retired	,	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)	
04/29/2024	Vaughn, Elaine (Mrs.)		\$1	20.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions)	
retired		retired		
Date	Full name of contributor Out-of-state PAC (ID#	<u> </u>	Amount of Contribution (\$)	
06/03/2024	Vaughn, Elaine (Mrs.))		\$50.00
00,00,2021			+	
Contributor address; City; State; Zip Code				
	Trinity, TX 75862			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions		
retired		retired		
Date	Full name of contributor Out-of-state PAC (ID#	·)	Amount of Contribution (\$)	
01/22/2024	Watson, Stayc)		640.00
01/22/2021	Contributor address; City; State; Zip Code		+	
	Contributor address, City, State, Zip Code			
	Trinity, TX 75862			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#	· ·)	Amount of Contribution (\$)	
05/15/2024	Watson, Stayc		\$1	00.00
	Contributor address; City; State; Zip Code			
	Trinity, TX 75862			
Principal occu		Employer (See Instructions)	
Principal occu Retired		Employer (See Instructions Retired)	
-)	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 35/37 Rpt: 38/71
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Women of Trinity County		00070360
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/16/2024	Welton, Joyce (Mrs.)		\$25.00
	6 Contributor address; City; State; Zip Code		•
	Trinity, TX 75862		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/27/2024	Welton, Joyce (Mrs.)		\$100.00
	Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/27/2024	White, Jim		\$100.00
	Contributor address; City; State; Zip Code		
	Trinity, TX 75862		<u> </u>
		Employer (See Instructions Retired	6)
retired			1
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/10/2024	Williams , Linda (Mrs.)		\$40.00
	Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	,
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)
04/02/2024	Wright, Charlene (Keeker))	\$100.00
0 1/02/2021	Contributor address; City; State; Zip Code		+100.00
	Contributor address, City, State, Zip Code		
	Trinity, TX 75862		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions) S)
Retired Retired			

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 36/37 Rpt: 39/71
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Republican ^v	Women of Trinity County		00070360
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/27/2024			\$100.00
	6 Contributor address; City; State; Zip Code		1
	Trinity, TX 75862	1 <u>-</u> , /o hastaatiaa	
-	upation / Job title (See Instructions)	9 Employer (See Instructions	<i>š</i>)
Retired		Retired	
Date)	Amount of Contribution (\$)
02/05/2024			\$60.00
	Contributor address; City; State; Zip Code		
	Lufkin, TX 75904		
Brincipal occu	upation / Job title (See Instructions)	Employer (See Instructions	~\
Education		Texas SBOE 8	3)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
02/12/2024	Zachary, Heidi (Mrs.)		\$40.00
	Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	"
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
01/12/2024	Zimont, Jane)	\$40.00
01/12/2024	· · · · · · · · · · · · · · · · · · ·		ψ-0.00
	Contributor address; City; State; Zip Code		
	Trinity, TX 75862		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Retired		Retired	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/26/2024	Zimont, Jane		\$5.00
	Contributor address; City; State; Zip Code		1
	Trinity, TX 75862		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired		Retired	

т	he Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/37 Rpt: 40/71	
2 FI	2 FILER NAME			3	Filer ID (Ethics Commission	i Filers)
		Nomen of Trinity County			00070360	,
4 Da	ate	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
04	4/02/2024	Zimont, Jane				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Trinity, TX 75862				
8 Pr	rincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
R	etired		Retired			
Da	ate	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
04	4/16/2024	Zimont, Jane				\$22.00
		Contributor address; City; State; Zip Code				
		F F				
		Trinity, TX 75862				
Pr	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
R	etired		Retired			
Da	ate	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
04	4/27/2024	Zimont, Jane				\$200.00
		Contributor address; City; State; Zip Code				
		Trinity, TX 75862				
Pr	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
R	etired		Retired			
			•			
I I						

PLEDGED CONTRIBUTIONS SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 41/71 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Republican Women of Trinity County 00070360 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9 1 (If applicable) pledge (\$) 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting 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: 1/30 Rpt: 42/71	Republican Women of Trinity County 00070360		
4 Date	5 Payee name		
