FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00070275 3 COMMITTEE NAME **OFFICE USE ONLY** Republican Women's Club of Katy, PAC Date Received **ELECTRONICALLY FILED** 07/13/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **ADDRESS** 9550 Spring Green, Suite 408-122 Date Hand-delivered or Date Postmarked Change of Address Katy, TX 77494 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Nalda J. NAME NICKNAME LAST **SUFFIX** White STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 26435 Hidden Timbers Lane STREET **ADDRESS** (Residence or Business) Katy, TX 77494 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 26435 Hidden Timbers Lane MAILING **ADDRESS** Katy, TX 77494 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 428-8167 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------|
| Republican Women's | Club of Katy, PAC | | 00070275 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supported B. Opposed | | |
| | | В. Оррозец | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS N | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 17,646.88 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZE | D POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 24,302.40 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD | DAY \$ | 0.00 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | HE \$ | 0.00 |
| 16 AFFIDAVIT | | | · | |
| | | I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code. | | |
| | | Mrs. Nald | a J. White | |
| | | Signature of Car | npaign Treasui | rer |
| AFFIX NOTA | RY STAMP / SEAL ABOVE | | | |
| | | , th | is 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 offic | er administering oath |
| | | | | |

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

| | | | | | 3 of 41 |
|----------------------|--------|-------------------------------------------------------------------------------|--------------|-------|-----------------------|
| 17 COMN | /ITTE | E NAME | 18 Filer ID | (Ethi | cs Commission Filers) |
| Repu | blicar | n Women's Club of Katy, PAC | 00070275 | | |
| | | SUBTOTALS | | | SUBTOTAL AMOUNT |
| NAME | OF S | SCHEDULE | | L | CODIO IN LET INICOTAT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 17,646.88 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | | \$ | | |
| 4. | | \$ | | | |
| 5. | | \$ | | | |
| 6. | | \$ | | | |
| 7. | | \$ | | | |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| DRGANIZATION | \$ | |
| 9. SCHEDULE E: LOANS | | | | | |
| 10. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 6 | \$ | 24,302.40 |
| 11. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 12. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 13. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 14. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER | RETURNED | \$ | |
| | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTI | ONS | | SCHEDUL | E A1 |
|---|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----|-------------------------------------------------|-------------|
| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 1/19 Rpt: 4/41 | |
| 2 | FILER NAME Republican \ | Vomen's Club of Katy, PAC | | 3 | Filer ID (Ethics Commission 00070275 | n Filers) |
| 4 | Date 01/11/2024 | Full name of contributor out-of-state PAC (ID# ADKINS, CINDY (Ms.) Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$145.00 |
| _ | Deignaignal | Richmond, TX 77406 | To Francisco (Con Instructions | | | |
| 8 | House wife | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 01/22/2024 | Full name of contributor out-of-state PAC (ID# Altimore, Linda (Ms.) Contributor address; City; State; Zip Code | :) | • | Amount of Contribution (\$) | \$125.00 |
| | | Richmond, TX 77469 | 1 | | | |
| | Principal occu House wife | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 01/11/2024 | Full name of contributor out-of-state PAC (ID# Amerine, Deanna (Ms.) Contributor address; City; State; Zip Code | ÷) | | Amount of Contribution (\$) | \$178.82 |
| | | Lake Jackson, TX 77566 | | | | |
| | Principal occu House wife | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 03/11/2024 | Full name of contributor out-of-state PAC (ID# Amerine, Marv (Mr.) Contributor address; City; State; Zip Code Lake Jackson, TX 77566 | :) | | Amount of Contribution (\$) | \$147.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 02/02/2024 | Full name of contributor out-of-state PAC (ID# Arzadum, Jessica (Ms.) Contributor address; City; State; Zip Code Katy, TX 77494 | · :) | • | Amount of Contribution (\$) | \$123.45 |
| | Principal occu House wife | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | • | | | |

| | MONET | ARY POLITICAL CONTRIBUT | TONS | | SCHEDUL | E A1 |
|---|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----|-------------------------------------------------|-------------|
| | The Instruc | ction Guide explains how to complete thi | is form. | 1 | Total pages Schedule A1: Sch: 2/19 Rpt: 5/41 | |
| 2 | FILER NAME Republican \ | Vomen's Club of Katy, PAC | | 3 | Filer ID (Ethics Commission 00070275 | n Filers) |
| 4 | Date 01/11/2024 | Full name of contributor | D#:) | 7 | Amount of Contribution (\$) | \$159.87 |
| | | Needville, TX 77461 | | | | |
| 8 | Principal occu House wife | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Date 01/11/2024 | Contributor address; City; State; Zip Code | D#:) | | Amount of Contribution (\$) | \$190.00 |
| | Principal occu | Katy, TX 77494 Dation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | House Wife | | | | | |
| | Date 01/11/2024 | Full name of contributor | D#:) | | Amount of Contribution (\$) | \$120.00 |
| | | Katy, TX 77494 | | | | |
| | Principal occu House wife | oation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 05/13/2024 | Full name of contributor out-of-state PAC (II Bills, Anna (Ms.) Contributor address; City; State; Zip Code Katy, TX 77494 | D#:) | | Amount of Contribution (\$) | \$120.00 |
| | Principal occu house wife | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 05/02/2024 | Full name of contributor out-of-state PAC (I Blanscet, Melissa (Ms.) Contributor address; City; State; Zip Code Weston Lakes, TX 77441 | D#:) | | Amount of Contribution (\$) | \$122.92 |
| | Principal occu House wife | oation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | • | | | |

| | MONET | ARY POLITICAL CONTRIBUTI | ONS | | SCHEDUL | E A1 |
|---|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|-------------------------------------------------|-------------|
| | The Instruc | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 3/19 Rpt: 6/41 | |
| 2 | FILER NAME Republican \ | Vomen's Club of Katy, PAC | | 3 | Filer ID (Ethics Commission 00070275 | n Filers) |
| 4 | Date 01/05/2024 | Full name of contributor out-of-state PAC (IDa Boyer , Debbie (Ms.) Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$134.25 |
| 0 | Dringing oggu | Katy, TX 77450 | Employer (See Instructional) | <u></u> | | |
| 8 | House wife. | pation / Job title (See Instructions) | 9 Employer (See Instructions | >) | | |
| | Date 01/11/2024 | Full name of contributor out-of-state PAC (ID: Brooks, Tonya (Ms.) Contributor address; City; State; Zip Code | #:) | | Amount of Contribution (\$) | \$175.00 |
| | Principal occu | Houston, TX 77085 pation / Job title (See Instructions) | Employer (See Instructions | z) | | |
| | Politician | oalion / Job title (See matractions) | Employer (See instructions |) | | |
| | Date 01/22/2024 | Full name of contributor | #:) | • | Amount of Contribution (\$) | \$135.00 |
| | | Katy, TX 77494 | | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 01/22/2024 | Full name of contributor out-of-state PAC (ID) Brown, Suzanne (Ms.) Contributor address; City; State; Zip Code Houston, TX 77024 | #:) | • | Amount of Contribution (\$) | \$123.00 |
| | Principal occu House wife | pation / Job title (See Instructions) | Employer (See Instructions | <u>I</u> S) | | |
| | Date 03/11/2024 | Full name of contributor out-of-state PAC (ID: Campbell, Donovan (Mr.) Contributor address; City; State; Zip Code Houston, TX 77079 | #:) | | Amount of Contribution (\$) | \$119.00 |
| | Principal occu Health service | oation / Job title (See Instructions) es | Employer (See Instructions | 5) | | |
| | | | 1 | | | |

