

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) 00081339	2 Total pages filed: 23
3 COMMITTEE NAME Lost Pines Republican Women		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/09/2024	
		Date Hand-delivered or Date Postmarked	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 575 Bastrop, TX 78602	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mrs. Kaye NICKNAME LAST SUFFIX Leidy	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1145 FM 812 Cedar Creek, TX 78612	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1145 FM 812 Cedar Creek, TX 78612	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 308-8237	
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 <input type="checkbox"/> Runoff	
10 PERIOD COVERED		Month Day Year Month Day Year 01/01/2024 THROUGH 06/30/2024	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Lost Pines Republican Women	13 Filer ID (Ethics Commission Filers) 00081339
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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)	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,616.16
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$ 10,873.78
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 19,547.09
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.

Mrs. Kaye Leidy

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

17 COMMITTEE NAME Lost Pines Republican Women		18 Filer ID 00081339	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	14,580.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	3,036.16
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	10,873.78
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/23
2 FILER NAME Lost Pines Republican Women		3 Filer ID (Ethics Commission Filers) 00081339
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bastrop County GOP Club <hr/> 6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bastrop County Republican Party <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beyer, Elizabeth (Mrs.) <hr/> Contributor address; City; State; Zip Code Bastrop, TX 78602	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Tuck Law Firm
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bezner, Jennifer (Mrs.) <hr/> Contributor address; City; State; Zip Code Smithville, TX 78957	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Bastrop Pregnancy Resource Centerr
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bezner, Jennifer (Mrs.) <hr/> Contributor address; City; State; Zip Code Smithville, TX 78957	Amount of Contribution (\$) \$135.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Bastrop Pregnancy Resource Centerr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/23
2 FILER NAME Lost Pines Republican Women		3 Filer ID (Ethics Commission Filers) 00081339
4 Date 01/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Tamara (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Bastrop, TX 78602	
8 Principal occupation / Job title (See Instructions) homemaker		9 Employer (See Instructions) self
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Tamara (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) self
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Tamara (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) self
Date 05/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Tamara (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) self
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Zachary (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Paige, TX 78659	
Principal occupation / Job title (See Instructions) Justice of the Peace Pct 2		Employer (See Instructions) Bastrop County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/23
2 FILER NAME Lost Pines Republican Women		3 Filer ID (Ethics Commission Filers) 00081339
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michelle (Ms.)	7 Amount of Contribution (\$) \$208.00
	6 Contributor address; City; State; Zip Code Bastrop, TX 78602	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michelle (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michelle (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Maurice	Amount of Contribution (\$) \$450.00
	Contributor address; City; State; Zip Code Smithville, TX 78957	
Principal occupation / Job title (See Instructions) Sheriff		Employer (See Instructions) Bastrop County
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craddick, Christi (The Honorable)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Railroad Commission Chair		Employer (See Instructions) Texas Railroad Commission

