

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Republican Women of Trinity County	13 Filer ID (Ethics Commission Filers) 00070360
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,490.36
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,794.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Kirby D. Mackey

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

17 COMMITTEE NAME Republican Women of Trinity County		18 Filer ID (Ethics Commission Filers) 00070360
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,490.36
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 17,794.94
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/37 Rpt: 4/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akin, Teresa <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alaniz, Al <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Carolyn <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Donna <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Araiza, Cindy (Mrs.) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/37 Rpt: 5/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Araiza, Cindy (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862	7 Amount of Contribution (\$) \$23.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Araiza, Cindy (Mrs.) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Auvenshine, Linda <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Auvenshine, Ron <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Auvenshine, Ron <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/37 Rpt: 6/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Carrie <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) Retired
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Carrie <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Retired
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baranowski, Teresa (Mrs.) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bateman, Dottie (Mrs.) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bateman, Dottie (Mrs.) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/37 Rpt: 7/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bleakney, Karen Gisele	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Trinity, TX 75862		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bleakney, Karen Gisele	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boney, Carol	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boney, Carole	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Tanya	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/37 Rpt: 8/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 05/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Tanya	7 Amount of Contribution (\$) \$22.00
6 Contributor address; City; State; Zip Code Trinity, TX 75862		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Tanya	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Nita	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Nita	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Nita	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 Filers) 00070360
4 Date 01/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlton, Jennifer (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Groveton, TX 75845	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Betsy	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Canyon Lake, TX 78133	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carson, Paulette (Mrs.)	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 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carson, Paulette (Mrs.)	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 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carson, Paulette (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Apple Springs, TX 75926	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/37 Rpt: 10/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chamberlin, Barbara <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chamberlin, Barbara <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chamberlin, Barbara <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chamberlin, Barbara (Mrs.) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chamberlin, Richard (Mr.) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/37 Rpt: 11/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chamberlin, Richard (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862	7 Amount of Contribution (\$) \$400.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Sheryl (Mrs.) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Retired
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Sheryl (Mrs.) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Retired
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croxson, Harry <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVries, Linda <hr/> Contributor address; City; State; Zip Code Woodlake, TX 75865	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/37 Rpt: 12/71
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVries, Linda	7 Amount of Contribution (\$) \$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 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVries, Linda	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Woodlake, TX 75865		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVries, Linda	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 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVries, Linda	Amount of Contribution (\$) \$211.59
Contributor address; City; State; Zip Code Woodlake, TX 75865		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delta T Heating and Cooling	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/37 Rpt: 13/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellsworth, Dean <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862	7 Amount of Contribution (\$) \$409.54
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellsworth, Dean <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erdmann, Dana <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erdmann, Dana <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erdmann, Dana <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/37 Rpt: 14/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, David <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Janice <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frye, Ed <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frye, Sunnie <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frye, Sunnie <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/37 Rpt: 15/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frye, Sunnie <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frye, Sunnie <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frye, Sunnie <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$211.59
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Maria <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Maria <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/37 Rpt: 16/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Judy	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Trinity, TX 75862		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Malaki	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Malaki	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grounds, David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Erin	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/37 Rpt: 17/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Erin	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Trinity, TX 75862		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Erin	Amount of Contribution (\$) \$47.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Erin	Amount of Contribution (\$) \$168.01
