#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00054867 3 COMMITTEE NAME **OFFICE USE ONLY** Walker County Republican Women Date Received **ELECTRONICALLY FILED** 07/01/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 7382 Date Hand-delivered or Date Postmarked Change of Address Huntsville, TX 77342-7394 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Susan NAME NICKNAME LAST **SUFFIX** Miller STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** PO Box 7382 STREET **ADDRESS** (Residence or Business) Huntsville, TX 77342 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 7382 MAILING **ADDRESS** Huntsville, TX 77342 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 770-7253 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 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 χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	<del></del>		13 Filer ID	(Ethics Commission Filers)
Walker County Rep	Walker County Republican Women			
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		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N X check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	7,496.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,019.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,251.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	10,623.04
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<b>'</b>		I	
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.		
		Susar	n Miller	
		Signature of Can	npaign Treasur	er
AFFIX NOT	ARY STAMP / SEAL ABOVE			
Sworn to and subsc	ribed before me, by the said _	, th	is the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of offic	er administering oath	Printed name of officer administering oath	Title of office	er administering oath

### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

					3 of 16
<b>17</b> CO	MMITTE	EE NAME	18 Filer ID	(Ethics Commis	ssion Filers)
Walker County Republican Women 00054867					,
19 SCI	HEDULI				
NAI	ME OF	SCHEDULE		SUBTOTA	L AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,514.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,505.00
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
				ļ ·	
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	PR .	\$	
	Ш	ORGANIZATION		Ψ	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$	
J.	Ш	LABOR ORGANIZATION		Þ	
		COLUMN TO A MONETARY CURRENT FROM CORRORATION OR LARGE ORG	ANUZATION!		
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.	Ш	ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	DRGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	4,251.72
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	<u> </u>			۳	
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONE		
12.	Ш	SCHEDULE F3. FORCHASE OF INVESTIMENTS FROM FOLITICAL CONTRIBUTION	JNS	\$	
				1.	
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b> \$</b>	
14.	Ш	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
		COLIED HE IV. INTEREST CREDITS CAINS RESUMPS AND CONTRIBUTIONS	DETUDNED		
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	
I					

DULE A1
1:
ission Filers)
\$505.00
\$268.00
\$400.00
\$350.00

### **NON-MONETARY (IN-KIND) POLITICAL** SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/16 2 FILER NAME 3 Filer ID Walker County Republican Women 00054867 \$ 1,505.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date **6** Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 7 Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) **13** Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### SCHEDULE F1

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

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

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

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

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

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: 1/11 Rpt: 6/16	Walker County Republican Women 00054867
4 Date	5 Payee name
03/02/2024	Farmhouse Cafe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$350.00	1004 14th Sreet
Expenditure from corporate funds	Huntsville, TX 77340
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  Veterans Breakfast
	Veterans breaklast
O Complete Chilly if all	Condidate/Officeholder name Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/10/2024	Greater Houston Council
Amount (\$)	Payee address; City; State; Zip Code
\$30.00	7941 Katy Frwy #272
Expenditure from corporate funds	Houston, TX 77024
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Membership Fee
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
01/29/2024	Humphreys
Amount (\$)	Payee address; City; State; Zip Code
\$87.68	1930 Sam Houston Ave
Expenditure from corporate funds	Huntsville, TX 77340
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  FOOD/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Food for Meeting
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
Credit Card Payment

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

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to cor	mplete this form.						
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 2/11 Rpt: 7/16	Walker County Republican Women 00054867							
4 Date	5 Payee name							
02/23/2024	Loosier, Madilene							
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de						
\$12.11	226 Loma Rd							
Expenditure from corporate funds	Bedias, TX 77831							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	·	Check if Austin, TX, officeholder living expense						
		Cards						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght Office held						
experience to benefit eye								
Date	Payee name							
03/07/2024	Lunsford, Renee							
Amount (\$)	Payee address; City; State; Zip Coo	de						
\$77.12	1062 Elkins Lk							
Expenditure from corporate funds	Huntsville, TX 77340							
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE		Check if Austin, TX, officeholder living expense						
		Registration Fee						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght Office held						
experience to serious ever								
Date	Payee name							
03/07/2024	Lunsford, Renee							
Amount (\$)	Payee address; City; State; Zip Co	de						
\$8.66	1062 Elkins Lk							
— Consorditure from								
Expenditure from corporate funds	Huntsville, TX 77340							
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE		Check if Austin, TX, officeholder living expense						
		Table Cloth for Meeting Room						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght Office held						
SAPORANCIO TO BOTTONE O/OI								

