

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**FORM GPAC
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085529	2 Total pages filed: 33
3 COMMITTEE NAME TriCounty Republican Women's Club		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/12/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2404 S Grand Blvd. Ste. 120 Pearland, TX 77581		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Ms.	Andrea P.	
NICKNAME		LAST	SUFFIX
		Williams	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2404 S Grand Blvd. Ste. 120 Pearland, TX 77581		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2404 Grand Blvd. Ste. 120 Pearland, TX 77581		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2404 Grand Blvd. Ste. 120 Pearland, TX 77581		
	AREA CODE PHONE NUMBER EXTENSION (281) 997-2033		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	<input type="checkbox"/> Runoff		
	Month Day Year 01/01/2024	THROUGH	Month Day Year 06/30/2024
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME TriCounty Republican Women's Club	13 Filer ID (Ethics Commission Filers) 00085529
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,292.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,049.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Andrea P. Williams

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 33

17 COMMITTEE NAME TriCounty Republican Women's Club		18 Filer ID (Ethics Commission Filers) 00085529
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,292.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,654.16
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/22 Rpt: 4/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 04/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barry, Jeff <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77581	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beechinor, Tee <hr/> Contributor address; City; State; Zip Code Alvin, TX 77511	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Jonda (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Jonda (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Jonda (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/22 Rpt: 5/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 04/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Jonda (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77062	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkett, Melissa <hr/> Contributor address; City; State; Zip Code Pearland, TX 77588	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkett, Melissa <hr/> Contributor address; City; State; Zip Code Pearland, TX 77588	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkett, Melissa <hr/> Contributor address; City; State; Zip Code Pearland, TX 77588	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burleigh, Denise (Ms.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Insurance Broker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/22 Rpt: 6/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaney, Deborah (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaney, Deborah (Ms.) <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaney, Deborah (Ms.) <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Mindy (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Zita <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) CCISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/22 Rpt: 7/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVine, Gaylyn (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pearland, TX 77581	
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckels, Donna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckels, Donna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckels, Donna (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbert, Jane (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/22 Rpt: 8/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Patricia (Ms.) 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eubanks, Patricia (Ms.) Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evenhouse, Katrina Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fierno, Angel Contributor address; City; State; Zip Code Houston, TX 77023	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fierno, Martha E. Contributor address; City; State; Zip Code Houston, TX 77023	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/22 Rpt: 9/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox,Carolyn (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Manvel, TX 77578	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgatos, Debbie <hr/> Contributor address; City; State; Zip Code Celina , TX 75009	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) communications		Employer (See Instructions)
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giangty, Chritina <hr/> Contributor address; City; State; Zip Code Houston, TX 77587	Amount of Contribution (\$) \$62.00
Principal occupation / Job title (See Instructions) Hair Stylist		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodnight, Nancy (Ms.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodnight, Nancy (Ms.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/22 Rpt: 10/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 05/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodnight, Nancy (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pearland, TX 77584	
8 Principal occupation / Job title (See Instructions) Retired Teacher		9 Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gresham, Regina (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77582	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gresham, Regina (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77582	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groff, Carol (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groff, Carol (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/22 Rpt: 11/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 02/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Carol (Ms.)	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Houston, TX 77089	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Carol (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77089	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Tracy (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Himel, Jo	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Himel, Jo	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/22 Rpt: 12/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Himel, Jo <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$32.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Himel, Jo <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Himel, Jo <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hope, Patricia <hr/> Contributor address; City; State; Zip Code Pearland, TX 77588	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huyun, Jeslyn <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/22 Rpt: 13/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 04/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irwin, Jacqueline <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Debra <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Debra <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamison, Heather (Ms.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Debbie (Ms.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/22 Rpt: 14/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamkar, Alex	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Pearland, TX 77584		
8 Principal occupation / Job title (See Instructions) Political Candidate		9 Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamkar, Alex	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Political Candidate		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamkar, Alex	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Political Candidate		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamkar, Alex	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Political Candidate		Employer (See Instructions)
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Yvette	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code Pearland, TX 77588		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/22 Rpt: 15/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Janis (Ms.)	7 Amount of Contribution (\$) \$62.00
6 Contributor address; City; State; Zip Code Friendswood, TX 77546		
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions)