| | MONET | ARY POLITICAL CO | ONTRIBUTION | S | | SCHEDUL | E A1 |
|---|------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------|----|-------------------------------------------------|-------------|
| | The Instruc | ction Guide explains how to | o complete this forn | n. | 1 | Total pages Schedule A1: Sch: 4/19 Rpt: 7/41 | |
| 2 | FILER NAME Republican \ | Vomen's Club of Katy, PAC | | | 3 | Filer ID (Ethics Commission 00070275 | n Filers) |
| 4 | Date 01/11/2024 | 5 Full name of contributor Carr, Frances (Ms.)6 Contributor address; City; State | out-of-state PAC (ID#:e; Zip Code |) | 7 | Amount of Contribution (\$) | \$125.00 |
| 0 | Dringing oggu | Fulshear, TX 77441 | I ₀ | Employer (See Instructions | | | |
| 8 | Retired | pation / Job title (See Instructions) | | Employer (See Instructions NA | ·) | | |
| | Date 01/11/2024 | Full name of contributor Chavez, Paula (Ms.) Contributor address; City; State | |) | | Amount of Contribution (\$) | \$120.00 |
| | Principal occu | Richmond, TX 77407 | i | Employer (See Instructions | _ | | |
| | House wife | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 01/11/2024 | Full name of contributor Clark , Rebecca (Ms.) Contributor address; City; State | out-of-state PAC (ID#: e; Zip Code |) | | Amount of Contribution (\$) | \$209.00 |
| | | Richmond, TX 77406 | | | | | |
| | • | pation / Job title (See Instructions) reedoms Fund | | Employer (See Instructions | 5) | | |
| | Date 02/01/2024 | Full name of contributor Club Express Contributor address; City; State Schaumburg, IL 60173 | | | | Amount of Contribution (\$) | \$120.75 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | () | | |
| | Date 01/12/2024 | Full name of contributor Cone, Matthew (Mr.) Contributor address; City; State Houston, TX 77024 | out-of-state PAC (ID#: e; Zip Code |) | | Amount of Contribution (\$) | \$155.00 |
| | Principal occu Politician | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | <u>'</u> | | | | |