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/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: 3/11 Rpt: 8/16	Walker County Republican Women 00054867					
4 Date	5 Payee name					
03/07/2024	Lunsford, Renee					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$46.45	1062 Elkins Lk					
Expenditure from corporate funds	Huntsville, TX 77340					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	Copier Paper					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
02/23/2024	Payee name Miller, Susan (Mrs.)					
Amount (\$)	Payee address; City; State; Zip Code  288 Elkins Lk					
\$25.76	288 EIKIIIS LK					
Expenditure from corporate funds	Huntsville, TX 77340					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense  Serving items for bake sale					
	Serving items for bake said					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Data						
Date 01/02/2024	Payee name Republican Party of Walker County					
	, , , , , , , , , , , , , , , , , , , ,					
Amount (\$)	Payee address; City; State; Zip Code					
\$150.00	1205 University Ave					
Expenditure from	Homes ille TV 77040					
corporate funds	Huntsville, TX 77340					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	Office Space					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	<del>1</del>					

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1 Total pages Schedule F1:	<u> </u>						
Sch: 4/11 Rpt: 9/16	Walker County Republican Women 00054867						
<u> </u>	l l						
4 Date	5 Payee name						
01/29/2024	Republican Party of Walker County						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$150.00	1205 University Ave						
Expenditure from corporate funds	Huntsville, TX 77340						
8 PURPOSE							
OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
	Office Space						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							
Dete							
Date	Payee name						
02/29/2024	Republican Party of Walker County						
Amount (\$)	Payee address; City; State; Zip Code						
\$150.00	1205 University Ave						
Expenditure from corporate funds	Huntsville, TX 77340						
PURPOSE							
OF OF							
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
	Office Space						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							
Data	Davies warms						
Date	Payee name  Payublican Party of Walker County						
04/01/2024	Republican Party of Walker County						
Amount (\$)	Payee address; City; State; Zip Code						
\$150.00	1205 University Ave						
Evnonditure from							
Expenditure from corporate funds	Huntsville, TX 77340						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Check if Austin, TX, officeholder living expense						
	Office Space						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	H						

#### 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						
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: 5/11 Rpt: 10/16	Walker County Republican Women 00054867					
4 Date	5 Payee name					
05/01/2024	Republican Party of Walker County					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$150.00	1205 University Ave					
Expenditure from corporate funds	Huntsville, TX 77340					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense					
EXI ENDITORE	Check if Austin, TX, officeholder living expense					
	Office Space					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
onponditure to beliefit 6/01	•					
Date	Payee name					
06/01/2024	Republican Party of Walker County					
Amount (\$)	Payee address; City; State; Zip Code					
\$150.00	1205 University Ave					
Expenditure from corporate funds	Huntsville, TX 77340					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense					
	Check if Austin, TX, officeholder living expense					
	Meeting Room Rental					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
02/01/2024	Republican Party of Walker County					
Amount (\$)	Payee address; City; State; Zip Code					
\$100.00	1205 University Ave					
Expenditure from corporate funds	Huntsville, TX 77340					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Check if Austin, TX, officeholder living expense					
	Insurance for Office Space					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
experialitire to belieff C/OI						