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargrave , Orrin	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) self employed
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Sally Jo (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/37 Rpt: 18/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Sally Jo (Ms.)	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Trinity, TX 75862		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Sally Jo (Ms.)	Amount of Contribution (\$) \$72.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrott, Randy	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Ann (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Ann (Mrs.)	Amount of Contribution (\$) \$22.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/37 Rpt: 19/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hassell, Linda (Mrs.) 6 Contributor address; City; State; Zip Code Trinity, TX 75862	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hay, Colton Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) County Attorney		Employer (See Instructions) Trinity County
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Delores (Mrs.) Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hittner, Carolyn Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) nurse/business owner		Employer (See Instructions) hospital
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Robbin Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Loan Officer		Employer (See Instructions) Chartway Credit Union

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/37 Rpt: 20/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 03/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Robbin	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Trinity, TX 75862	
8 Principal occupation / Job title (See Instructions) Loan Officer		9 Employer (See Instructions) Chartway Credit Union
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Robbin	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Loan Officer		Employer (See Instructions) Chartway Credit Union
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Robbin	Amount of Contribution (\$) \$211.59
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Loan Officer		Employer (See Instructions) Chartway Credit Union
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holsinger, Cindy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holsinger, Cindy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/37 Rpt: 21/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holsinger, Cindy <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862	7 Amount of Contribution (\$) \$49.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holsinger, Cindy <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Barbara (Mrs.) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, JoAnn <hr/> Contributor address; City; State; Zip Code Groveton, TX 75845	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Joseph <hr/> Contributor address; City; State; Zip Code Groveton, TX 75845	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/37 Rpt: 22/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kmiec, Christopher	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Spring, TX 77373		
8 Principal occupation / Job title (See Instructions) Medical Supply		9 Employer (See Instructions) Gulf Coast Prosthetics
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kmiec, Tracy	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Spring, TX 77373		
Principal occupation / Job title (See Instructions) Medical Supply		Employer (See Instructions) Gulf Coast Prosthetics
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreitzer, Brenda	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreitzer, Brenda	Amount of Contribution (\$) \$47.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreitzer, Brenda	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/37 Rpt: 23/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasater, Monet <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasater, Monet <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasater, Monet <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasater, Monet <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasater, Monet <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/37 Rpt: 25/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Danny <hr/> 6 Contributor address; City; State; Zip Code Groveton, TX 75845	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) owner		9 Employer (See Instructions) Shaw Butane
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Shary <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matuszewski, Karen <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matuszewski, Karen <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMichael, George (Mrs.) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Remodeler/Entrepreneur		Employer (See Instructions) self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/37 Rpt: 27/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 03/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newhouse, Michele	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Trinity, TX 75862		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newhouse, Michele	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newhouse, Michele	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 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newhouse, Rob	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Brent	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Onalaska, TX 77360		
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/37 Rpt: 28/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poe, Tillie (Mrs.)	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Trinity, TX 75862	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poe, Tillie (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poe, Tillie (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Connie	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Connie	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/37 Rpt: 29/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Connie	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Trinity, TX 75862	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, James	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Retired
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlings, Caren	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhoden, Libby	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Nichols Senate Campaign	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Jacksonville, TX 75766	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/37 Rpt: 30/71
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenberger, Sylvia <hr/> 6 Contributor address; City; State; Zip Code Huntsville, TX 77320	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) business owner		9 Employer (See Instructions) self-employed
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Beverly <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S & K Services <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiro, Bennie <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) District Attorney		Employer (See Instructions) Trinity County
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) See, Elizabeth (Sue) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Texan Hitch

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/37 Rpt: 31/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) See, Elizabeth (Sue)	7 Amount of Contribution (\$) \$400.00
	6 Contributor address; City; State; Zip Code Trinity, TX 75862	
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Texan Hitch
