## STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

## FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction (	Guide explains how to complete t	this form	1 Filer ID		2 Total pages file	ed:
The 30 Groff management	salue explains now to complete t	1113 101111.	(Ethics Commission Filers) 00087768		12	2
3 CANDIDATE	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
NAME	Ms.	Gwen			Date Received	
					ELECTRONICA	J LY FILED
	NICKNAME	LAST		SUFFIX	07/11/2024	
	MUCRIVAIVIL	Withrow		SUFLIA	<b>1</b>	
		VVILITIOV				
4 CANDIDATE	ADDRESS / PO BOX; APT	/ SUITE #; C	CITY; STATE; ZIP COD	 )E	Date Hand-delivered or	Date Postmarked
ADDRESS	54 Brookgreen Circle N	,	, ,	-	Receipt #	Amount
	January Brookgroom Chaic					
<u> </u>	Montgomery, TX 77356				Date Processed	
Change of Address	Workgomory,					
					Date Imaged	
- 04450404					<u> </u>	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST			MI	
NAME	Ms.	Gwen				
	NICKNAME	LAST			SUFFIX	
	TWO IN WILL	Withrow			001111	
		***************************************				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO		; APT / SUITE #;	CITY;	STATE;	ZIP CODE
ADDRESS	54 Brookgreen Circle Nort	th				
(Residence or Business)						
·	Montgomery, TX 77356					
7 CAMPAIGN	AREA CODE	PHONE N	NUMBER		EXTENSION	
TREASURER PHONE	(409) 433-2644					
FIIONL						
8 REPORT TYPE						
O REPORTITE	January 15	30th day	y before convention / election	on [	Runoff	
	1	☐ Oth dov	before convention / election	. <b>г</b>	— First report (A	#k CC C/OU ED)
	X July 15	∐ 8tii day	before convention / election	, I	Final report (A	ttach SC C/OH-FR)
9 PERIOD	Month Day Ye	ear			Month D	Day Year
COVERED	02/25/2024	zai	THROUGH			0/2024
	0212312027		1111100011		00/00	J12024
10 CONVENTION /	Month Day Ye	ear	11 OFFICE		STATE CHAIR	
ELECTION DATE			SOUGHT		<b>=</b>	
					X COUNTY CHA	AIR
12 POLITICAL	Republican		COUN	NTY (If Applica	able)	
PARTY			Mont	gomery		
		GO	TO PAGE 2			
			1017622			

#### STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

## FORM SC C/OH COVER SHEET PG 2

2 of 12

13 CANDIDATE NAME	Withrow, Gwen (Ms.	)		<b>14</b> Filer ID 00087768	(Ethics Com	mission Filers)			
This box is for notice of political expenditures by political committees to support the candidate. The been made without the candidate's knowledge or consent. Candidates are required to report this interest receive notice of such expenditures.									
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGI	N TREASURER NAME						
		COMMITTEE CAMPAIGI	N TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRI ES OF LOANS, OR CONT			, <b>\$</b>	0.00			
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR G	UARANTEES OF LOANS	5)	\$	1,050.00			
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$	0.00			
	4. TOTAL POLITIC	AL EXPENDITURES			\$	12,468.65			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MA RIOD	INTAINED AS OF THE LA	AST DAY OF THE	\$	1,225.42			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OU' TING PERIOD	TSTANDING LOANS AS	OF THE LAST DAY	\$	38,316.75			
<b>17</b> AFFADAVIT		true aı	ar, or affirm, under penalty nd correct and includes al Title 15, Election Code.						
			Ms.	Gwen Withrow					
			Signa	ature of Candidate					
AFFIX NO	TARY STAMP / SEAL ABO	OVE							
Sworn to and subso	cribed before me, by the s	aid		, this the		day			
of	, 20, to ce	ertify which, witness my ha	and and seal of office.						
Signature of office	cer administering oath	Printed name of office	cer administering oath	Title of office	er administer	ing oath			

### **SUBTOTALS - SC C/OH**

### FORM SC C/OH **COVER SHEET PG 3**

					3 of 12
		TE NAME Gwen (Ms.)	<b>19</b> Filer ID 00087768	(Ethi	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,050.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	Х	SCHEDULE E: LOANS		\$	12,205.67
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				262.98
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	12,205.67
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	0.06