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middleton, Mayes	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Politician		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mondragon, Lydia (Ms.)	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mondragon, Lydia (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mondragon, Lydia (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/22 Rpt: 16/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 03/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mondragon, Lydia (Ms.)	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Pearland, TX 77584		
8 Principal occupation / Job title (See Instructions) Travel Agent		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mondragon, Lydia (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Ken (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Pearland, TX 77581		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Frances	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Santa Fe, TX 77517		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Frances	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Santa Fe, TX 77517		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/22 Rpt: 17/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Frances <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77517	7 Amount of Contribution (\$) \$12.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Frances <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North, Linda (Ms.) <hr/> Contributor address; City; State; Zip Code Pasadena, TX 77505	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North, Linda (Ms.) <hr/> Contributor address; City; State; Zip Code Pasadena, TX 77505	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nyegaard, Judy <hr/> Contributor address; City; State; Zip Code Katy, TX 77450	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/22 Rpt: 18/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plante, Karen (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77059	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions)
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plante, Karen (Ms.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powledge, Frances <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Larissa (Ms.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Construction Project Mgr/Estimator		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Larissa (Ms.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Construction Project Mgr/Estimator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/22 Rpt: 19/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 02/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Larissa (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code League City, TX 77573	
8 Principal occupation / Job title (See Instructions) Construction Project Mgr/Estimator		9 Employer (See Instructions)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kathy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kathy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kathy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kathy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/22 Rpt: 20/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosser, Stephanie (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Alvin, TX 77581	
8 Principal occupation / Job title (See Instructions) Nurse Practioner		9 Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosser, Stephanie (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Alvin, TX 77581	
Principal occupation / Job title (See Instructions) Nurse Practioner		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saile, Phyllis	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Baytown, TX 77520	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheridan, Jonette (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheridan, Jonette (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/22 Rpt: 21/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 03/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheridan, Jonette (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pearland, TX 77581	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheridan, Jonette (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheridan, Jonette (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slone, Mary Helen	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Santa Fe, TX 77510	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slone, Mary Helen	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Santa Fe, TX 77510	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/22 Rpt: 22/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sophia <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 05/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sophia <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strouhal, Ann (Ms.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Colleen (Ms.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Colleen (Ms.) <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/22 Rpt: 23/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 03/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Colleen (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pearland, TX 77581	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Colleen (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Colleen (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tetley, Sandra (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Galveston, TX 77554	
Principal occupation / Job title (See Instructions) Realty Officer		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tetley, Sandra (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Galveston, TX 77554	
Principal occupation / Job title (See Instructions) Realty Officer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/22 Rpt: 24/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 04/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tetley, Sandra (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Galveston, TX 77554	
8 Principal occupation / Job title (See Instructions) Realty Officer		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Linda	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toth, Mildred (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toth, Mildred (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77581	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toth, Mildred (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pearland, TX 77588	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/22 Rpt: 25/33
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 02/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Umphrey, Jan	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code Pearland, TX 77581		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vo, Christina	Amount of Contribution (\$) \$62.00
Contributor address; City; State; Zip Code South Houston, TX 77587		
Principal occupation / Job title (See Instructions) Hair Stylist		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youngblood, Alicia (Ms.)	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code League City, TX 77573		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) trevino, Marina	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Friendswood, TX 77546		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) trevino, Marina	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Friendswood, TX 77546		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/8 Rpt:	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
4 Date 01/08/2024	5 Payee name Devine Promotions & Printing	
6 Amount (\$) 24.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P.O. Box 87355 Houston, TX 77287	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Name badges
Date 02/12/2024	Payee name Devine Promotions & Printing	
Amount (\$) 24.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 87355 Houston, TX 77287	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Name badges
Date 04/18/2024	Payee name Devine Promotions & Printing	
Amount (\$) 12.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 87355 Houston, TX 77287	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Name Badges
Date 06/12/2024	Payee name Devine Promotions & Printing	
Amount (\$) 12.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 87355 Houston, TX 77287	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Name Badges