| | MONET | ARY POLITICAL CO | NTRIBUTION | S | | SCHEDUL | E A1 |
|---|-------------------------------|-------------------------------------------------------------------------------------------------------|------------------------|----------------------------|---|-------------------------------------------------|-------------|
| | The Instruc | ction Guide explains how to | complete this forn | n. | 1 | Total pages Schedule A1: Sch: 5/19 Rpt: 8/41 | |
| 2 | FILER NAME Republican V | Vomen's Club of Katy, PAC | | | 3 | Filer ID (Ethics Commission 00070275 | n Filers) |
| 4 | Date 01/11/2024 | Cowan, Glenn (Mr.) | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$120.00 |
| 8 | Principal occur | Pasadena, TX 77504 pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | | |
| | Police Sarge | | | Politician | , | | |
| | Date 01/12/2024 | Full name of contributor Cowan, Glenn (Mr.) Contributor address; City; State; | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$288.00 |
| | | Pasadena, TX 77504 | | | | | |
| | Principal occup Politician | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 03/11/2024 | Full name of contributor Cuellar, Janet (Ms.) Contributor address; City; State; | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$126.00 |
| | | Weston Lakes, TX 77441 | | | | | |
| | Principal occup House wife | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 01/22/2024 | Full name of contributor Cull, Laurel (Ms.) Contributor address; City; State; Katy, TX 77450 | | | | Amount of Contribution (\$) | \$120.00 |
| | Principal occup House wife | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 01/11/2024 | Full name of contributor Cuzela, Mary Ellen (Ms.) Contributor address; City; State; Katy, TX 77450 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$145.00 |
| | Principal occup House wife | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|-------------------------------------------------|-------------|
| | The Instruc | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 6/19 Rpt: 9/41 | |
| 2 | FILER NAME Republican \ | Vomen's Club of Katy, PAC | | 3 | Filer ID (Ethics Commission 00070275 | n Filers) |
| 4 | Date 01/11/2024 | Full name of contributor | _ | 7 | Amount of Contribution (\$) | \$125.00 |
| _ | 5 | Katy, TX 77494 | 10 = 1 | | | |
| 8 | House wife | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 01/11/2024 | Full name of contributor out-of-state PAC (ID#: Danna, Joe (Mr.) Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$115.00 |
| | Principal occu | Houston, TX 77292 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ;) | | |
| | Retired | | | | | |
| | Date 03/21/2024 | Full name of contributor out-of-state PAC (ID#: Day, Barbara (Ms.) Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$123.00 |
| | | Katy, TX 77494 | | | | |
| | Principal occu House wife | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 01/11/2024 | Full name of contributor out-of-state PAC (ID#: Dayo, David (Mr.) Contributor address; City; State; Zip Code Houston, TX 77002 |) | | Amount of Contribution (\$) | \$118.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 02/12/2024 | Full name of contributor out-of-state PAC (ID#: Drabek, Cindy (Ms.) Contributor address; City; State; Zip Code Rosenberg, TX 77471 | | | Amount of Contribution (\$) | \$155.00 |
| | Principal occu House wife | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------|--------------------------------------------------|-------------|
| | The Instruc | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 7/19 Rpt: 10/41 | |
| 2 | FILER NAME Republican \ | Vomen's Club of Katy, PAC | | 3 | Filer ID (Ethics Commission 00070275 | n Filers) |
| 4 | Date 01/11/2024 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$110.00 |
| _ | | Needville, TX 77461 | <u> </u> | | | |
| 8 | Principal occu House wife | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 02/12/2024 | Full name of contributor out-of-state PAC (ID# Escobar, Janet (Ms.) Contributor address; City; State; Zip Code | :) | | Amount of Contribution (\$) | \$123.00 |
| | Principal occu | Katy, TX 77450 pation / Job title (See Instructions) | Employer (See Instructions | -, | | |
| | House wife | Jalion / Job lilie (See instructions) | Employer (See instructions | >) | | |
| | Date 01/11/2024 | Full name of contributor out-of-state PAC (ID# Feigleson, Sarah (Ms.) Contributor address; City; State; Zip Code | :) | | Amount of Contribution (\$) | \$185.00 |
| | | Katy, TX 77493 | | | | |
| | Principal occu House wife | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 01/11/2024 | Full name of contributor out-of-state PAC (ID# Foster, Brenda (Ms.) Contributor address; City; State; Zip Code Houston, TX 77094 | :) | • | Amount of Contribution (\$) | \$103.00 |
| | Principal occu House wife. | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 01/11/2024 | Full name of contributor out-of-state PAC (ID# Frisch, Joyce (Ms.) Contributor address; City; State; Zip Code Katy, TX 77494 | :) | • | Amount of Contribution (\$) | \$125.00 |
| | Principal occu Retired | oation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | • | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO |)NS | | SCHEDUL | E A1 |
|---|----------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------|-------------|--------------------------------------------------|-------------|
| | The Instru | ction Guide explains how | to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 8/19 Rpt: 11/41 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | Republican \ | Nomen's Club of Katy, PAC | | | L | 00070275 | |
| 4 | Date 01/12/2024 | 5 Full name of contributor Galito, Heidi (Ms.)6 Contributor address; City; S | out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | \$115.00 |
| 8 | Principal occu | Katy, TX 77450 pation / Job title (See Instructions | s) | 9 Employer (See Instructions | ;) | | |
| | House wife | | , | | , | | |
| | Date 01/11/2024 | Full name of contributor Gibson, Tina (Ms.) Contributor address; City; S | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$125.00 |
| | | Sugar Land, TX 77479 | | | | | |
| | Principal occu Political advi | pation / Job title (See Instructions sor | s) | Employer (See Instructions | 5) | | |
| | Date 02/12/2024 | Full name of contributor Grisafe, Angelica Contributor address; City; S | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$105.00 |
| | | Katy, TX 77494 | | | | | |
| | Principal occu House wife | pation / Job title (See Instructions | s) | Employer (See Instructions | <u>(</u> | | |
| | Date 01/11/2024 | Full name of contributor Guebara, Patricia (Ms.) Contributor address; City; S Rosenberg, TX 77471 | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$118.00 |
| | Principal occu JP clerk | pation / Job title (See Instructions | s) | Employer (See Instructions | 5) | | |
| | Date 01/11/2024 | Full name of contributor Hamilton, David (Mr.) Contributor address; City; S Missouri City, TX 77459 | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$140.00 |
| | Principal occu Commercial | pation / Job title (See Instructions Insurance | s) | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBU | JTION | NS | | SCHEDUL | E A1 |
|---|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------|----------|--------------------------------------------------|-------------|
| | The Instruc | ction Guide explains how to complete | this for | m. | 1 | Total pages Schedule A1: Sch: 9/19 Rpt: 12/41 | |
| 2 | FILER NAME Republican V | Vomen's Club of Katy, PAC | | | 3 | Filer ID (Ethics Commission 00070275 | n Filers) |
| 4 | Date 01/11/2024 | Full name of contributor out-of-state PA Heese, Lauren (Ms.) Contributor address; City; State; Zip Code | - | | 7 | Amount of Contribution (\$) | \$125.00 |
| 8 | Principal occu | Katy, TX 77450 pation / Job title (See Instructions) | 9 | Employer (See Instructions | (i) | | |
| | Medical rese | | | | , | | |
| | Date 01/11/2024 | Full name of contributor out-of-state PA Holloman, Jessica (Ms.) Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$118.00 |
| | Dringing aggr | Hempstead, TX 77445 | | Employer (See Instructions | ·/- | | |
| | Politician | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 01/11/2024 | Full name of contributor out-of-state PA Hrncir, Debra (Ms.) Contributor address; City; State; Zip Code | C (ID#: |) | | Amount of Contribution (\$) | \$125.00 |
| | | Katy, TX 77450 | | | | | |
| | Principal occu House wife | pation / Job title (See Instructions) | | Employer (See Instructions | <u>(</u> | | |
| | Date 02/16/2024 | Full name of contributor out-of-state PA Huffman, Joan (Sen.) Contributor address; City; State; Zip Code Houston, TX 77079 | - | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Senator | pation / Job title (See Instructions) | | Employer (See Instructions State of Texas | 5) | | |
| | Date 01/11/2024 | Full name of contributor out-of-state PA Jackson, Peggy (Ms.) Contributor address; City; State; Zip Code Katy, TX 77450 | |) | | Amount of Contribution (\$) | \$148.00 |
| | Principal occu House wife | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | l | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDUL | E A1 |
|---|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------|---------------------------------------------------|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 10/19 Rpt: 13/41 | |
| 2 | FILER NAME Republican | Women's Club of Katy, PAC | | 3 | Filer ID (Ethics Commission 00070275 | n Filers) |
| 4 | Date 01/22/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Katzman, Laura (Ms.) 6 Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$100.00 |
| _ | | Katy, TX 77450 | | | | |
| 8 | Retired | ipation / Job title (See Instructions) | 9 Employer (See Instructions N/A | i) | | |
| | Date 01/24/2024 | Full name of contributor out-of-state PAC (ID#:_Kettler-Paddock, Kym (Ms.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | | Katy, TX 77494 | | | | |
| | Principal occu House wife | ipation / Job title (See Instructions) | Employer (See Instructions | i) | | |
| | Date 01/11/2024 | Full name of contributor out-of-state PAC (ID#:_Khan, Moid (Mr.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | | Sugar Land, TX 77498 | | | | |
| | Principal occu Politician | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 01/11/2024 | Full name of contributor out-of-state PAC (ID#:_Lopez, Diana (Ms.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$120.00 |
| | Principal occu | Ipation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Date 01/11/2024 | Full name of contributor out-of-state PAC (ID#:_ Lovelace, Jared (Mr.) Contributor address; City; State; Zip Code La Grange, TX 78945 | | | Amount of Contribution (\$) | \$118.00 |
| | Principal occu Attorney | upation / 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: 11/19 Rpt: 14/41 | | |
| 2 | FILER NAME Republican V | Vomen's Club of Katy, PAC | | | 3 | Filer ID (Ethics Commission 00070275 | n Filers) |
| 4 | Date 01/11/2024 | <u> </u> | | 7 | Amount of Contribution (\$) | \$185.00 | |
| 8 | Principal occur | Katy, TX 77494 pation / Job title (See Instructions) | l q | Employer (See Instructions | ;) | | |
| | Homemaker | odion, oop tille (occ mondellons) | | Not Employed | ,, | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 03/11/2024 Marsh, Robin (Ms.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$126.00 | | |
| | | Katy, TX 77450 | | | | | |
| Principal occupation / Job title (See Instructions) House wife Employer (See Instruction | | | Employer (See Instructions | 5) | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 03/11/2024 Marzec, Mary Ann (Ms.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$126.00 | | |
| | | Katy, TX 77494 | | | | | |
| | Principal occu House wife | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| Date O1/11/2024 Full name of contributor out-of-state PAC (ID#:) Mathis , Martha (Ms.) Contributor address; City; State; Zip Code Katy, TX 77450 | | | Amount of Contribution (\$) | \$135.00 | | | |
| | Principal occup | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 01/11/2024 Mayper, Stuart (Mr.) Contributor address; City; State; Zip Code Houston, TX 77007 | | | Amount of Contribution (\$) | \$115.00 | | |
| | Principal occup | oation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | SCHEDULE A1 | | | |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------|---------------------------------------------------|-----------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 12/19 Rpt: 15/41 | |
| 2 | FILER NAME Republican | Women's Club of Katy, PAC | | 3 | Filer ID (Ethics Commission 00070275 | n Filers) |
| 4 | Date 01/11/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ McCarty, Kristen (Ms.) 6 Contributor address; City; State; Zip Code |) | 7 | Amount of Contribution (\$) | \$165.00 |
| _ | Driveigal | Katy, TX 77450 | O Familia var (Can Instructions | | | |