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/12	
	FILER NAME Withrow, Gw			3	Filer ID (Ethics Commission Filers) 00087768
	Date 05/09/2024  5 Full name of contributor out-of-state PAC (ID#: America Reloaded  6 Contributor address; City; State; Zip Code		)	7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77007			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Date 02/29/2024	)		Amount of Contribution (\$) \$50.00	
		Conroe, TX 77385			
	Principal occu Educator	pation / Job title (See Instructions)	Employer (See Instructions	s)	

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to c	omplete this f	orm.	·	iges Schedule E: 3 Rpt: 5/12
2	FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Withrow, Gwen	(Ms.)			000877	768
4	TOTAL OF UN	IITEMIZED LOANS				\$
5	Date of loan 06/28/2024	7 Name of lender withrow, gwen (Ms.)	out-of-state PA	C (ID#:	)	9 Loan Amount (\$) \$21.99
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No	Montgomery, TX 77356				11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instru	uctions)	
14	Description of Coll	ateral		15 Check if personal fur	nds were deposited	d into political account
	X None					(See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instru	uctions)	
	Date of loan	Name of lender	out-of-state PA	C (ID#:	)	Loan Amount (\$)
	04/01/2024	withrow, gwen (Ms.)	_			\$3,000.00
	Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate
	No	Montgomery, TX 77356				Maturity Date
	Principal occupation	on / Job title (See Instructions)		Employer (See Instru	uctions)	
	Description of Coll	ateral		Check if personal fur	nds were deposited	d into political account
	X None					(See Instructions)
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	X not applicable	Guarantor address; City;	State;	Zip Code		
	Principal occupation	on		Employer (See Instru	uctions)	
				1		

	LOANS					SCHEDULE E
	The Instruction	n Guide explains how to	complete this f	orm.	1	ges Schedule E: 3 Rpt: 6/12
2	FILER NAME Withrow, Gwen	(Ms.)				(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			<u> </u>	\$
5	Date of loan	7 Name of lender	out-of-state PA	.C (ID#:	)	9 Loan Amount (\$)
6	02/29/2024  Is lender a financial institution?	withrow, gwen (Ms.)  8 Lender address; City;	State;	Zip Code		\$1,244.84  10 Interest Rate
	No	Montgomery, TX 77356				11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions retired	5)	•
14	Description of Coll  X None	ateral		15 Check if personal funds we	ere deposited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	<b>18</b> Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instructions	5)	I
	Date of loan	Name of lender	out-of-state PA	.C (ID#:	)	Loan Amount (\$)
	03/02/2024	withrow, gwen (Ms.)				\$4,554.84
	Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate
	No	Montgomery, TX 77356				Maturity Date
	Principal occupation	on / Job title (See Instructions)		Employer (See Instructions retired	s)	<u> </u>
	Description of Coll  X None	ateral		Check if personal funds we	ere deposited	into political account (See Instructions)
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	X not applicable	Guarantor address; City;	State;	Zip Code		
	Principal occupation	on		Employer (See Instructions	5)	

	LOANS					SCHEDULE E
	The Instruction	ges Schedule E: 3 Rpt: 7/12				
2	FILER NAME Withrow, Gwen	(Ms.)				(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			I	\$
5	Date of loan 03/04/2024	7 Name of lender withrow, gwen (Ms.)	out-of-state PA	C (ID#:	)	9 Loan Amount (\$) \$3,384.00
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No	Montgomery, TX 77356				11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructive retired	ctions)	
14	Description of Coll  X None	lateral		15 Check if personal fund	ds were deposited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instruc	ctions)	

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

Event Expense 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: 1/2 Rpt: 8/12	Withrow, Gwen (Ms.) 00087768
4	Date	5 Payee name
	06/07/2024	East Montgomery co. RW
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.98	PO Box 292
		New Caney, TX 77357
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		luncheon
		lunoneon
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	· 	
	Date	Payee name
	05/20/2024	Montgomery co RW
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	PO Box 1766
		Conroe, TX 77305
	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  luncheon
		iuncheon
┡	Operation ONE Wife disease	Occasional Office health and a second of the
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	04/29/2024	Montgomery co RW
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	PO Box 1766
		Conroe, TX 77305
1	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
1		membership dues
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### 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
Legal Services Salaries/Wages/Contract Labor