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/23
2 FILER NAME Lost Pines Republican Women		3 Filer ID (Ethics Commission Filers) 00081339
4 Date 02/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ervin-Cannon, Christina (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Bastrop, TX 78602	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Business owner		9 Employer (See Instructions) Cannon Plumbing & Drain
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Festival de la Cultura <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gogolewski, Gregg (Mr.) <hr/> Contributor address; City; State; Zip Code Paige, TX 78659	Amount of Contribution (\$) \$325.00
Principal occupation / Job title (See Instructions) Police officer		Employer (See Instructions) Bastrop County Sheriff
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juarez-Dunne, Veronica <hr/> Contributor address; City; State; Zip Code Elgin, TX 78621	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Political candidate		Employer (See Instructions) self
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kafel, Henry (Mr.) <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/23
2 FILER NAME Lost Pines Republican Women		3 Filer ID (Ethics Commission Filers) 00081339
4 Date 01/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kafel, Henry (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leidy, Kaye (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leidy, Kaye (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Messinger, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pflugerville, TX 78660	
Principal occupation / Job title (See Instructions) Asst State Prosecuting Atty		Employer (See Instructions) Texas State Prosecuting Atty
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirk, Lynn (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/23
2 FILER NAME Lost Pines Republican Women		3 Filer ID (Ethics Commission Filers) 00081339
4 Date 05/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirk, Lynn (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Bastrop, TX 78602	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Carol (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Carol (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Carol (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Carol (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/23
2 FILER NAME Lost Pines Republican Women		3 Filer ID (Ethics Commission Filers) 00081339
4 Date 04/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Carol (Mrs.)	7 Amount of Contribution (\$) \$120.00
	6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Carol (Mrs.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dawn (Mrs.)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Rosanky, TX 78953	
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Best Friends Kennel
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dawn (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Rosanky, TX 78953	
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Best Friends Kennel
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) various donors under \$220, various donors under \$200	Amount of Contribution (\$) \$5,762.00
	Contributor address; City; State; Zip Code Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/5 Rpt: 11/23	
2 FILER NAME Lost Pines Republican Women		3 Filer ID (Ethics Commission Filers) 00081339	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/29/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boydston, Lynn (Ms.)	8 Amount of contribution (\$) \$105.00	9 In-kind contribution description Handmade ceramics for fundraiser auction
	7 Contributor address; City; State; Zip Code Bastrop, TX 78602	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See instructions) Retired	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Tamara (Mrs.)	Amount of contribution (\$) \$195.00	In-kind contribution description Trailer rental for fundraiser
	Contributor address; City; State; Zip Code Bastrop, TX 78602	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) homemaker		Employer (FOR NON-JUDICIAL) (See instructions) self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerdes, Stan (Mr.)	Amount of contribution (\$) \$40.00	In-kind contribution description Texas Serving Tray for fundraiser
	Contributor address; City; State; Zip Code Smithville, TX 78957	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) State Representative		Employer (FOR NON-JUDICIAL) (See instructions) State of Texas	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/5 Rpt: 12/23	
2 FILER NAME Lost Pines Republican Women		3 Filer ID (Ethics Commission Filers) 00081339	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/05/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glasgow, Jeanette (Mrs.)	8 Amount of contribution (\$) \$60.00	9 In-kind contribution description Handmade quilt for fundraiser
	7 Contributor address; City; State; Zip Code Bastrop, TX 78602	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired		11 Employer (FOR NON-JUDICIAL) (See instructions) retired	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kafel, Henry (Mr.)	Amount of contribution (\$) \$128.10	In-kind contribution description Jewelry for fundraiser
	Contributor address; City; State; Zip Code Cedar Creek, TX 78612	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions) Retired	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kafel, Henry (Mr.)	Amount of contribution (\$) \$600.00	In-kind contribution description Lodging for event speaker
	Contributor address; City; State; Zip Code Cedar Creek, TX 78612	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions) Retired	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/5 Rpt: 13/23	
2 FILER NAME Lost Pines Republican Women		3 Filer ID (Ethics Commission Filers) 00081339	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/05/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leidy, Kaye (Mrs.)	8 Amount of contribution (\$) \$15.16	9 In-kind contribution description Copy keys for officers
	7 Contributor address; City; State; Zip Code Cedar Creek, TX 78612		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired		11 Employer (FOR NON-JUDICIAL) (See instructions) retired	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			
Date 02/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leidy, Kaye (Mrs.)	Amount of contribution (\$) \$700.00	In-kind contribution description Plumbing repairs
	Contributor address; City; State; Zip Code Cedar Creek, TX 78612		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired		Employer (FOR NON-JUDICIAL) (See instructions) retired	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leidy, Kaye (Mrs.)	Amount of contribution (\$) \$167.90	In-kind contribution description Subscription on behalf of club
	Contributor address; City; State; Zip Code Cedar Creek, TX 78612		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired		Employer (FOR NON-JUDICIAL) (See instructions) retired	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 4/5 Rpt: 14/23	
2 FILER NAME Lost Pines Republican Women		3 Filer ID (Ethics Commission Filers) 00081339	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/05/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loucks, Donald (Mr.)	8 Amount of contribution (\$) \$50.00	9 In-kind contribution description Flag for fundraiser
	7 Contributor address; City; State; Zip Code Cedar Creek, TX 78612	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired		11 Employer (FOR NON-JUDICIAL) (See instructions) retired	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Carol (Mrs.)	Amount of contribution (\$) \$125.00	In-kind contribution description Baked goods for fundraiser
	Contributor address; City; State; Zip Code Cedar Creek, TX 78612	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired		Employer (FOR NON-JUDICIAL) (See instructions) retired	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Carol (Mrs.)	Amount of contribution (\$) \$150.00	In-kind contribution description Framed professional photo for fundraiser