| 8 | Writer | ipation / Job title (See Instructions) | 9 Employer (See Instructions N/A |) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 01/11/2024 McCollum, Melissa (Ms.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$140.00 | |
| | | Richmond, TX 77406 | | | | |
| | Principal occu Real Estate | upation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 01/11/2024 | Full name of contributor out-of-state PAC (ID#:_ McLaughlin, Tonya (Ms.) Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$103.00 |
| | | Houston, TX 77008 | | | | |
| | Principal occu Attorney | ipation / Job title (See Instructions) | Employer (See Instructions Self |) | | |
| | Date 01/11/2024 | Full name of contributor out-of-state PAC (ID#:_Meshwert, Claudia (Ms.) Contributor address; City; State; Zip Code Katy, TX 77454 | | | Amount of Contribution (\$) | \$115.00 |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 01/11/2024 | Full name of contributor out-of-state PAC (ID#:_Minchew, John (Mr.) Contributor address; City; State; Zip Code Richmond, TX 77406 | | | Amount of Contribution (\$) | \$120.00 |
| | Principal occu Politician | upation / 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: 13/19 Rpt: 16/41 | | |
| 2 | FILER NAME Republican \ | Nomen's Club of Katy, PAC | | | 3 | Filer ID (Ethics Commission 00070275 | on Filers) |
| 4 | Date 01/22/2024 | | | 7 | Amount of Contribution (\$) | \$176.00 | |
| _ | | Richmond, TX 77406 | | | <u></u> | | |
| 8 | Principal occu Politician | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 01/11/2024 Montalvo, Evelyn (Ms.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$131.00 | | |
| | Principal occu | Richmond, TX 77406 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Retired | , | | | , | | |
| | Date 01/11/2024 | Full name of contributor [Morales, Vincent (Mr.) Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code | | | Amount of Contribution (\$) | \$5,000.00 |
| | | Rosenberg, TX 77471 | | | | | |
| | Principal occu Politician | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 01/11/2024 Morgan, Matthew (Mr.) Contributor address; City; State; Zip Code Richmond, TX 77406 | | | Amount of Contribution (\$) | \$146.00 | | |
| | Principal occu Politician | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 01/11/2024 | | | | Amount of Contribution (\$) | \$28.00 | |
| | Principal occu Politician | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | | | | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | SCHEDULE A1 | | | |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|---------------------------------------------------|-----------|
| | The Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A1: Sch: 14/19 Rpt: 17/41 | |
| 2 | FILER NAME Republican \ | Vomen's Club of Katy, PAC | | 3 | Filer ID (Ethics Commission 00070275 | n Filers) |
| 4 | Date 01/11/2024 | | | 7 | Amount of Contribution (\$) | \$171.82 |
| 8 | Dringing oggu | Richmond, TX 77406 | Employer (See Instructional) | | | |
| • | House wife | pation / Job title (See Instructions) | 9 Employer (See Instructions | >) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 01/11/2024 Parker, Gina (Ms.) Contributor address; City; State; Zip Code | | • | Amount of Contribution (\$) | \$118.00 | |
| | | Houston, TX 77007 | | L | | |
| Principal occupation / Job title (See Instructions) Attorney Employer (See Instruction | | | | S) | | |
| | Date 01/30/2024 | Full name of contributor out-of-state PAC (ID: Parker, Gina (Ms.) Contributor address; City; State; Zip Code | #:) | • | Amount of Contribution (\$) | \$118.00 |
| | | Houston, TX 77007 | | | | |
| | Principal occu Attorney | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 01/12/2024 Perez, John (Mr.) Contributor address; City; State; Zip Code Katy, TX 77450 | | • | Amount of Contribution (\$) | \$176.00 | |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 01/11/2024 | | | | Amount of Contribution (\$) | \$135.00 |
| | Principal occu House wife | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | | | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | SCHEDULE A1 | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------|---------------------------------------------------|-----------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 15/19 Rpt: 18/41 | |
| 2 | FILER NAME Republican | Women's Club of Katy, PAC | | 3 | Filer ID (Ethics Commission 00070275 | n Filers) |
| 4 | Date 01/11/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Perez, Victor (Mr.) 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$163.00 |
| _ | Discipal | Katy, TX 77494 | | | | |
| 8 | Retired | pation / Job title (See Instructions) | 9 Employer (See Instructions) |) | | |
| Date Full name of contributor out-of-state PAC (ID#:) 01/11/2024 Prendergast , Linda (Ms.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$125.00 | | |
| | | Katy, TX 77450 | | | | |
| | Principal occu House wife | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 02/12/2024 | Full name of contributor out-of-state PAC (ID#:_Richardson, Joy (Ms.) Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$120.00 |
| | | Fulshear, TX 77441 | | | | |
| | Principal occu House wife | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 02/02/2024 | Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Jose (Mr.) Contributor address; City; State; Zip Code Fulshear, TX 77441 |) | | Amount of Contribution (\$) | \$138.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 01/12/2024 | Full name of contributor out-of-state PAC (ID#:_Schenck, David (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75225 | | | Amount of Contribution (\$) | \$118.00 |
| | Principal occu Politician | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | SCHEDULE A1 | | | |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|---------------------------------------------------|-----------|
| | The Instru | ction Guide explains how to complete t | his form. | 1 | Total pages Schedule A1: Sch: 16/19 Rpt: 19/41 | |
| 2 | FILER NAME Republican \ | Vomen's Club of Katy, PAC | | 3 | Filer ID (Ethics Commission 00070275 | n Filers) |
| 4 | Date 01/11/2024 | | | 7 | Amount of Contribution (\$) | \$163.00 |
| _ | <u> </u> | Fulshear, TX 77441 | 10.5.1.00.1.1 | _ | | |
| 8 | Retired | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 02/02/2024 Shook, Gail (Ms.) Contributor address; City; State; Zip Code | | • | Amount of Contribution (\$) | \$115.00 | |
| | Principal occu | Fulshear, TX 77441 pation / Job title (See Instructions) | Employer (See Instructions | ?) | | |
| | House wife | odion, con the (occ mondono) | Employer (Gee instructions | " | | |
| | Date 01/11/2024 | Full name of contributor | (ID#:) | | Amount of Contribution (\$) | \$153.00 |
| | | Sugar Land, TX 77498 | | | | |
| | Principal occu Politician | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 01/12/2024 Slot, David (Mr.) Contributor address; City; State; Zip Code Richmond, TX 77406 | | • | Amount of Contribution (\$) | \$188.00 | |
| | Principal occu Sheriff deput | oation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 05/01/2024 | Full name of contributor out-of-state PAC Snyder, Patricia (Ms.) Contributor address; City; State; Zip Code Richmond, TX 77406 | (ID#:) | • | Amount of Contribution (\$) | \$126.00 |
| | Principal occu House wife | oation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | ' | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | SCHEDULE A1 | | | | |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------|---------------------------------------------------|--------------------------------------|-----------|
| | The Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A1: Sch: 17/19 Rpt: 20/41 | | |
| 2 | FILER NAME Republican V | Vomen's Club of Katy, PAC | | | 3 | Filer ID (Ethics Commission 00070275 | n Filers) |
| 4 | Date 01/22/2024 | | | 7 | Amount of Contribution (\$) | \$135.00 | |
| 8 | Principal occur | Katy, TX 77450 pation / Job title (See Instructions) | la | Employer (See Instructions | .) | | |
| _ | Retired | oution 7 oob title (See Instituctions) | | Employer (See mandenoria | ') | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 01/11/2024 Thomason, Kristine (Ms.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$135.00 | | |
| | Dringing aggr | Houston, TX 77083 | | Employer (See Instructions | ·/ | | |
| | Retired | pation / Job title (See Instructions) | | Employer (See Instructions | ·) | | |
| | Date 01/11/2024 | Full name of contributor out-of-state PAC Turcott, Claudia (Ms.) Contributor address; City; State; Zip Code | C (ID#: |) | | Amount of Contribution (\$) | \$103.00 |
| | | Katy, TX 77450 | | | | | |
| | Principal occu House wife. | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 01/22/2024 Ullrich, Mary-Lynn (Ms.) Contributor address; City; State; Zip Code Katy, TX 77494 | | | Amount of Contribution (\$) | \$120.00 | | |
| | Principal occu House wife | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Date 01/22/2024 | Full name of contributor out-of-state PAC Underwood, Lori (Ms.) Contributor address; City; State; Zip Code Fulshear, TX 77441 | | | | Amount of Contribution (\$) | \$170.00 |
| | Principal occu House wife | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | SCHEDULE A1 | | | | |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------|-------------------------------|-----------------------------|---------------------------------------------------|-----------|
| | The Instruc | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 18/19 Rpt: 21/41 | |
| 2 | FILER NAME Republican V | Women's Club of Katy, PAC | | | 3 | Filer ID (Ethics Commission 00070275 | n Filers) |
| 4 | Date 01/22/2024 | | | 7 | Amount of Contribution (\$) | \$154.00 | |
| 8 | Principal occur | Richmond, TX 77469 pation / Job title (See Instructions) | I ₀ | Employer (See Instructions | | | |
| 0 | Retired | pation / 300 title (3ee instructions) | 3 | Employer (See Instructions | •) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 01/11/2024 Waswil, Kelly (Ms.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$110.00 | | |
| | Katy, TX 77494 | | Employer (Coo Instructions | <u></u> | | | |
| | Retired | pation / Job title (See Instructions) | | Employer (See Instructions | ·) | | |
| | Date 01/11/2024 | | | | Amount of Contribution (\$) | \$130.00 | |
| | | Katy, TX 77494 | | | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 01/11/2024 Williams, Bach (Ms.) Contributor address; City; State; Zip Code Katy, TX 77494 | | | Amount of Contribution (\$) | \$140.00 | | |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions NA | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 01/11/2024 Wilson, Gerald Contributor address; City; State; Zip Code Katy, TX 77450 | | | Amount of Contribution (\$) | \$140.00 | | |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | TARY POLITICAL CONTRIBUTI | ONS | SCHEDULE A1 |
|---|-----------------------------------------------------------|----------------------------------------|------------------------------|-----------------------------------------------------|
| | The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 19/19 Rpt: 22/41 |
| 2 | FILER NAME Republican | Women's Club of Katy, PAC | | 3 Filer ID (Ethics Commission Filers) 00070275 |
| 4 | Date 01/11/2024 | Full name of contributor | #:) | 7 Amount of Contribution (\$) \$135.0 |
| | | Katy, TX 77450 | | |
| 8 | Principal occu Retired | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Candidate/Officenoider/Politica | The Instruction Guide explains how to complete this form. |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/19 Rpt: 23/41 | Republican Women's Club of Katy, PAC 00070275 |
| 4 Date | 5 Payee name |
| 05/03/2024 | Besinger, Jackie (Ms.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$300.00 | 9401 Caracas Dr. |
| - " | |
| Expenditure from corporate funds | Austin, TX 78733 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Speaker fee |
| | Speaker ree |
| O Commission ONLY if dispose | Condidate/Officeholder name Office appets |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| <u> </u> | |
| Date | Payee name |
| 04/26/2024 | Boyer, Debbie (Mrs.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$27.00 | 21210 Kelliwood Greens Dr |
| | |
| Expenditure from corporate funds | Katy, TX 77450 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| - | Clorical Gupplies |
| | Clerical supplies |
| Operation ONE Wife discout | Open Highest (Office health and a second sec |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| <u>'</u> | |
| Date | Payee name |
| 03/04/2024 | Brat, David Alan (Mr.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$350.00 | 1971 University Blvd. |
| | |
| Expenditure from corporate funds | Lynchburg, VA 24515 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | Speaker fees |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experialitie to beliefft C/OI | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

| Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 2/19 Rpt: 24/41 | Republican Women's Club of Katy, PAC 00070275 |
| 4 Date | 5 Payee name |
| 02/06/2024 | Butler, Claire (Ms.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1,000.00 | 20514 Ivory Creek Lane |
| | |
| Expenditure from corporate funds | Katy, TX 77450 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Speaker fee |
| O Commission ONLY if dispose | Condidate/Office helder no year |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H |
| | |
| Date | Payee name |
| 01/02/2024 | Club Express |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$95.52 | 1051 Perimeter Dr., Suite 350 |
| | |
| Expenditure from corporate funds | Schaumburg, IL 60173 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Monthly charge for using this program |
| | Monthly charge for using this program |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | y |
| 5 . | |
| Date | Payee name |
| 02/01/2024 | Club Express |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$100.16 | 1051 Perimeter Dr., Suite 350 |
| Expenditure from | |
| corporate funds | Schaumburg, IL 60173 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | Advertising |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experientare to beliefit 6/01 | • |
| | |
| | |

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage E
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 3/19 Rpt: 25/41 | Republican Women's Club of Katy, PAC 00070275 |
| 4 Date | 5 Payee name |
| 02/06/2024 | Club Express |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$47.24 | 1051 Perimeter Dr., Suite 350 |
| Expenditure from | |
| corporate funds | Schaumburg, IL 60173 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Advertising |
| | • • • • • • • • • • • • • • • • • • • |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 03/01/2024 | Club Express |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$86.20 | 1051 Perimeter Dr., Suite 350 |
| Expenditure from | |
| corporate funds | Schaumburg, IL 60173 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| - | Check if Austin, TX, officeholder living expense Monthly communications |
| | Monthly confindations |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 03/08/2024 | Club Express |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2.86 | 1051 Perimeter Dr., Suite 350 |
| Expenditure from corporate funds | Schaumburg, IL 60173 |
| PURPOSE | |
| OF | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Advertising Expense |
| | Fees |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 4/19 Rpt: 26/41 | Republican Women's Club of Katy, PAC 00070275 |
| 4 Date | 5 Payee name |
| 04/01/2024 | Club Express |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$89.38 | 1051 Perimeter Dr., Suite 350 |
| Evnanditura fra | |
| Expenditure from corporate funds | Schaumburg, IL 60173 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Fees |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/Ol | |
| Date | Payee name |
| 04/11/2024 | Club Express |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$97.26 | 1051 Perimeter Dr., Suite 350 |
| | |
| Expenditure from corporate funds | Schaumburg, IL 60173 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Technical assistance |
| | realition addictance |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/Ol | • · · · · · · · · · · · · · · · · · · · |
| Date | Payee name |
| 05/01/2024 | Club Express |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$91.22 | 1051 Perimeter Dr., Suite 350 |
| | |
| Expenditure from corporate funds | Schaumburg, IL 60173 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Advertising |
| | Auvertising |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | • |
| | |
| | |
| Forms provided by Tayas F | thics Commission was athics state type Version V// 1.0 d278aha0 |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| | |
| 1 Total pages Schedule F1: | |
| Sch: 5/19 Rpt: 27/41 | Republican Women's Club of Katy, PAC 00070275 |
| 4 Date | 5 Payee name |
| 05/10/2024 | Club Express |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$10.08 | 1051 Perimeter Dr., Suite 350 |
| | |
| Expenditure from corporate funds | Schaumburg, IL 60173 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Fees Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Web management |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | 1 |
| Date | Payee name |
| 06/03/2024 | Club Express |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$92.60 | 1051 Perimeter Dr., Suite 350 |
| | |
| Expenditure from corporate funds | Schaumburg, IL 60173 |
| PURPOSE | (a) a |
| OF | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | MEMBERSHIP FEES |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | 1 |
| Date | Payee name |
| 01/24/2024 | Dworaczyk, Peter (Mr.) |
| Amount (\$) | |
| () | Payee address; City; State; Zip Code 20511 Ivory Creek Lane |
| \$1,000.00 | 20311 IVOI'y Creek Lane |
| Expenditure from | |
| corporate funds | Katy, TX 77450 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Expenses for speaker. |
| | Expenses for speaker. |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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