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanafelt, Nancy	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Groveton, TX 75845	
Principal occupation / Job title (See Instructions) County Treasurer		Employer (See Instructions) Trinity County
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanafelt, Nancy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Groveton, TX 75845	
Principal occupation / Job title (See Instructions) County Treasurer		Employer (See Instructions) Trinity County
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheffield, Billy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Lane	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/37 Rpt: 32/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 02/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Cristina <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862	7 Amount of Contribution (\$) \$38.86
8 Principal occupation / Job title (See Instructions) Insurance Rep		9 Employer (See Instructions) Comparion Insurance
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Maklisha <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spearman, Cheryl <hr/> Contributor address; City; State; Zip Code Trinity, TX 75986	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steptoe, Jillian <hr/> Contributor address; City; State; Zip Code Groveton, TX 75845	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Jillian's Dance Center
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kay (Mrs.) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/37 Rpt: 33/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, Roberta Gail <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862	7 Amount of Contribution (\$) \$22.00
8 Principal occupation / Job title (See Instructions) Home Remodeler		9 Employer (See Instructions) Self-Employed
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, Roberta Gail <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Home Remodeler		Employer (See Instructions) Self-Employed
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, Roberta Gail <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Home Remodeler		Employer (See Instructions) Self-Employed
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swidersky, Nancy <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Karen (Ms.) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/37 Rpt: 34/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Charla (Mrs.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Trinity, TX 75862	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Charla (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Charla (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, J Sue	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Lago Vista, TX 78645	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, J Sue	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Lago Vista, TX 78645	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/37 Rpt: 35/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornton, Marilyn (Mrs.)	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Apple Springs, TX 75926		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trinity County Republican Party	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Libby	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Libby	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Libby	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/37 Rpt: 37/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Elaine (Mrs.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Trinity, TX 75862	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Elaine (Mrs.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Elaine (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Stayc	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Stayc	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/37 Rpt: 38/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welton, Joyce (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Trinity, TX 75862	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welton, Joyce (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Jim	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Retired
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams , Linda (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Charlene (Keeker)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/37 Rpt: 39/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Charlene (Keeker)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Trinity, TX 75862	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Audrey	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Lufkin, TX 75904	
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Texas SBOE 8
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachary, Heidi (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimont, Jane	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimont, Jane	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/37 Rpt: 40/71
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimont, Jane <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimont, Jane <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimont, Jane <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

PLEGGED CONTRIBUTIONS

SCHEDULE B

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/30 Rpt: 42/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
4 Date 03/29/2024	5 Payee name 4Imprint, Inc.	
6 Amount (\$) \$1,033.60 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 25303 Network Place Chicago, IL 60673-1253	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense club member shirts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/15/2024	Payee name 4Imprint, Inc.	
Amount (\$) \$427.35 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 25303 Network Place Chicago, IL 60673-1253	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense club member shirts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2024	Payee name 4Imprint, Inc.	
Amount (\$) \$219.77 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 25303 Network Place Chicago, IL 60673-1253	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense club logo pens for giveaways
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/30 Rpt: 43/71	2	FILER NAME Republican Women of Trinity County	3	Filer ID (Ethics Commission Filers) 00070360
4	Date 06/04/2024	5	Payee name Brown, Tanya		
6	Amount (\$) \$460.30 <input type="checkbox"/> Expenditure from corporate funds	7	Payee address; City; State; Zip Code 51 Meadow Lake Dr Trinity, TX 75862		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention hotel reimbursement		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 03/15/2024		Payee name Bryan, Nita		
	Amount (\$) \$118.74 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 215 Clear Springs Trinity, TX 75862		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LOT decor		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 06/04/2024		Payee name Bryan, Nita		
	Amount (\$) \$423.18 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 215 Clear Spring Trinity, TX 75862		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT hotel reimbursement		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/30 Rpt: 44/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
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4 Date 06/04/2024	5 Payee name Bryan, Nita
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6 Amount (\$) \$19.44 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 215 Clear Spring Trinity, TX 75862
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LOT decorations
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/03/2024	Payee name Carson, Paulette