03/29/2024	4Imprint, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,033.60	25303 Network Place		
Expenditure from corporate funds	Chicago, IL 60673-1253		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Club member shirts		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
04/15/2024	4Imprint, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$427.35	25303 Network Place		
Expenditure from corporate funds	Chicago, IL 60673-1253		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense club member shirts 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
06/05/2024	4Imprint, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$219.77	25303 Network Place		
Expenditure from corporate funds	Chicago, IL 60673-1253		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense club logo pens for giveaways 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

	EXPENDITURE CATEGORIES FOR	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	kpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3	Filer ID (Ethics Commission Filers)
Sch: 2/30 Rpt: 43/71	Republican Women of Trinity County		00070360
4 Date 06/04/2024	5 Payee name Brown, Tanya		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$460.30	51 Meadow Lake Dr		
Expenditure from corporate funds	Trinity, TX 75862		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Loan Repayment/Reimbursement		side of Texas. Complete Schedule T.
-			X, officeholder living expense n hotel reimbursement
		RFT COnvention	nnoterreinibulsement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
Date	Payee name		
03/15/2024	Bryan, Nita		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$118.74	215 Clear Springs		
Expenditure from corporate funds	Trinity, TX 75862		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		side of Texas. Complete Schedule T. X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
Date	Payee name		
06/04/2024	Bryan, Nita		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$423.18	215 Clear Spring		
Expenditure from corporate funds	Trinity, TX 75862		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		side of Texas. Complete Schedule T. X, officeholder living expense bursement
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 3/30 Rpt: 44/71	Z Filer ID (Enics Commission Filers) Republican Women of Trinity County 00070360
4 Date	5 Payee name
06/04/2024	Bryan, Nita
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$19.44	215 Clear Spring
Expenditure from corporate funds	Trinity, TX 75862
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/03/2024	Carson, Paulette
Amount (\$)	Payee address; City; State; Zip Code
\$40.92	P. O. Box 196
Expenditure from	And Christe TV 7E006
corporate funds	Apple Springs, TX 75926
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense legislative handouts
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/16/2024	Carson, Paulette
Amount (\$)	Payee address; City; State; Zip Code
\$79.00	P. O. Box 196
Expenditure from corporate funds	Apple Springs, TX 75926
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RPT convention registration
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 4/30 Rpt: 45/71	Republican Women of Trinity County 00070360		
4 Date	5 Payee name		
02/20/2024	Chamberlin, Barbara		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$145.57	108 Cottonwood		
Expenditure from corporate funds	Trinity, TX 75862		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Gift/Awards/Memorials Expense		
	Check if Austin, TX, officeholder living expense		
	door prizes		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
03/19/2024	Chamberlin, Barbara		
Amount (\$)	Payee address; City; State; Zip Code		
\$115.95	108 Cottonwood		
Expenditure from corporate funds	Trinity, TX 75862		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense LOT supplies and decor		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
04/16/2024	Chamberlin, Barbara		
Amount (\$)	Payee address; City; State; Zip Code		
\$79.00	108 Cottonwood		
Expenditure from corporate funds	Trinity, TX 75862		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RPT convention registration 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 5/30 Rpt: 46/71	Republican Women of Trinity County 00070360		
4 Date 05/07/2024	5 Payee name Chamberlin, Barbara		
6 Amount (\$) \$68.39	7 Payee address; City; State; Zip Code 108 Cottonwood		
corporate funds	Trinity, TX 75862		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense scuba tank rental for golf ball cannon 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
06/04/2024	Chamberlin, Barbara		
Amount (\$)	Payee address; City; State; Zip Code		
\$211.59	108 Cottonwood		
Expenditure from corporate funds	Trinity, TX 75862		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RPT convention hotel 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