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

| Candidate/Officenolder/Political | The Instruction Guide explains how to complete this form. |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 6/19 Rpt: 28/41 | Republican Women's Club of Katy, PAC 00070275 |
| 4 Date | 5 Payee name |
| 01/22/2024 | E File My Forms |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$5.88 | P.O. Box 149348 |
| | |
| Expenditure from corporate funds | Austin, TX 78714 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Monthly service charge. |
| | Worlding Service charge. |
| O Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | |
| | |
| Date | Payee name |
| 05/23/2024 | Giannini, Regina (Ms.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$500.00 | 722 Dulaney Valley Rd. |
| | |
| Expenditure from corporate funds | Towson, MD 21204 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Speaker fee |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 02/06/2024 | Greater Houston Council of Federated Republican Women |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$30.00 | 11007 Wortham Blvd. |
| | |
| Expenditure from corporate funds | Houston, TX 77065 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Fees Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Membership dues |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| | |
| | |
| | |

SCHEDULE F1

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

Fees Offic Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prin Legal Services Sala

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

| Candidate/Officenolder/Political | The Instruction Guide explains how to complete this form. |
|--------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 7/19 Rpt: 29/41 | Republican Women's Club of Katy, PAC 00070275 |
| 4 Date | 5 Payee name |
| 05/03/2024 | Greater Houston Council of Federated Republican Women |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$275.00 | 11007 Wortham Blvd. |
| | |
| Expenditure from corporate funds | Houston, TX 77065 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | Membership dues |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Data | Para sara |
| Date | Payee name |
| 03/11/2024 | Guandolo, John (Mr.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$150.00 | P.O. Box 34440 |
| | |
| Expenditure from corporate funds | Washington, DC 20043 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | AV assistance |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 03/28/2024 | Heese, Lauren (Ms.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| | |
| \$25.83 | 22715 Merry Mount Dr |
| Expenditure from | |
| corporate funds | Katy, TX 77450 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense |
| EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | Office supplies |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Advertising Expense Accounting/Banking

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F | oan Repayment/Reimbursement One Overhead/Rental Expense Printing Expense Salaries/Wages/Contract Labor w to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 | 3 Filer ID (Ethics Commission Filers) |
| Sch: 8/19 Rpt: 30/41 | Republican Women's Club of Katy, PAC | | 00070275 |
| 4 Date | 5 Payee name | L | |
| 05/29/2024 | Heese, Lauren (Ms.) | | |
| 6 Amount (\$) | 7 Payee address; City; State; | Zip Code | |
| \$20.56 | 22715 Merry Mount Dr | | |
| Expenditure from corporate funds | Katy, TX 77450 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule Event Expense | Check if travel ou | tside of Texas. Complete Schedule T. "X, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/Oh | | ice sought | Office held |
| Date | Payee name | | |
| 05/29/2024 | Heese, Lauren (Ms.) | | |
| Amount (\$) | Payee address; City; State; | Zip Code | |
| \$27.00 | 22715 Merry Mount Dr | | |
| Expenditure from corporate funds | Katy, TX 77450 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule Event Expense | Check if travel ou | ntside of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | | ice sought | Office held |
| Date 05/29/2024 | Payee name Heese, Lauren (Ms.) | | |
| Amount (\$) \$33.00 | Payee address; City; State; 22715 Merry Mount Dr | Zip Code | |
| Expenditure from corporate funds | Katy, TX 77450 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this scheduled Gift/Awards/Memorials Expense | Check if travel ou | tiside of Texas. Complete Schedule T. "X, officeholder living expense ใ |
| Complete ONLY if direct expenditure to benefit C/Oh | | ice sought | Office held |
| Forms provided by Toyas F | thics Commission www.athics.sta | | Version V// 1.0 d278aha0 |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 9/19 Rpt: 31/41 | Republican Women's Club of Katy, PAC 00070275 |
| 4 Date | 5 Payee name |
| 05/28/2024 | Heese, Lauren (Ms.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$88.97 | 22715 Merry Mount Dr |
| | |
| Expenditure from corporate funds | Katy, TX 77450 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Asian outreach |
| | Asian daneach |
| O Complete ONLY if alice - | Candidate/Officeholder name Office acusht |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 02/05/2024 | Kettler-Paddock, Kym (Ms.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$521.76 | 2043 Broken Branch Ct. |
| | |
| Expenditure from corporate funds | Katy, TX 77494 |
| PURPOSE | |
| OF | (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Candidate forum |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | 1 |
| Date | Payee name |
| 02/05/2024 | Kettler-Paddock, Kym (Ms.) |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$521.76 | 2043 Broken Branch Ct. |
| Expenditure from | |
| corporate funds | Katy, TX 77494 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | Condidate for un expense |
| | Candidate forum expenses. |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experience to belieff 6/01 | • |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

| Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| | The Instruction Guide explains how to complete this form. |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 10/19 Rpt: 32/41 | Republican Women's Club of Katy, PAC 00070275 |
| 4 Date | 5 Payee name |
| 02/26/2024 | Mail Chimp |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$28.25 | 405 N Angier Ave., NE |
| | |
| Expenditure from | Atlanta CA 20200 |
| corporate funds | Atlanta, GA 30308 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense |
| | Check if Austin, TX, officeholder living expense |
| | Mail service |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | n |
| Date | Payee name |
| 03/25/2024 | Mail Chimp |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$28.25 | 405 N. Angier Ave., NE |
| φ20.23 | 405 N. Aligiei Ave., NE |
| Expenditure from | |
| corporate funds | Atlanta, GA 30308 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| LAFENDITORE | Check if Austin, TX, officeholder living expense |
| | Club mailings |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | H |
| Date | Payee name |
| 02/23/2024 | Mann, Mary (Ms.) |
| | |
| Amount (\$) | |
| \$84.93 | 1034 Bayou Vista Court |
| Expenditure from | |
| corporate funds | Katy, TX 77494 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Cookies/decorations for January fundraiser |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | H |
| | |
| | |
| | |