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Amount (\$) \$40.92 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 196 Apple Springs, TX 75926
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense legislative handouts
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/16/2024	Payee name Carson, Paulette
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Amount (\$) \$79.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 196 Apple Springs, TX 75926
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention registration
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 4/30 Rpt: 45/71	2	FILER NAME Republican Women of Trinity County	3	Filer ID (Ethics Commission Filers) 00070360
4	Date 02/20/2024	5	Payee name Chamberlin, Barbara		
6	Amount (\$) \$145.57 <input type="checkbox"/> Expenditure from corporate funds	7	Payee address; City; State; Zip Code 108 Cottonwood Trinity, TX 75862		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense door prizes		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 03/19/2024		Payee name Chamberlin, Barbara		
	Amount (\$) \$115.95 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 108 Cottonwood Trinity, TX 75862		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LOT supplies and decor		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 04/16/2024		Payee name Chamberlin, Barbara		
	Amount (\$) \$79.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 108 Cottonwood Trinity, TX 75862		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention registration		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/30 Rpt: 46/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
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4 Date 05/07/2024	5 Payee name Chamberlin, Barbara
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6 Amount (\$) \$68.39	7 Payee address; City; State; Zip Code 108 Cottonwood Trinity, TX 75862
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense scuba tank rental for golf ball cannon
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/04/2024	Payee name Chamberlin, Barbara
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Amount (\$) \$211.59	Payee address; City; State; Zip Code 108 Cottonwood Trinity, TX 75862
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention hotel
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/04/2024	Payee name City of Trinity
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Amount (\$) \$150.00	Payee address; City; State; Zip Code 101 W. Madison St Trinity, TX 75862
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fundraiser location rental deposit
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/30 Rpt: 47/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
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4 Date 06/04/2024	5 Payee name DeVries, Linda
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6 Amount (\$) \$118.80 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 215 Woodlake, TX 75865
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention hotel reimbursement
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/16/2024	Payee name First National Bank of Trinity
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Amount (\$) \$38.13 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 145 South Robb Street Trinity, TX 75862
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense checks
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/16/2024	Payee name GoDaddy.com
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Amount (\$) \$66.92 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 S. Mill Ave Suite 1600 Tempe, AZ 85281
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website domains
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/30 Rpt: 48/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
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4 Date 01/05/2024	5 Payee name GotPrint.com
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6 Amount (\$) \$163.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7651 N. San Fernando Rd. Burbank, CA 91505
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense business cards
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/04/2024	Payee name Hansen, Erin
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Amount (\$) \$95.09 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 120 Pine Arbor Trinity, TX 75862
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention travel reimbursement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/06/2024	Payee name Harrington, Sally
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Amount (\$) \$59.76 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 33 Lakeside Trinity, TX 75862-8940
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing/scrapbook
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/30 Rpt: 49/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
4 Date 02/27/2024	5 Payee name Harrington, Sally	
6 Amount (\$) \$33.46 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 33 Lakeside Trinity, TX 75862-8940	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense club scrapbook
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/16/2024	Payee name Harrington, Sally	
Amount (\$) \$79.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 33 Lakeside Trinity, TX 75862-8940	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention registration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/04/2024	Payee name Harrington, Sally	
Amount (\$) \$546.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 33 Lakeside Trinity, TX 75862-8940	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention Hotel Reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/30 Rpt: 50/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
4 Date 06/19/2024	5 Payee name Holden, Robbin	
6 Amount (\$) \$99.91 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 71 Lakeside Trinity, TX 75862	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT hotel reimbursement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/06/2024	Payee name Holsinger, Cindy	
Amount (\$) \$80.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 108 Deep Creek Dr. Trinity, TX 75862	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense shirts and mugs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/19/2024	Payee name Holsinger, Cindy	
Amount (\$) \$335.92 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 108 Deep Creek Dr. Trinity, TX 75862	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Leadership Day Training reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/30 Rpt: 51/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
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4 Date 04/16/2024	5 Payee name Holsinger, Cindy
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6 Amount (\$) \$79.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 108 Deep Creek Dr. Trinity, TX 75862
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention registration
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/16/2024	Payee name Holsinger, Cindy
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Amount (\$) \$75.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 108 Deep Creek Dr. Trinity, TX 75862
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TFRW quarterly board meeting ticket
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/04/2024	Payee name Holsinger, Cindy
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Amount (\$) \$158.35 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 108 Deep Creek Dr. Trinity, TX 75862
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention travel reimbursement
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/30 Rpt: 53/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