06/04/2024	City of Trinity		
Amount (\$)	Payee address; City; State; Zip Code		
\$150.00	101 W. Madison St		
Expenditure from corporate funds	Trinity, TX 75862		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fundraiser location rental deposit 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 6/30 Rpt: 47/71	Republican Women of Trinity County00070360		
4 Date 06/04/2024	5 Payee name DeVries, Linda		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$118.80	PO Box 215		
Expenditure from corporate funds	Woodlake, TX 75865		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 		
	RPT convention hotel reimbursement		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
01/16/2024	First National Bank of Trinity		
Amount (\$)	Payee address; City; State; Zip Code		
\$38.13	145 South Robb Street		
Expenditure from corporate funds	Trinity, TX 75862		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Checks 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
01/16/2024	GoDaddy.com		
Amount (\$)	Payee address; City; State; Zip Code		
\$66.92	100 S. Mill Ave Suite 1600		
Expenditure from corporate funds	Tempe, AZ 85281		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense website domains 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting 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: 7/30 Rpt: 48/71	Republican Women of Trinity County 00070360		
4 Date	5 Payee name		
01/05/2024	GotPrint.com		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$163.95	7651 N. San Fernando Rd.		
Expenditure from corporate funds	Burbank, CA 91505		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.		
-	Check if Austin, TX, officeholder living expense business cards		
	business carus		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
06/04/2024	Hansen, Erin		
Amount (\$)	Payee address; City; State; Zip Code		
\$95.09	120 Pine Arbor		
+00100			
Expenditure from corporate funds	Trinity, TX 75862		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RPT convention travel reimbursement 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
02/06/2024	Harrington, Sally		
Amount (\$)	Payee address; City; State; Zip Code		
\$59.76	33 Lakeside		
Expenditure from corporate funds	Trinity, TX 75862-8940		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense printing/scrapbook 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 8/30 Rpt: 49/71	Republican Women of Trinity County 00070360		
4 Date	5 Payee name		
02/27/2024	Harrington, Sally		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$33.46	33 Lakeside		
Expenditure from corporate funds	Trinity, TX 75862-8940		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	club scrapbook		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
04/16/2024	Harrington, Sally		
Amount (\$)	Payee address; City; State; Zip Code		
\$79.00	33 Lakeside		
Expenditure from corporate funds	Trinity, TX 75862-8940		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RPT convention registration 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
06/04/2024	Harrington, Sally		
Amount (\$)	Payee address; City; State; Zip Code		
\$546.60	33 Lakeside		
Expenditure from corporate funds	Trinity, TX 75862-8940		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RPT convention Hotel Reimbursement 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting 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: 9/30 Rpt: 50/71	Republican Women of Trinity County 00070360	
4 Date	5 Payee name	
06/19/2024	Holden, Robbin	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$99.91	71 Lakeside	
Expenditure from corporate funds	Trinity, TX 75862	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
	RPT hotel reimbursement	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/06/2024	Holsinger, Cindy	
Amount (\$)	Payee address; City; State; Zip Code	
\$80.00	108 Deep Creek Dr.	
Expenditure from corporate funds	Trinity, TX 75862	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense shirts and mugs 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
03/19/2024	Holsinger, Cindy	
Amount (\$)	Payee address; City; State; Zip Code	
\$335.92	108 Deep Creek Dr.	
Expenditure from corporate funds	Trinity, TX 75862	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Leadership Day Training reimbursement 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 10/30 Rpt: 51/71	Republican Women of Trinity County00070360	
4 Date 04/16/2024	5 Payee name Holsinger, Cindy	
6 Amount (\$) \$79.00	7 Payee address; City; State; Zip Code 108 Deep Creek Dr.	
Expenditure from corporate funds	Trinity, TX 75862	
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RPT convention registration 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
04/16/2024	Holsinger, Cindy	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 108 Deep Creek Dr.	