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

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

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: 6/11 Rpt: 11/16	Walker County Republican Women 00054867							
4 Date	5 Payee name							
01/22/2024	SHSU Gibbs Hall							
6 Amount (\$)	7 Payee address; City; State; Zip C	ode						
\$134.00	1402 19th Street							
Expenditure from corporate funds	Huntsville, TX 77340							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense  Room Rental						
		roomrenta						
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held						
expenditure to benefit C/O		district Hold						
Date	Payee name							
02/05/2024	SHSU Gibbs Hall							
Amount (\$)	Payee address; City; State; Zip C	ada						
\$134.00	1402 19th Street	oue						
Ψ134.00	1402 1911 311661							
Expenditure from corporate funds	Huntsville, TX 77340							
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.						
	Check if Austin, TX, officeholder living expense  Room Rental							
		roomrenta						
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held						
expenditure to benefit C/O		ogni.						
Date	Deves name							
03/18/2024	Payee name SHSU Gibbs Hall							
Amount (\$) \$134.00	Payee address; City; State; Zip C 1402 19th Street	oue						
Ψ134.00	1402 1911 311661							
Expenditure from corporate funds	Huntsville, TX 77340							
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE		X Check if Austin, TX, officeholder living expense						
		Meeting Room Rental						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held						
experientale to beliefft C/OI	·							

#### SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of 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: 7/11 Rpt: 12/16	Walker County Republican Women 00054867						
4 Date	5 Payee name						
04/15/2024	SHSU Gibbs Hall						
6 Amount (\$) \$134.00	7 Payee address; City; State; Zip Code 1402 19th Street						
Expenditure from corporate funds	Huntsville, TX 77340						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Office Overhead/Rental Expense						
	Check if Austin, TX, officeholder living expense						
	Meeting Room Rental						
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
05/09/2024	SHSU Gibbs Hall						
Amount (\$)	Payee address; City; State; Zip Code						
\$134.00	1402 19th Street						
Expenditure from corporate funds	Huntsville, TX 77340						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Office Overhead/Rental Expense						
	Check if Austin, TX, officeholder living expense						
	Meeting Room Rental						
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
01/29/2024	TFRW						
Amount (\$)	Payee address; City; State; Zip Code						
\$202.04	515 Capital of Texas HWY						
	Suite 133						
Expenditure from corporate funds	Austin, TX 78746						
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 Fee						
Complete ONLY if direct expenditure to benefit C/O	L Candidate/Officeholder name Office sought Office held						
onpoliciture to beliefit 6/01							

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:						
Sch: 8/11 Rpt: 13/16	Walker County Republican Women 00054867					
4 Date	5 Payee name					
02/05/2024	TFRW					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$126.50	515 Capital of Texas HWY					
Expenditure from	Suite 133					
corporate funds	Austin, TX 78746					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	Membership Fee					
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
02/12/2024	TFRW					
Amount (\$)	Payee address; City; State; Zip Code					
\$75.90	515 Capital of Texas HWY					
Expenditure from	Suite 133					
corporate funds	Austin, TX 78746					
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 Fee					
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
02/23/2024	TFRW					
Amount (\$)	Payee address; City; State; Zip Code					
\$75.90	515 Capital of Texas HWY					
Evponditure from	Suite 133					
Expenditure from corporate funds	Austin, TX 78746					
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 Fee					
Complete ONLY if direct expenditure to benefit C/O	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

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

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

Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide ex	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 9/11 Rpt: 14/16	1	nty Republican Wom	ien				00054867	
4 Date	<b>5</b> Payee name							
02/23/2024	TFRW							
6 Amount (\$)	7 Payee addres	s; City;	State; Zip Co	ode				
\$126.50	515 Capital	of Texas HWY						
	Suite 133							
Expenditure from corporate funds	Austin, TX 7	8746						
8 PURPOSE OF	(a) Category (Se	e Categories listed at the top o	of this schedule)	(b)	Description			
EXPENDITURE	Fees				<b>=</b>		de of Texas. Com officeholder living	plete Schedule T.
					Membership I			у ехрепас
Complete ONLY if direct expenditure to benefit C/Ol	I Candidate/Offic H	eholder name	Office sou	<u>I</u> ught			Office he	eld
Date	Davisa nama							
03/13/2024	Payee name TFRW							
Amount (\$)	Payee addres		State; Zip Co	oae				
\$75.90	'	of Texas HWY						
Expenditure from	Suite 133							
corporate funds	Austin, TX 78746							
PURPOSE	(a) Category (Se	e Categories listed at the top o	of this schedule)	(b)	Description			
OF EXPENDITURE	Fees				<u></u>			plete Schedule T.
EXI ENDITORE					<b>—</b>		officeholder living	g expense
					Membership I	ree	9	
	0 111 125		0.00	<u> </u>			0""	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic	enoider name	Office sou	ugnt			Office he	ela
Date	Payee name							
03/21/2024	TFRW							
Amount (\$)	Payee addres	s; City;	State; Zip Co	ode				
\$202.40	515 Capital	of Texas HWY						
	Suite 133							
Expenditure from corporate funds	Austin, TX 7	8746						
PURPOSE				(h)	Description			
OF	Fees	e Categories listed at the top of	ot this schedule)	(0)	Description  Check if travel of	outsi	de of Texas. Com	plete Schedule T.
EXPENDITURE					므		officeholder living	
					Membership I	Fee	Э	
Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ught			Office he	eld
expenditure to benefit C/OI	Н							