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 9/12	Withrow, Gwen (Ms.) 00087768
4	Date	5 Payee name
	03/05/2024	Russell, Ginger
6	Amount (\$) \$96.00	7 Payee address; City; State; Zip Code 9902 Woodlane Blvd  Magnolia, TX 77354
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense big sign
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/13/2024	weber, Kim
	Amount (\$) \$52.00	Payee address; City; State; Zip Code  10919 Autumn Mist Cove  Magnolia, TX 77354
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense printing push cards
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Contributions Credit Card Payment		/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/\	xpense Nages/Contract Labor		Travel in District Travel Out of District OTHER (enter a catego	·
	· 		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAMI	E			3 I	Filer ID (Ethics	Commission Filers)
	Sch: 1/2 Rpt: 10/12	Withrow, G	wen (Ms.)			(	00087768	
4	Date	5 Payee name						
	04/01/2024	CAZ Consu						
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode			
	\$3,000.00	6255 Miller	Way					
	Reimbursement from		•					
	political contributions intended	Houston, T	X 77057					
8	PURPOSE	(a) Category (s	see Categories listed at the top of this scho	edule)	(b) Description	Che	eck if travel outside of T	exas. Complete Schedule T.
	OF	Consulting		,		Che	eck if Austin, TX, officeh	nolder living expense
	EXPENDITURE	Constant	Σλροπου		consultant expen	- ise		
9	Complete ONLY if direct	Landidate/Office	holder name		Office sought		Office	held
	expenditure to benefit				o moo oo ag			
	C/OH							
	Date	Payee name						
	06/28/2024	GoDaddy						
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	nde			
	\$21.99	GoDaddy Way						
		Gobaddy v	vay					
	Reimbursement from political contributions							
	intended	Tempe, AZ	85284					
	PURPOSE	Category (S	see Categories listed at the top of this sch	edule)	Description _	=		exas. Complete Schedule T.
	OF EXPENDITURE	Accounting	/Banking		l L	Che	eck if Austin, TX, officeh	older living expense
					Electronic service	е		
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office	held
	expenditure to benefit C/OH							
	Date	Payee name						
	02/29/2024	Triple Thre	at Strategies LLC					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode			
	\$1,244.84	5049 Edwa	ırds Ranch Rd.					
	Reimbursement from							
	political contributions intended	Fort Worth,	TX 76109					
	PURPOSE	Category (S	see Categories listed at the top of this scho	edule)	Description	Che	eck if travel outside of T	exas. Complete Schedule T.
	OF	Fees				Che	eck if Austin, TX, officeh	older living expense
	EXPENDITURE				text elerts			
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought		Office	held
	expenditure to benefit				<b>5</b> ·			
L	C/OH							

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 2/2 Rpt: 11/12 Withrow, Gwen (Ms.) 00087768 Date Payee name 03/02/2024 Triple Threat Strategies LLC Payee address; Amount (\$) City; State; Zip Code \$4,554.84 5049 Edwards Ranch Rd. Reimbursement from political contributions intended Fort Worth, TX 76109 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** text alerts Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/04/2024 Triple Threat Strategies LLC Amount (\$) Payee address; City; State; Zip Code \$3,384.00 5049 Edwards Ranch Rd. Reimbursement from political contributions Fort Worth, TX 76109 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** text alerts Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

CCL	FD		_	k
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	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: /1 Rpt: 12/12	
2	FILER NAME		3 F	iler ID	(Ethics Commission F	-ilers)
l	Withrow, Gw	00087	768			
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
l	03/24/2024	First Financial Bank			(1)	\$0.01
l		6 Address of person from whom amount is received; City; State; Zip Code				,
l		Address of person from whom amount is received, only, state, 2 p sode				
l						
l		Willis, TX 77318				
l			olitica	l contr	l ibution returned to filer	
l		interest on accounts	ontico	a conta	ibation retained to mer	
⊨	D-t-				Δ (Φ)	
l	Date	Name of person from whom amount is received			Amount (\$)	ф0, 00
l	04/22/2024	First Financial Bank				\$0.02
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l		Millio TV 77210				
l		Willis, TX 77318				
l			olitica	ıl contr	ibution returned to filer	
L		interest on accounts				
l	Date	Name of person from whom amount is received			Amount (\$)	
l	05/22/2024	First Financial Bank				\$0.01
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l		Willis, TX 77318				
l			olitica	d contr	ibution returned to filer	
L		interest on Accounts				
Г	Date	Name of person from whom amount is received			Amount (\$)	
l	06/22/2024	First Financial Bank				\$0.02
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l		Willis, TX 77318				
l		Purpose for which amount is received	olitica	d contr	ibution returned to filer	
l		interest on accounts				
l						
l						
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