Expenditure from corporate funds	Trinity, TX 75862	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TFRW quarterly board meeting ticket 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
06/04/2024	Holsinger, Cindy	
Amount (\$) \$158.35	Payee address; City; State; Zip Code 108 Deep Creek Dr.	
Expenditure from corporate funds	Trinity, TX 75862	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RPT convention travel reimbursement 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 11/30 Rpt: 52/71	Republican Women of Trinity County 00070360	
4 Date	5 Payee name	
06/18/2024	Hunt, Daniel	
6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code PO Box 122	
Expenditure from corporate funds	Murchison, TX 75778	
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense guest speaker 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
03/15/2024	Kreitzer, Brenda	
Amount (\$)	Payee address; City; State; Zip Code	
\$51.30	188 Westwood Dr E	
Expenditure from corporate funds	Trinity, TX 75862	
PURPOSE OF EXPENDITURE	 (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. Check if Austin, TX, officeholder living expense drinks and cutlery for Nuts & Bolts 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
06/04/2024	Kreitzer, Brenda	
Amount (\$) \$423.18	Payee address; City; State; Zip Code 188 Westwood Dr E	
Expenditure from corporate funds	Trinity, TX 75862	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RPT hotel reimbursement 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:		
Sch: 12/30 Rpt: 53/71	Republican Women of Trinity County 00070360	
4 Date	5 Payee name	
02/06/2024	Lake Area Welding	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$200.00	302 Cannon St	
Expenditure from corporate funds	Trinity, TX 75862	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	356 sign	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
04/02/2024	Lasater, Monet	
Amount (\$)	Payee address; City; State; Zip Code	
\$60.97	101 Rolling Springs	
\$00.01		
Expenditure from corporate funds	Trinity, TX 75862	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense printer ink 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
04/16/2024	Lasater, Monet	
Amount (\$)	Payee address; City; State; Zip Code	
\$79.00	101 Rolling Springs	
Expenditure from corporate funds	Trinity, TX 75862	
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 RPT convention registration	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel out of District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 13/30 Rpt: 54/71	Republican Women of Trinity County 00070360	
4 Date 06/04/2024	5 Payee name Lasater, Monet	
6 Amount (\$) \$554.71	7 Payee address; City; State; Zip Code 101 Rolling Springs	
corporate funds	Trinity, TX 75862	
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RPT convention hotel reimbursement 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
06/05/2024	Lasater, Monet	
Amount (\$) \$123.45	Payee address; City; State; Zip Code 101 Rolling Springs	
Expenditure from corporate funds	Trinity, TX 75862	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RPT parking reimbursement 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/21/2024	Mackey, Kirby	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 4 Westwood Dr. W	
Expenditure from corporate funds	Trinity, TX 75862	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense guest speaker fee 	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting 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: 14/30 Rpt: 55/71	Republican Women of Trinity County 00070360	
4 Date 05/02/2024	5 Payee name Military Promotions	
6 Amount (\$) \$798.00	7 Payee address; City; State; Zip Code 7001 Fleur de Lis Drive	
corporate funds	New Orleans, LA 70124	
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense LOT customized golf giveaways 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
06/05/2024	MoneyMinder	
Amount (\$) \$25.59	Payee address; City; State; Zip Code PO Box 30307	
Expenditure from corporate funds	Bellingham, WA 98228	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense E-filing fee for 2023 IRS Form 990 Postcard 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
01/05/2024	Moneyminder	
Amount (\$) \$179.59	Payee address; City; State; Zip Code PO Box 30307	
Expenditure from corporate funds	Bellingham, WA 98228	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense accounting web program 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting 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: 15/30 Rpt: 56/71	Republican Women of Trinity County 00070360	
4 Date 04/11/2024	5 Payee name PGA Tour SuperStore	