### 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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Git/Awards/Memorials Expense Printing nmittee Legal Services Salaries  The Instruction Guide explains how to c	Exper s/Wage	nse es/Contract Labor	Trave	el III District el Out of Dis ER (enter a	strict category not listed above	e)
1	Total pages Schedule F1:	2	FILER NAME			<b>3</b> File	r ID	(Ethics Commission	Filers)
	Sch: 10/11 Rpt: 15/16		Walker County Republican Women			000	54867		
4	Date	5	Payee name						
	04/16/2024		TFRW						
6	Amount (\$)	7	Payee address; City; State; Zip C	Code	!				
	\$25.30		515 Capital of Texas HWY						
	- Franciska a franci		Suite 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		<b>=</b>			plete Schedule T.	
	EXI ENDITORE				Check if Austin,		holder living	expense	
					Membership F	-ee			
Ļ	Complete ONE V. C.		Condidate/Officehold	1			Off: '	اما	
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Office so	ought	t 		Office he	eia	
	Date		Payee name						
	06/28/2024		TFRW						
	Amount (\$)		Payee address; City; State; Zip C	Code	!				
	\$101.20		515 Capital of Texas HWY						
			Suite 133						
	Expenditure from corporate funds		Austin, TX 78746						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	<b>)</b> Description				
	OF EXPENDITURE		Fees		<u>—</u>			plete Schedule T.	
					Check if Austin,		holder living	expense	
					Membership F	-66			
$\vdash$	Complete ONLY if direct		Candidate/Officeholder name Office co	Juda	<del>t</del>		Office bo	ald.	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date		Payee name						
	01/18/2024		USPS						
	Amount (\$)		Payee address; City; State; Zip C	Code					
	\$166.00		PO Box 1315 10th St						
	Expenditure from corporate funds		Huntsville, TX 77320						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	) Description				
	OF	\'	Office Overhead/Rental Expense	'`		utside of 1	Texas. Com	plete Schedule T.	
	EXPENDITURE				Check if Austin,	TX, office	holder living	expense	
					Post Office Bo	x Ren	tal		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Office so	ought	t		Office he	eld	
Eo.	Forms provided by Tayas Ethics Commission www.athics state ty us Version V// 1.0 d278aha0								

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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							
Great Gara r dyment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 11/11 Rpt: 16/16	Walker County Republican Women 00054867						
4 Date	5 Payee name						
04/09/2024	WIX.com						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$467.64	Yunitsman 5 Tel Aviv						
Expenditure from corporate funds	Israel Israel						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Check if Austin, TX, officeholder living expense						
	Web Page						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	1						
Date	Payee name						
03/02/2024	Walker County Fair Association						
Amount (\$)	Payee address; City; State; Zip Code						
\$250.00	3925 TX-30						
Ψ230.00	5325 TX 50						
Expenditure from							
corporate funds	Huntsville, TX 77340						
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						
	Advertising Sponsor						
0 1: 0:11:2:11:11							
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
5							
Date	Payee name						
01/18/2024	checksforless.com						
Amount (\$)	Payee address; City; State; Zip Code						
\$48.66	200 Riverside Ind. Pkwy						
Expenditure from corporate funds	Portland, ME 04103						
PURPOSE	To a second seco						
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Check if Austin, TX, officeholder living expense						
	Checks						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	•						