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/8 Rpt:	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
4 Date 02/14/2024	5 Payee name Donham & Williams, PC	
6 Amount (\$) 590.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2404 S Grand Blvd Suite 120 Pearland, TX 77581	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Financial Reporting
Date 01/31/2024	Payee name Frost Bank	
Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5208 Broadway St Pearland, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Bank service charge
Date 02/29/2024	Payee name Frost Bank	
Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5208 Broadway St Pearland, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank service charges
Date 03/31/2024	Payee name Frost Bank	
Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5208 Broadway St Pearland, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly bank service charge

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/8 Rpt:	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
4 Date 04/30/2024	5 Payee name Frost Bank	
6 Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5208 Broadway St Pearland, TX 77581	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank service charges
Date 05/31/2024	Payee name Frost Bank	
Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5208 Broadway St Pearland, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly bank service charge
Date 06/30/2024	Payee name Frost Bank	
Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5208 Broadway St Pearland, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly bank service charge
Date 01/09/2024	Payee name Golfcrest Country Club	
Amount (\$) 320.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2509 Country Club Dr Pearland, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Monthly Meeting

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/8 Rpt:		2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529	
4 Date 02/13/2024		5 Payee name Golfcrest Country Club			
6 Amount (\$) 320.00 <input type="checkbox"/> Expenditure from corporate funds		7 Payee Address; City; State; Zip 2509 Country Club Dr Pearland, TX 77581			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Event Expense		(b) Description (See instructions regarding type of information required.) Monthly lunch meeting	
Date 03/15/2024		Payee name Golfcrest Country Club			
Amount (\$) 182.90 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 2509 Country Club Dr Pearland, TX 77581			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Event Expense		(b) Description (See instructions regarding type of information required.) Monthly Lunch meeting	
Date 04/09/2024		Payee name Golfcrest Country Club			
Amount (\$) 199.30 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 2509 Country Club Dr Pearland, TX 77581			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Event Expense		(b) Description (See instructions regarding type of information required.) Monthly lunch meeting	
Date 05/14/2024		Payee name Golfcrest Country Club			
Amount (\$) 193.06 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 2509 Country Club Dr Pearland, TX 77581			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Event Expense		(b) Description (See instructions regarding type of information required.) Monthly lunch meeting	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/8 Rpt:	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
4 Date 03/07/2024	5 Payee name Kendra Scott	
6 Amount (\$) 113.55 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3800 N Lamar Blvd Austin, TX 78756	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Officer Gifts
Date 01/04/2024	Payee name Square Inc	
Amount (\$) 21.32 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly Credit Card fee
Date 01/31/2024	Payee name Square Inc	
Amount (\$) 10.97 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Credit card usage fees
Date 02/28/2024	Payee name Square Inc	
Amount (\$) 21.32 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly credit card fees

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/8 Rpt:	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
4 Date 02/29/2024	5 Payee name Square Inc	
6 Amount (\$) 16.73 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Credit card usage fees
Date 03/04/2024	Payee name Square Inc	
Amount (\$) 21.32 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Credit card monthly fee
Date 03/31/2024	Payee name Square Inc	
Amount (\$) 11.61 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Credit card transaction fees
Date 04/03/2024	Payee name Square Inc	
Amount (\$) 21.32 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Monthly credit card fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 7/8 Rpt:		2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529	
4 Date 04/30/2024		5 Payee name Square Inc			
6 Amount (\$) 11.88 <input type="checkbox"/> Expenditure from corporate funds		7 Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Credit card transaction fees	
Date 05/03/2024		Payee name Square Inc			
Amount (\$) 21.32 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Monthly Credit card fee	
Date 05/31/2024		Payee name Square Inc			
Amount (\$) 21.89 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Credit card transaction fees	
Date 06/03/2024		Payee name Square Inc			
Amount (\$) 21.32 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Monthly credit card fee	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 8/8 Rpt:	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
4 Date 06/12/2024	5 Payee name Square Inc	
6 Amount (\$) 24.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CO 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Name badge
Date 04/16/2024	Payee name State Comptroller	
Amount (\$) 408.35 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip PO BOX 149359 Austin, TX 78714-9359	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Limited sales, excise, and use Tax filing