6 Amount (\$) \$158.99	7 Payee address; City; State; Zip Code 2255 Newpoint Pkwy	
Expenditure from corporate funds	Lawrenceville, GA 30043	
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gift cards for LOT giveaways 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
06/04/2024	Poe, Tillie-Kutta (Mrs.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$546.60	21 Meadow Wood Dr	
Expenditure from corporate funds	Trinity, TX 75862	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RPT convention hotel reimbursement 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
01/05/2024	Polk County Publishing	
Amount (\$)	Payee address; City; State; Zip Code	
\$354.75	100 E Calhoun	
Expenditure from corporate funds	Livingston, TX 77351	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense newspaper ad 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repa Fees Office Ove Food/Beverage Expense Polling Exp / - Gift/Awards/Memorials Expense Printing Ex	yment/Reimbursement Solicitation/Fundraising Expense head/Rental Expense Transportation Equipment & Related Expense ense Travel in District pense Travel Out of District ages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 16/30 Rpt: 57/71	Republican Women of Trinity County	00070360
4 Date	5 Payee name	
04/11/2024	Republican Party of Texas	
6 Amount (\$)	7 Payee address; City; State; Zip Co	le
\$79.00	PO Box 2206	
Expenditure from corporate funds	Austin, TX 78768	
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
		RPT convention registration
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	I Candidate/Officeholder name Office soug H	ht Office held
Date	Payee name	
04/12/2024	Republican Party of Texas	
Amount (\$)	Payee address; City; State; Zip Co	
\$79.00	PO Box 2206	
\$75.00		
Expenditure from corporate funds	Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	 (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RPT convention registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	L Candidate/Officeholder name Office sou H	ht Office held
Date	Payee name	
04/12/2024	Republican Party of Texas	
Amount (\$)	Payee address; City; State; Zip Co	ie
\$79.00	PO Box 2206	
Expenditure from corporate funds	Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RPT convention registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office souc	ht Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repa Fees Office Ove Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	yment/Reinbursement Solicitation/Fundraising Expense head/Rental Expense Transportation Equipment & Related Expense ense Travel in District pense Travel Out of District ages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 17/30 Rpt: 58/71	Republican Women of Trinity County	00070360
4 Date	5 Payee name	
04/15/2024	Republican Party of Texas	
6 Amount (\$)	7 Payee address; City; State; Zip Co	le
\$316.00	PO Box 2206	
Expenditure from corporate funds	Austin, TX 78768	
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
		RPT convention registration
 Complete <u>ONLY</u> if direct expenditure to benefit C/OF 	l L Candidate/Officeholder name Office soug H	ht Office held
Data		
Date	Payee name	
04/15/2024	Republican Party of Texas	
Amount (\$)	Payee address; City; State; Zip Co	le
\$237.00	PO Box 2206	
Expenditure from corporate funds	Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	 (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RPT convention registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office soug	ht Office held
Date	Payee name	
04/15/2024	Republican Party of Texas	
Amount (\$)	Payee address; City; State; Zip Co	le
\$79.00	PO Box 2206	
Expenditure from corporate funds	Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RPT convention registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office soug	ht Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 18/30 Rpt: 59/71	Republican Women of Trinity County	00070360
4 Date	5 Payee name	
04/25/2024	Republican Party of Texas	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$237.00	PO Box 2206	
Expenditure from corporate funds	Austin, TX 78768	
8 PURPOSE OF EXPENDITURE	Check if Austin,	uutside of Texas. Complete Schedule T. TX, officeholder living expense On registration
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
05/07/2024	Republican Party of Texas	
Amount (\$)	Payee address; City; State; Zip Code	
\$50.00	PO Box 2206	
Expenditure from corporate funds	Austin, TX 78768	
PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense epublican Party
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
06/05/2024	Rheumatoid Arthritis Foundation	
Amount (\$)	Payee address; City; State; Zip Code	
\$50.00	8815 Conroy Windermere Rd.	