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4 Date 02/06/2024	5 Payee name Lake Area Welding
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6 Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 302 Cannon St Trinity, TX 75862
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 356 sign
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/02/2024	Payee name Lasater, Monet
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Amount (\$) \$60.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 101 Rolling Springs Trinity, TX 75862
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printer ink
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/16/2024	Payee name Lasater, Monet
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Amount (\$) \$79.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 101 Rolling Springs Trinity, TX 75862
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention registration
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/30 Rpt: 54/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
4 Date 06/04/2024	5 Payee name Lasater, Monet	
6 Amount (\$) \$554.71 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 101 Rolling Springs Trinity, TX 75862	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention hotel reimbursement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2024	Payee name Lasater, Monet	
Amount (\$) \$123.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 101 Rolling Springs Trinity, TX 75862	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT parking reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/21/2024	Payee name Mackey, Kirby	
Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4 Westwood Dr. W Trinity, TX 75862	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense guest speaker fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/30 Rpt: 55/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
4 Date 05/02/2024	5 Payee name Military Promotions	
6 Amount (\$) \$798.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7001 Fleur de Lis Drive New Orleans, LA 70124	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LOT customized golf giveaways
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/05/2024	Payee name MoneyMinder	
Amount (\$) \$25.59 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 30307 Bellingham, WA 98228	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense E-filing fee for 2023 IRS Form 990 Postcard
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/05/2024	Payee name Moneyminder	
Amount (\$) \$179.59 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 30307 Bellingham, WA 98228	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense accounting web program
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/30 Rpt: 56/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/11/2024	5 Payee name PGA Tour SuperStore	
6 Amount (\$) \$158.99 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2255 Newpoint Pkwy Lawrenceville, GA 30043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gift cards for LOT giveaways
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/04/2024	Payee name Poe, Tillie-Kutta (Mrs.)	
Amount (\$) \$546.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 21 Meadow Wood Dr Trinity, TX 75862	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention hotel reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/05/2024	Payee name Polk County Publishing	
Amount (\$) \$354.75 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 E Calhoun Livingston, TX 77351	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense newspaper ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/30 Rpt: 57/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
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4 Date 04/11/2024	5 Payee name Republican Party of Texas
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6 Amount (\$) \$79.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 2206 Austin, TX 78768
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention registration
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/12/2024	Payee name Republican Party of Texas
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Amount (\$) \$79.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2206 Austin, TX 78768
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention registration
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/12/2024	Payee name Republican Party of Texas
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Amount (\$) \$79.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2206 Austin, TX 78768
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention registration
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/30 Rpt: 58/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/15/2024	5 Payee name Republican Party of Texas	
6 Amount (\$) \$316.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 2206 Austin, TX 78768	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention registration
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/15/2024	Payee name Republican Party of Texas	
Amount (\$) \$237.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2206 Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention registration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/15/2024	Payee name Republican Party of Texas	
Amount (\$) \$79.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2206 Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention registration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/30 Rpt: 59/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
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4 Date 04/25/2024	5 Payee name Republican Party of Texas
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6 Amount (\$) \$237.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 2206 Austin, TX 78768
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT convention registration
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/07/2024	Payee name Republican Party of Texas
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Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2206 Austin, TX 78768
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation to Republican Party
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/05/2024	Payee name Rheumatoid Arthritis Foundation
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Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8815 Conroy Windermere Rd. Suite 309 Orlando, FL 32835
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Benevolence donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/30 Rpt: 60/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/16/2024	5 Payee name SAAFE House	
6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 107 W. Main Street Trinity, TX 75862	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense general donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/04/2024	Payee name Sign Gypsies	
Amount (\$) \$170.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 27 Woodview Dr Huntsville, TX 77320	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LOT signage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/02/2024	Payee name Square, Inc	
Amount (\$) \$0.75 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense card reader fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/30 Rpt: 61/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
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4 Date 04/17/2024	5 Payee name Square, Inc
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6 Amount (\$) \$7.49 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card reader fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/29/2024	Payee name Square, Inc
