

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Chambers County Republican Women	13 Filer ID (Ethics Commission Filers) 00054719
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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)	\$ 2,570.93
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,430.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,920.05
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. Rachal D. Hisler

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 15

17 COMMITTEE NAME Chambers County Republican Women		18 Filer ID (Ethics Commission Filers) 00054719
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,570.93
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,430.37
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: 4/15
2 FILER NAME Chambers County Republican Women		3 Filer ID (Ethics Commission Filers) 00054719
4 Date 01/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUSCH, DEBBIE <hr/> 6 Contributor address; City; State; Zip Code WINNIE, TX 77665	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) ACCOUNTANT		9 Employer (See Instructions) BUSCH SANDHOPP AND BAKER
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAIN-LAND, ASHLEY <hr/> Contributor address; City; State; Zip Code DAYTON, TX 77535	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) COUNTY ATTORNEY		Employer (See Instructions) CHAMBERS COUNTY
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAMBERS COUNTY GOP <hr/> Contributor address; City; State; Zip Code MONT BELVIEU, TX 77580	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COPELAND, WENDY <hr/> Contributor address; City; State; Zip Code HANKAMER, TX 77560	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) DIRECTOR OF FIELD SERVICES		Employer (See Instructions) NATURAL ENERGY FIELD SERVICES
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROFT, YVETTE <hr/> Contributor address; City; State; Zip Code Baytown, TX 77523	Amount of Contribution (\$) \$50.00
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: 2/7 Rpt: 5/15
2 FILER NAME Chambers County Republican Women		3 Filer ID (Ethics Commission Filers) 00054719
4 Date 01/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINCH, MYRNA	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code STOWELL, TX 77661		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FISHER ROAD BAPTIST CHURCH	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Baytown, TX 77523		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOLTZ, KEVIN	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code ANAHUAC, TX 77514		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLENN, VIOLETTA	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code BEACH CITY, TX 77523		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HART, BRADLEY	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code KINGWOOD, TX 77339		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/15
2 FILER NAME Chambers County Republican Women		3 Filer ID (Ethics Commission Filers) 00054719
4 Date 01/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEB <hr/> 6 Contributor address; City; State; Zip Code Baytown, TX 77523	7 Amount of Contribution (\$) \$6.46
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENNIGAN, REBA <hr/> Contributor address; City; State; Zip Code ANAHUAC, TX 77514	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENRY, CHERYL <hr/> Contributor address; City; State; Zip Code ANAHAUC, TX 77514	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) DISTRICT ATTORNEY		Employer (See Instructions) CHAMBERS COUNTY
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERRERA, KIM <hr/> Contributor address; City; State; Zip Code ANAHUAC, TX 77514	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HISLER, ANITA <hr/> Contributor address; City; State; Zip Code ANAHUAC, TX 77514	Amount of Contribution (\$) \$85.00
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: 4/7 Rpt: 7/15
2 FILER NAME Chambers County Republican Women		3 Filer ID (Ethics Commission Filers) 00054719
4 Date 02/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HISLER, RACHAL	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Anahuac, TX 77514		
8 Principal occupation / Job title (See Instructions) BOOKKEEPER		9 Employer (See Instructions) GEORGE W. HISLER II, INC.
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, CHRISTIAN	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code DAYTON, TX 77535		
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, MARY	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code MONT BELVIEU, TX 77523		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSTON, CLAUDIA	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code MONT BELVIEU, TX 77580		
Principal occupation / Job title (See Instructions) ACCOUNTANT		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAHLA, RODNEY	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Anahuac, TX 77514		
Principal occupation / Job title (See Instructions) SHERIFF DEPUTY		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/15
2 FILER NAME Chambers County Republican Women		3 Filer ID (Ethics Commission Filers) 00054719
4 Date 01/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANE, DANA <hr/> 6 Contributor address; City; State; Zip Code BAYTOWN, TX 77523	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEBLANC, SUSAN <hr/> Contributor address; City; State; Zip Code ANAHUAC, TX 77597	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCPHERSON, DARLENE <hr/> Contributor address; City; State; Zip Code Anahuac, TX 77514	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCPHERSON, DARLENE <hr/> Contributor address; City; State; Zip Code Anahuac, TX 77514	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAYPAL <hr/> Contributor address; City; State; Zip Code SAN JOSE, TX 95002	Amount of Contribution (\$) \$129.47
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/15
2 FILER NAME Chambers County Republican Women		3 Filer ID (Ethics Commission Filers) 00054719
4 Date 01/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEREZ, SHANE	7 Amount of Contribution (\$) \$35.00
	6 Contributor address; City; State; Zip Code BAYTOWN, TX 77523	
8 Principal occupation / Job title (See Instructions) ADMINISTRATOR		9 Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REDD, KELLI	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code BAYTOWN, TX 77523	
Principal occupation / Job title (See Instructions) COUNSELOR		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RENFRO, LISA	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code ANAHUAC, TX 77514	
Principal occupation / Job title (See Instructions) OFFICE MANAGER		Employer (See Instructions)
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIPP, MICAELA	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code BAYTOWN, TX 77523	
Principal occupation / Job title (See Instructions) ASSISTANT		Employer (See Instructions)
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITTINGTON, NICOLE	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code ANAHUAC, TX 77514	
Principal occupation / Job title (See Instructions) COUNTY TREASURER		Employer (See Instructions) CHAMBERS COUNTY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/15
2 FILER NAME Chambers County Republican Women		3 Filer ID (Ethics Commission Filers) 00054719
4 Date 01/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, TERRI 6 Contributor address; City; State; Zip Code GALVESTON, TX 77554	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZIESHANG, DONNA Contributor address; City; State; Zip Code DEVERS, TX 77538	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