Evponditure from	Suite 309	
Expenditure from corporate funds	Orlando, FL 32835	
PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense donation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:		
Sch: 19/30 Rpt: 60/71	Republican Women of Trinity County 00070360	
4 Date 04/16/2024	5 Payee name SAAFE House	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 107 W. Main Street Trinity, TX 75862	
corporate funds		
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense general donation 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
04/04/2024	Sign Gypsies	
Amount (\$)	Payee address; City; State; Zip Code	
\$170.00	27 Woodview Dr	
Expenditure from corporate funds	Huntsville, TX 77320	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense LOT signage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
04/02/2024	Square, Inc	
Amount (\$) \$0.75	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94102	
corporate funds	San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Card reader fee 	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting 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: 20/30 Rpt: 61/71	Republican Women of Trinity County00070360	
4 Date 04/17/2024	5 Payee name Square, Inc	
6 Amount (\$) \$7.49	7 Payee address; City; State; Zip Code 1455 Market Street Suite 600	
Expenditure from corporate funds	San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense credit card reader fee 	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
04/29/2024	Square, Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$87.90	1455 Market Street	
	Suite 600	
Expenditure from corporate funds	San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense credit card reader fee 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/21/2024	Square, Inc	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.40	1455 Market Street	
,	Suite 600	
Expenditure from corporate funds	San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense credit card reader fee 	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting 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: 21/30 Rpt: 62/71	Republican Women of Trinity County 00070360							
4 Date 06/19/2024	5 Payee name Square, Inc							
6 Amount (\$) \$1.79	\$1.79 1455 Market Street Suite 600							
corporate funds	San Francisco, CA 94103							
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense credit card reader fee 							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
02/20/2024	Sullivan, Kay							
Amount (\$)	Payee address; City; State; Zip Code							
\$50.02	142 E Big Lake Rd							
Expenditure from corporate funds	Trinity, TX 75862							
PURPOSE OF EXPENDITURE	 (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. Check if Austin, TX, officeholder living expense meeting hospitality 							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
Date	Payee name							
02/14/2024	Sullivan, Kay							
Amount (\$) \$65.83	Payee address; City; State; Zip Code 142 E Big Lake Rd							
Expenditure from corporate funds	Trinity, TX 75862							
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meeting hospitality supplies 							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 22/30 Rpt: 63/71	Republican Women of Trinity County 00070360
4 Date 03/19/2024	5 Payee name Sullivan, Kay
6 Amount (\$) \$77.12	7 Payee address; City; State; Zip Code 142 E Big Lake Rd
Expenditure from corporate funds	Trinity, TX 75862
8 PURPOSE OF EXPENDITURE	 (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. Check if Austin, TX, officeholder living expense meeting breakfast supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/07/2024	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$175.00	PO Box 171146
Expenditure from corporate funds	Austin, TX 78717-0041
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense submission #2
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/07/2024	TFRW
Amount (\$) \$450.00	Payee address; City; State; Zip Code PO Box 171146
Expenditure from corporate funds	Austin, TX 78717-0041
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense submission #3
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FO	R BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Re Fees Office Ov Food/Beverage Expense Polling E - Gift/Awards/Memorials Expense Printing I I Committee Legal Services Salaries/	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense							
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)						
Sch: 23/30 Rpt: 64/71	Republican Women of Trinity County		00070360						
4 Date	5 Payee name								
02/11/2024	TFRW								
6 Amount (\$)	7 Payee address; City; State; Zip C	ode							
\$275.00									
Expenditure from corporate funds	Austin, TX 78717-0041	i							