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Amount (\$) \$87.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card reader fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/21/2024	Payee name Square, Inc
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Amount (\$) \$1.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card reader fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/30 Rpt: 62/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
4 Date 06/19/2024	5 Payee name Square, Inc	
6 Amount (\$) \$1.79 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense credit card reader fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name Sullivan, Kay	
Amount (\$) \$50.02 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 142 E Big Lake Rd Trinity, TX 75862	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meeting hospitality
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2024	Payee name Sullivan, Kay	
Amount (\$) \$65.83 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 142 E Big Lake Rd Trinity, TX 75862	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meeting hospitality supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/30 Rpt: 63/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
4 Date 03/19/2024	5 Payee name Sullivan, Kay	
6 Amount (\$) \$77.12 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 142 E Big Lake Rd Trinity, TX 75862	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meeting breakfast supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/07/2024	Payee name TFRW	
Amount (\$) \$175.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense submission #2
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/07/2024	Payee name TFRW	
Amount (\$) \$450.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense submission #3
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/30 Rpt: 64/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
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4 Date 02/11/2024	5 Payee name TFRW
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6 Amount (\$) \$275.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense submission #4
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/20/2024	Payee name TFRW
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Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense submission #5
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/15/2024	Payee name TFRW
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Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense submission #6
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/30 Rpt: 65/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
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4 Date 04/02/2024	5 Payee name TFRW
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6 Amount (\$) \$75.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense submission #7
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/24/2024	Payee name TFRW
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Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense submission #8
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/02/2024	Payee name TFRW
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Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense submission #9
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/30 Rpt: 66/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
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4 Date 05/28/2024	5 Payee name TFRW
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6 Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense submission #10
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/19/2024	Payee name TFRW
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Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense submission #11
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/04/2024	Payee name The Farm Table
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Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8730 FM1280 Groveton, TX 75865
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Nuts & Bolts catering
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/30 Rpt: 67/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
4 Date 02/09/2024	5 Payee name Tractor Supply #2464	
6 Amount (\$) \$21.64 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1280 S Robb St Trinity, TX 75862	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage locks
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name Trinity County Crime Stoppers	
Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1507 Tara Dr Trinity, TX 75862	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TCCS Meeting Speaker
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/12/2024	Payee name Trinity County Sheriff Office	
Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 214 W. 1st 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation to Trade School Scholarship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/30 Rpt: 68/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
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4 Date 01/12/2024	5 Payee name Trinity Loaves and Fishes
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6 Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 407 N. Robb St Trinity, TX 75862
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charity donation
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/04/2024	Payee name US Postal Service
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Amount (\$) \$58.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 116 North Main Trinity, TX 75862
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense annual post office box rental
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/16/2024	Payee name VFW Post 6899 Trinity TX
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Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 E. Caroline Trinity, TX 75862
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/30 Rpt: 69/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
4 Date 04/23/2024	5 Payee name Vaughn, Robert	
6 Amount (\$) \$120.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 16 Fairway Dr Trinity, TX 75862	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense winner of LOT cash prize
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2024	Payee name Walker Storage	
Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 605 South Robb Trinity, TX 75862	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage rental 3 months
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/02/2024	Payee name Walker Storage	
Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 605 South Robb Trinity, TX 75862	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage unit rental for remainder of 2024
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/30 Rpt: 71/71	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
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4 Date 04/27/2024	5 Payee name Westwood Shores POA
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6 Amount (\$) \$2,475.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 100 Westwood Drive Trinity, TX 75862
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LOT golf course rental + meals
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/04/2024	Payee name Zimont, Jane
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Amount (\$) \$423.18 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 84 Westwood Dr W Trinity, TX 75862
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RPT hotel reimbursement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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