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: 1/5 Rpt: 11/15	2 FILER NAME Chambers County Republican Women	3 Filer ID (Ethics Commission Filers) 00054719
4 Date 04/04/2024	5 Payee name BLAIR, DANIELLE	
6 Amount (\$) \$171.66 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 10023 MARY LANE BAYTOWN, TX 77523	
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 SUPPLIES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/02/2024	Candidate/Officeholder name BOLLICH, SUSAN	
Amount (\$) \$186.90 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 05/02/2024	Payee name BOLLICH, SUSAN	
Amount (\$) \$186.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 805 N HWY 1724 HANKAMER, TX 77560	
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 FOOD/BEVERAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/04/2024	Candidate/Officeholder name HEB	
Amount (\$) \$107.06 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 01/04/2024	Payee name HEB	
Amount (\$) \$107.06 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13401 IH-10 EAST MONT BELVIEU, TX 77523	
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 FOOD/BEVERAGE
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: 2/5 Rpt: 12/15	2 FILER NAME Chambers County Republican Women	3 Filer ID (Ethics Commission Filers) 00054719
4 Date 03/07/2024	5 Payee name HEB	
6 Amount (\$) \$136.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13401 IH-10 EAST MONT BELVIEU, TX 77523	
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 FOOD/BEVERAGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/04/2024	Candidate/Officeholder name Office sought Office held	
Payee name HEB		
Amount (\$) \$2.71 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13401 IH-10 EAST MONT BELVIEU, TX 77523	
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 FOOD/BEVERAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/04/2024	Candidate/Officeholder name Office sought Office held	
Payee name HEB		
Amount (\$) \$128.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13401 IH-10 EAST MONT BELVIEU, TX 77523	
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 FOOD/BEVERAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/04/2024	Candidate/Officeholder name Office sought Office held	
Payee name HEB		
Amount (\$) \$128.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13401 IH-10 EAST MONT BELVIEU, TX 77523	
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 FOOD/BEVERAGE
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: 3/5 Rpt: 13/15	2 FILER NAME Chambers County Republican Women	3 Filer ID (Ethics Commission Filers) 00054719
4 Date 04/04/2024	5 Payee name HISLER, RACHEL	
6 Amount (\$) \$111.94 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 1575 ANAHUAC, TX 77514	
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 FOOD/BEVERAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/07/2024	Payee name JOE V'S	
Amount (\$) \$14.24 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code GARTH ROAD BAYTOWN, TX 77524	
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 FOOD/BEVERAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2024	Payee name LEBLANC, ANDREW	
Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7134 FM 563 WALLISVILLE, TX 77597	
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 SOUND
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 4/5 Rpt: 14/15	2 FILER NAME Chambers County Republican Women	3 Filer ID (Ethics Commission Filers) 00054719
4 Date 02/02/2024	5 Payee name MACEJEWSKI, DOTTIE	
6 Amount (\$) \$285.15 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13303 FM1409 OLD RIVER, TX 77535	
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 FOOD/BEVERAGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/04/2024	Candidate/Officeholder name Payee name PAYPAL	
Amount (\$) \$26.45 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 2211 NORTH 1ST STREET SAN JOSE, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/07/2024	Candidate/Officeholder name Payee name PAYPAL	
Amount (\$) \$29.56 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 2211 NORTH 1ST STREET SAN JOSE, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 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 PROCESSING FEES
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: 5/5 Rpt: 15/15	2 FILER NAME Chambers County Republican Women	3 Filer ID (Ethics Commission Filers) 00054719
4 Date 04/04/2024	5 Payee name PAYPAL	
6 Amount (\$) \$129.47 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2211 NORTH 1ST STREET SAN JOSE, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) WRONG ACCOUNT CHARGED	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYPAL REFUNDED; WRONG ACCOUNT WAS USED
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Office held		