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense submission #4 								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sol	ught	Office held						
Date	Payee name								
02/20/2024	TFRW								
Amount (\$)	Payee address; City; State; Zip C	ode							
\$200.00	PO Box 171146								
Expenditure from corporate funds	Austin, TX 78717-0041								
PURPOSE OF EXPENDITURE	Eques								
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sol	ught	Office held						
Date	Payee name								
03/15/2024	TFRW								
Amount (\$)	Payee address; City; State; Zip C	ode							
\$50.00	PO Box 171146								
Expenditure from corporate funds	Austin, TX 78717-0041	i							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sol	Jght	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a))					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Expense Transportation Equipment & Related Expense Travel in District Travel Out of District t Labor OTHER (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 24/30 Rpt: 65/71	Republican Women of Trinity County	00070360					
4 Date	5 Payee name	ł					
04/02/2024	TFRW						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$75.00	PO Box 171146						
Expenditure from corporate funds	Austin, TX 78717-0041						
8 PURPOSE OF EXPENDITURE	OF Get Categories instea at the top of this schedule) C + D compact.						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
Date	Payee name						
04/24/2024	TFRW						
Amount (\$)	Payee address; City; State; Zip Code						
\$50.00	PO Box 171146						
Expenditure from corporate funds	Austin, TX 78717-0041						
PURPOSE OF EXPENDITURE	OF Check if travel outside of Texas. Complete Schedule T.						
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
Date	Payee name						
05/02/2024	TFRW						
Amount (\$)	Payee address; City; State; Zip Code						
\$50.00	PO Box 171146						
Expenditure from corporate funds	Austin, TX 78717-0041						
PURPOSE OF EXPENDITURE		ription eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense hission #9					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FO	R BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing F	ayment/Reimbursement erhead/Rental Expense kpense xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)						
Sch: 25/30 Rpt: 66/71	Republican Women of Trinity County		00070360						
4 Date	5 Payee name								
05/28/2024	TFRW								
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode							
\$50.00									
Expenditure from corporate funds	Austin, TX 78717-0041								
8 PURPOSE OF EXPENDITURE	OF Check if travel outside of Texas. Complete Schedule T.								
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sou	ıght	Office held						
Date	Payee name								
06/19/2024	TFRW								
Amount (\$)	Payee address; City; State; Zip Co	ode							
\$50.00	PO Box 171146								
Expenditure from corporate funds	Austin, TX 78717-0041								
PURPOSE OF EXPENDITURE	Foos								
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office held						
Date	Payee name								
03/04/2024	The Farm Table								
Amount (\$)	Payee address; City; State; Zip Co	ode							
\$300.00	8730 FM1280								
Expenditure from corporate funds	Groveton, TX 75865								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		le of Texas. Complete Schedule T. officeholder living expense ering						
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 26/30 Rpt: 67/71	Republican Women of Trinity County 00070360						
4 Date 02/09/2024	5 Payee name Tractor Supply #2464						
6 Amount (\$) \$21.64							
Expenditure from corporate funds	Trinity, TX 75862						
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense storage locks 						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
02/20/2024	Trinity County Crime Stoppers						
Amount (\$) \$50.00	Payee address; City; State; Zip Code 1507 Tara Dr						
Expenditure from corporate funds	Trinity, TX 75862						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TCCS Meeting Speaker 						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
04/12/2024	Trinity County Sheriff Office						
Amount (\$) \$150.00	Payee address; City; State; Zip Code 214 W. 1st						
Expenditure from corporate funds	Groveton, TX 75845						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation to Trade School Scholarship 						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)						
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 27/30 Rpt: 68/71	Republican Women of Trinity County	00070360						
4 Date 01/12/2024	5 Payee name Trinity Loaves and Fishes							
6 Amount (\$) \$200.00	\$200.00 407 N. Robb St Expenditure from							
corporate funds	Trinity, TX 75862							
8 PURPOSE OF EXPENDITURE	OF Contributions/Donations Made By							