SCHEDULE F1

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

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

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

| Candidate/Officeholder/Politica Credit Card Payment | | |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| Sch: 11/19 Rpt: 33/41 | Republican Women's Club of Katy, PAC 00070275 | |
| 4 Date | 5 Payee name | |
| 05/21/2024 | NBD Graphics Inc | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$386.00 | 917 Mason Rd. | |
| | | |
| Expenditure from corporate funds | Katy, TX 77450 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense | |
| | Yard signs | |
| | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| experialitate to belieff of of | | |
| Date | Payee name | |
| 03/07/2024 | Network Solutions | |
| Amount (\$) | Payee address; City; State; Zip Code | _ |
| \$44.99 | 5335 Gate Parkway | |
| 411100 | - cooc cate i anna, | |
| Expenditure from | Jackson Alla El 000EC | |
| corporate funds | Jacksonville, FL 32256 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense Fee for use of credit card | |
| | r ce foi ase of create cara | |
| Operation ONLY if allowed | Our distance (Office health annuages and Office health | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H | |
| | | |
| Date | Payee name | |
| 03/27/2024 | Network Solutions | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$15.99 | 5335 Gate Parkway | |
| | | |
| Expenditure from corporate funds | Jacksonville, FL 32256 | |
| • | | _ |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense | |
| | IT assistance | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · | |
| | | _ |
| | | |
| | | |
| | | _ |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to o | complete this form. |
|-----------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 12/19 Rpt: 34/41 | Republican Women's Club of Katy, PAC 00070275 | |
| 4 Date 03/28/2024 | 5 Payee name Nicebadge.com | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip C | Code |
| \$24.83 | 1710 Harbeck Rd | |
| Expenditure from | | |
| corporate funds | Grants Pass, OR 97527 | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| EXPENDITURE | Gift/Awards/Memorials Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Pins earned by members |
| | | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office so | ought Office held |
| Date | Payee name | |
| 04/25/2024 | Office Max/Depot | |
| Amount (\$) | Payee address; City; State; Zip C | Code |
| \$178.41 | 9429 Katy Freeway | |
| | | |
| Expenditure from corporate funds | Katy, TX 77024 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Administrative supplies for RWCK board |
| | | , turning tauve supplies for it work board |
| Complete ONLY if direct | Candidate/Officeholder name Office so | ught Office held |
| expenditure to benefit C/OI | 1 | |
| Date | Payee name | |
| 01/16/2024 | Palacio Maria | |
| Amount (\$) | Payee address; City; State; Zip C | Code |
| \$4,200.00 | 21728 Highland Knolls Drive | |
| | | |
| Expenditure from corporate funds | Katy, TX 77450 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Event Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Food for meeting. |
| | | . ssa isi masang. |
| Complete ONLY if direct | Candidate/Officeholder name Office so | ught Office held |
| expenditure to benefit C/OI | | 565 1014 |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 13/19 Rpt: 35/41 | Republican Women's Club of Katy, PAC 00070275 |
| 4 Date | 5 Payee name |
| 02/06/2024 | Palacio Maria |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$2,375.00 | 21728 Highland Knolls Drive |
| | |
| Expenditure from corporate funds | Katy, TX 77450 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Food for event |
| | 1 dou for event |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| Date | Payee name |
| 03/11/2024 | Palacio Maria |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,175.00 | 21728 Highland Knolls Drive |
| — Forestitus from | |
| Expenditure from corporate funds | Katy, TX 77450 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Event Expense |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Food for event |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 05/03/2024 | Palacio Maria |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,025.00 | 21728 Highland Knolls Drive |
| | |
| Expenditure from corporate funds | Katy, TX 77450 |
| PURPOSE | |
| OF | (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Food for event |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
| | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