	Contributor address; City; State; Zip Code Cedar Creek, TX 78612	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired		Employer (FOR NON-JUDICIAL) (See instructions) retired	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 5/5 Rpt: 15/23	
2 FILER NAME Lost Pines Republican Women		3 Filer ID (Ethics Commission Filers) 00081339	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/05/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Carol (Mrs.)	8 Amount of contribution (\$) \$700.00	9 In-kind contribution description Firearm for fundraiser
	7 Contributor address; City; State; Zip Code Cedar Creek, TX 78612	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired		11 Employer (FOR NON-JUDICIAL) (See instructions) retired	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/8 Rpt: 16/23	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 01/22/2024	5 Payee name Bastrop Convention Center	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1408 Chestnut St Bastrop, TX 78602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/27/2024	Candidate/Officeholder name Bastrop Country Republican Party	
Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsor event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/18/2024	Candidate/Officeholder name Bastrop County Republican Party	
Amount (\$) \$109.58 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/8 Rpt: 17/23	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
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4 Date 01/01/2024	5 Payee name Bastrop Guardian Storage
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6 Amount (\$) \$350.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 30000 Hwy 71 West Bastrop, TX 78602
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/01/2024	Payee name Bastrop Guardian Storage
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Amount (\$) \$350.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 30000 Hwy 71 West Bastrop, TX 78602
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/01/2024	Payee name Bastrop Guardian Storage
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Amount (\$) \$350.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3000 Hwy 71 West Bastrop, TX 78602
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/8 Rpt: 18/23	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
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4 Date 04/01/2024	5 Payee name Bastrop Guardian Storage
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6 Amount (\$) \$350.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3000 Hwy 71 West Bastrop, TX 78602
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/01/2024	Payee name Bastrop Guardian Storage
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Amount (\$) \$350.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3000 Hwy 71 West Bastrop, TX 78602
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/01/2024	Payee name Bastrop Guardian Storage
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Amount (\$) \$350.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3000 Hwy 71 West Bastrop, TX 78602
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/8 Rpt: 19/23	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
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4 Date 02/06/2024	5 Payee name Festival de la Cultura
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 70 Jeffrey Way Ste 100 Round Rock, TX 78665
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense venue rental
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/05/2024	Payee name Film Alley
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Amount (\$) \$1,414.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 Chestnut St Bastrop, TX 78602
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue rental
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/19/2024	Payee name Michael's
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Amount (\$) \$253.12 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3939 W Carpenter Fwy Irving, TX 75063
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T shirts
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/8 Rpt: 20/23	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
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4 Date 05/18/2024	5 Payee name Spencer, Carol (Mrs.)
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 126 Brazos Cedar Creek, TX 78612
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense refund
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/22/2024	Payee name T-Mobile USA
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Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3618 Factoria Blvd Bellvue, WA 98006
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/22/2024	Payee name T-Mobile USA
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Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3618 Factoria Blvd Bellvue, WA 98006
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/8 Rpt: 21/23	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
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4 Date 03/22/2024	5 Payee name T-Mobile USA
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6 Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3618 Factoria Blvd Bellvue, WA 98006
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/22/2024	Payee name T-Mobile USA
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Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3618 Factoria Blvd Bellvue, WA 98006
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/22/2024	Payee name T-Mobile USA
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Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3618 Factoria Blvd Bellvue, WA 98006
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/8 Rpt: 22/23	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
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4 Date 06/22/2024	5 Payee name T-Mobile USA
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6 Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3618 Factoria Blvd Bellvue, WA 98006
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/01/2024	Payee name Texas Federation of Republican Women
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Amount (\$) \$227.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13740 N Hwy 183 Austin, TX 78750
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reporting fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reporting fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/25/2024	Payee name Texas Federation of Republican Women
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Amount (\$) \$202.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13740 N Hwy 183 Austin, TX 78750
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reporting fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reporting fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/8 Rpt: 23/23	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 03/29/2024	5 Payee name Texas Federation of Republican Women	
6 Amount (\$) \$177.10 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13740 N Hwy 183 Austin, TX 78750	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reporting fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reporting fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2024	Payee name Various	
Amount (\$) \$1,549.88 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code various various Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Non-itemized expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Non-itemized expenses under \$220
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/05/2024	Payee name Waggoner, Marilyn (Ms.)	
Amount (\$) \$240.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 154 Estate Row Cedar Creek, TX 78612	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tables
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held