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held						
Date	Payee name							
03/04/2024	US Postal Service							
Amount (\$)	Payee address; City; State; Zip Code							
\$58.00	116 North Main							
Expenditure from corporate funds	Trinity, TX 75862							
PURPOSE OF EXPENDITURE	OF Office Overbeed/Pental Evnense							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
Date	Payee name							
02/16/2024	VFW Post 6899 Trinity TX							
Amount (\$)	Payee address; City; State; Zip Code							
\$200.00	400 E. Caroline							
Expenditure from corporate funds	Trinity, TX 75862							
PURPOSE OF EXPENDITURE		N travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel out of District Loan Repayment/Reimbursement Solicitation/Fundraising Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Loan Repayment/Reimbursement Salaries/Wages/Contract Labor OTHER (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 28/30 Rpt: 69/71	Republican Women of Trinity County 00070360					
4 Date 04/23/2024	5 Payee name Vaughn, Robert					
6 Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 16 Fairway Dr					
Expenditure from corporate funds	Trinity, TX 75862					
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense winner of LOT cash prize 					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
02/09/2024	Walker Storage					
Amount (\$) \$150.00	Payee address; City; State; Zip Code 605 South Robb					
Expenditure from corporate funds	Trinity, TX 75862					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense storage rental 3 months 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
04/02/2024	Walker Storage					
Amount (\$) \$400.00	Payee address; City; State; Zip Code 605 South Robb					
Expenditure from corporate funds	Trinity, TX 75862					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage unit rental for remainder of 2024 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 29/30 Rpt: 70/71	Republican Women of Trinity County 00070360						
4 Date 06/04/2024	5 Payee name Wall, Deborah						
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code \$200.00 9 Inwood Crown						
Expenditure from corporate funds	San Antonio, TX 78248						
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation to Border Care Project 						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H						
Date	Payee name						
04/12/2024	Westwood Shores POA						
Amount (\$)	Payee address; City; State; Zip Code						
\$150.00	100 Westwood Drive						
Expenditure from corporate funds	Trinity, TX 75862						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gift cards for LOT prizes 						
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H						
Date	Payee name						
04/12/2024	Westwood Shores POA						
Amount (\$) \$50.00	Payee address; City; State; Zip Code 100 Westwood Drive						
Expenditure from corporate funds	Trinity, TX 75862						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gift cards for LOT giveaways 						
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H						

				EXDENDI			BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGORIES FOR BOX 8(a Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee Legal Services Event Expense Food/Beverage Expense Code Categories Food/Beverage Expense Poling Expense Printing Expense Salaries/Wages/Contract The Instruction Guide explains how to complete this			yment/Reimb 'head/Rental l ense pense ages/Contrac	ursement Expense t Labor	ense Transportation Equipment & Related Expense Travel in District Travel Out of District oor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)
	Sch: 30/30 Rpt: 71/71		Republicar	Nomen of T	rinity County					00070360	
4	Date	5	Payee name								
	04/27/2024		Westwood	Shores POA							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	de				
	\$2,475.00		100 Westw	ood Drive							
	Expenditure from corporate funds		Trinity, TX	75862							
8	PURPOSE OF	(a)			d at the top of this sche	edule)	(b) Descr				
	EXPENDITURE		Office Ove	rhead/Rental	Expense					de of Texas. Com officeholder living	nplete Schedule T. g expense
										rental + me	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder nam	e C	office sou	jht			Office h	eld
	Date		Payee name	9							
	06/04/2024		Zimont, Ja	ne							
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de				
	\$423.18		84 Westwo	od Dr W							
	Expenditure from corporate funds		Trinity, TX	75862							
	PURPOSE OF	(a)			d at the top of this sch	edule)	(b) Descr				
	EXPENDITURE		Loan Repa	yment/Reiml	oursement					de of Texas. Com officeholder living	nplete Schedule T. g expense
										ursement	
	Complete ONLY if direct		Candidate/Of	ficeholder nam	e C	office sou	ght			Office h	eld
	expenditure to benefit C/OI	H									