| Credit Card Payment | The Instruction Guide explains how to co | omplete this form. |
|----------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 14/19 Rpt: 36/41 | Republican Women's Club of Katy, PAC | 00070275 |
| 4 Date | 5 Payee name | ' |
| 04/08/2024 | Palacio Maria | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | ode |
| \$2,425.00 | 21728 Highland Knolls Drive | |
| | | |
| Expenditure from corporate funds | Katy, TX 77450 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Food/Beverage Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense MONTHLY EVENT |
| | | WONTHEFEVENT |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sou | lught Office held |
| expenditure to benefit C/OI | | office field |
| Data | | |
| Date | Payee name | |
| 05/06/2024 | Postal + Copy Center | |
| Amount (\$) | Payee address; City; State; Zip Co | ode |
| \$216.00 | 9550 Spring Green Blvd #408 | |
| Expenditure from | | |
| corporate funds | Katy, TX 77494 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Postal, copy and mailbox rental. |
| | | r ostal, copy and mailbox remail. |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | I ught Office held |
| expenditure to benefit C/OI | | office field |
| D-1- | | |
| Date 03/25/2024 | Payee name | |
| | Quickbooks | |
| Amount (\$) | Payee address; City; State; Zip Co | ode |
| \$341.12 | 2632 Marine Way | |
| Expenditure from | | |
| corporate funds | Mountain View, CA 94043 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| EXPENDITURE | Accounting/Banking | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Fee for use of system |
| | | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sou | lught Office held |
| expenditure to benefit C/OI | | |
| | | |
| | | |
| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 15/19 Rpt: 37/41 | Republican Women's Club of Katy, PAC 00070275 |
| 4 Date | 5 Payee name |
| 01/12/2024 | Rivera, Enrique (Mr.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$200.00 | 2800Katy Hockley Cutoff Rd. |
| | |
| Expenditure from corporate funds | Katy, TX 77493 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Help with sound system. |
| | ricip with 30th a System. |
| O Complete CMI V if alian- | Condidate/Officeholder name Office cought |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| <u> </u> | |
| Date | Payee name |
| 02/02/2024 | Rivera, Enrique (Mr.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$200.00 | 2800Katy Hockley Cutoff Rd. |
| | |
| Expenditure from corporate funds | Katy, TX 77493 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | AV assistance |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experialitate to beliefit 6/01 | ' |
| Date | Payee name |
| 03/11/2024 | Rivera, Enrique (Mr.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$200.00 | 2800Katy Hockley Cutoff Rd. |
| +_55.56 | |
| Expenditure from corporate funds | Katy, TX 77493 |
| • | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxon Complete Schedule T |
| EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | AV assistance |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officenoider/Politica | The Instruction Guide explains how to complete this form. | | | | | | | | |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | | |
| Sch: 16/19 Rpt: 38/41 | Republican Women's Club of Katy, PAC 00070275 | | | | | | | | |
| 4 Date | 5 Payee name | | | | | | | | |
| 04/08/2024 | Rivera, Enrique (Mr.) | | | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | |
| \$200.00 | 2800Katy Hockley Cutoff Rd. | | | | | | | | |
| Expenditure from | | | | | | | | | |
| corporate funds | Katy, TX 77493 | | | | | | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | | |
| | AV ASSISTANCE | | | | | | | | |
| | , , , , , , , , , , , , , , , , , , , | | | | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| expenditure to benefit C/O | | | | | | | | | |
| Date | Payee name | | | | | | | | |
| 04/05/2024 | Square Inc. | | | | | | | | |
| | | | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| \$12.60 | 1955 Broadway | | | | | | | | |
| Expenditure from corporate funds | Oakland, CA 94612 | | | | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| OF | Fees Check if travel outside of Texas. Complete Schedule T. | | | | | | | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | | | | |
| | Processing | | | | | | | | |
| | | | | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| experialiture to benefit C/O | <u>'</u> | | | | | | | | |
| Date | Payee name | | | | | | | | |
| 04/03/2024 | State Comptroller | | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| \$1.18 | P.O. Box149348 | | | | | | | | |
| | | | | | | | | | |
| Expenditure from corporate funds | Austin, TX 78714 | | | | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | | | | | | | | |
| | Check if Austin, TX, officeholder living expense | | | | | | | | |
| | Taxes | | | | | | | | |
| Operation ONE Wife discont | Open Highest Office health and a second to the second to t | | | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| • | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | | | | | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| Sch: 17/19 Rpt: 39/41 | Republican Women's Club of Katy, PAC 00070275 | | | | | | | |
| 4 Date | 5 Payee name | | | | | | | |
| 05/03/2024 | State Comptroller | | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | |
| \$11.11 | P.O. Box149348 | | | | | | | |
| | | | | | | | | |
| Expenditure from corporate funds | Austin, TX 78714 | | | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | Check if Austin, TX, officeholder living expense Taxes | | | | | | | |
| | ιάλος | | | | | | | |
| O Complete CNII V if alia | Condidate/Officeholder name Office cought | | | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | | | |
| <u> </u> | | | | | | | | |
| Date | Payee name | | | | | | | |
| 02/06/2024 | TFRW/NFRW | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| \$650.00 | 515 Capital of Texas Hwy. Ste 133 | | | | | | | |
| | | | | | | | | |
| Expenditure from corporate funds | Austin, TX 78746 | | | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| OF | Fees Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | | | |
| | Membership fees | | | | | | | |
| | | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| expenditure to benefit C/O | - | | | | | | | |
| Date | Payee name | | | | | | | |
| 03/06/2024 | TFRW/NFRW | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| \$450.00 | 515 Capital of Texas Hwy. Ste 133 | | | | | | | |
| · | | | | | | | | |
| Expenditure from corporate funds | Austin, TX 78746 | | | | | | | |
| PURPOSE | 1 | | | | | | | |
| OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense | | | | | | | |
| | Membership dues | | | | | | | |
| | | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| expenditure to benefit C/O | - | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | | |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| 4 7 1 0 1 1 5 | , | | | | | | | |
| 1 Total pages Schedule F1: | | | | | | | | |
| Sch: 18/19 Rpt: 40/41 | Republican Women's Club of Katy, PAC 00070275 | | | | | | | |
| 4 Date | 5 Payee name | | | | | | | |
| 05/03/2024 | TFRW/NFRW | | | | | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | |
| \$275.00 | | | | | | | | |
| Ψ213.00 | 515 Capital of Texas Hwy. Ste 133 | | | | | | | |
| Expenditure from | | | | | | | | |
| corporate funds | Austin, TX 78746 | | | | | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| EXPENDITORE | Check if Austin, TX, officeholder living expense | | | | | | | |
| | Membership fees | | | | | | | |
| | | | | | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| expenditure to benefit C/O | - 1 | | | | | | | |
| Date | Douge name | | | | | | | |
| | Payee name | | | | | | | |
| 01/09/2024 | Texas Federation of Republican Women | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| \$1,920.00 | 515 Capital of Texas Hwy, Ste 133 | | | | | | | |
| | | | | | | | | |
| Expenditure from corporate funds | Austin, TX 78746 | | | | | | | |
| • | _ | | | | | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense | | | | | | | |
| | Fees from dues paid. | | | | | | | |
| | 1 000 nom dago para. | | | | | | | |
| Complete ONLY if divest | Condidate/Office helder name Office accepts | | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | | | | | | | | |
| Date | Payee name | | | | | | | |
| 01/31/2024 | Turcott, Claudia (Ms.) | | | | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| \$25.00 | 2407 Brondesbury Dr. | | | | | | | |
| \$23.00 | , | | | | | | | |
| Expenditure from | K-1 TV 77450 | | | | | | | |
| corporate funds | Katy, TX 77450 | | | | | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| OF EXPENDITURE | Refund for membership fee. | | | | | | | |
| LA LABITORE | Check if Austin, TX, officeholder living expense | | | | | | | |
| | \$25.00 refund for membership. | | | | | | | |
| | | | | | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| expenditure to benefit C/O | 1 | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | ı - ıl Co | mmittee | Gift/Awards/Memo Legal Services The Instructio | n Guide explains | | pense /ages/Contract Labor | Travel Out of OTHER (ente | District r a category not listed above) |
|---|--------------------------------------------------------------------------------------------|--------------|---------------|------------------------------------------------------|--------------------------|-------------------------|-------------------------------|------------------------------|--------------------------------------------|
| ┰ | Total pages Schedule F1: | 2 | EII ER NAMI | | · · | | · | 3 Filer ID | (Ethics Commission Filers) |
| | Sch: 19/19 Rpt: 41/41 | - | | | ub of Katy, PA | | | 00070275 | |
| Ļ | • | Ļ | | | ab of Raty, 17 | | | 00070273 | , |
| 4 | Date | 5 | Payee name | | | | | | |
| | 06/17/2024 | | Turcott, Cla | udia (Ms.) | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ss; City; | State | ; Zip Coo | de | | |
| | \$19.46 | | 2407 Brond | lesbury Dr. | | | | | |
| | | | | | | | | | |
| | Expenditure from corporate funds | | Katy, TX 77 | 450 | | | | | |
| Ë | · | (0) | | | | | (b) 5 | | |
| 8 | PURPOSE OF | (a) | | | d at the top of this sch | nedule) | (b) Description | outside of Texas. Co | amploto Schodulo T |
| | EXPENDITURE | | Office Over | head/Rental | Expense | | ш | n, TX, officeholder liv | |
| | | | | | | | Office supplie | | |
| | | | | | | | • • | | |
| 9 | Complete ONLY if direct | <u> </u> | `andidate/Off | iceholder nam | 9 (| <u> </u> Office souç | | Office | hold |
| ľ | expenditure to benefit C/O | Η ` | Januale/On | iccholaci mam | | onice sout | Jiic . | Onice | neiu |
| ⊢ | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |