FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00055446 3 COMMITTEE NAME **OFFICE USE ONLY** San Patricio County Republican Women Date Received **ELECTRONICALLY FILED** 08/22/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 1222 Date Hand-delivered or Date Postmarked Change of Address Portland, TX 78374 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Donna NAME NICKNAME LAST **SUFFIX** Floerke STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 7232 CR 3755 STREET **ADDRESS** (Residence or Business) Taft, TX 78390 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 66 MAILING **ADDRESS** Taft, TX 78390 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (361) 290-8011 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID (E | thics Commission Filers) |
|---|--|---|--------------------|--------------------------|
| San Patricio County I | Republican Women | | 00055446 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supported B. Opposed | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | | AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZEI | D POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | AL EXPENDITURES | \$ | 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD | DAY \$ | 0.00 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | HE \$ | 0.00 |
| 16 AFFIDAVIT | <u> </u> | | <u> </u> | |
| | | I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code. | | |
| | | Mrs Doni | na Floerke | |
| | | | mpaign Treasurer | |
| AFFIX NOTA | RY STAMP / SEAL ABOVE | | | |
| Sworn to and subscrib | ed before me, by the said _ | , th | nis 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 a | dministering oath |

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

| | | 3 of 21 |
|---|------------------------------|----------------------------|
| 17 COMMITTEE NAME San Patricio County Republican Women | . 8 Filer ID 00055446 | (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | ! | \$ |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAT LABOR ORGANIZATION | TION OR | \$ |
| 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGAI | NIZATION | \$ |
| 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ |
| 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR OF | RGANIZATION | \$ |
| 9. SCHEDULE E: LOANS | | \$ |
| 10. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | | \$ |
| 11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | NS | \$ |
| 13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | NS | \$ 4,918.43 |
| 15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RE | ETURNED | \$ 2,280.00 |
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SCHEDULE I

| | The Instruction Guide explains how to | complete this form. |
|----------------------------------|---|--|
| 1 Total pages Schedule I: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/4 Rpt: 4/21 | San Patricio County Republican Women | 00055446 |
| 4 Date | 5 Payee name | |
| 03/13/2024 | Color Mix Graphics & Print | |
| 6 Amount (\$) | 7 Payee Address; City; State; Zip | |
| 385.00 | 404 S C M Allen Parkway | |
| Expenditure from corporate funds | San Marcos, TX 78666 | |
| 8 PURPOSE | (a) Category (See instructions for examples of acceptable categories) | l ' |
| OF EXPENDITURE | Printing Expense | NAME TAGS |
| | | |
| Date | Payee name | |
| 04/16/2024 | Friends of the Taft Library | |
| Amount (\$) | Payee Address; City; State; Zip | |
| | 501 Green | |
| 320.00 | 332 3.33.1 | |
| Expenditure from corporate funds | Taft, TX 78390 | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
| OF EXPENDITURE | Event Expense | FUNDRAISER FOR TAFT LIBRARY |
| | | |
| | | |
| Date 02/29/2024 | Payee name | |
| | Frost Bank | |
| Amount (\$) | Payee Address; City; State; Zip P O. Box 1315 | |
| 5.00 | P O. BOX 1315 | |
| Expenditure from corporate funds | Houston, TX 77251-1315 | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
| OF EXPENDITURE | Fees | ONLINE BANKING FEE |
| EXI ENDITORE | | |
| | | |
| Date | Payee name | |
| 01/31/2024 | Frost Bank | |
| Amount (\$) | Payee Address; City; State; Zip | |
| 5.00 | P O. Box 1315 | |
| Expenditure from corporate funds | Houston, TX 77251-1315 | |
| PURPOSE OF | | (See instructions regarding type of information required.) |
| EXPENDITURE | Accounting/Banking | BANK FEE |
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SCHEDULE I

| | The Instruction Guide explains how to complete this form | 1. | | | | | |
|----------------------------------|--|--|--|--|--|--|--|
| 1 Total pages Schedule I: | | iler ID (Ethics Commission Filers) 0055446 | | | | | |
| Sch: 2/4 Rpt: 5/21 | L . | | | | | | |
| 4 Date 01/09/2024 | 5 Payee name NorthShore Country Club | | | | | | |
| 6 Amount (\$) | 7 Payee Address; City; State; Zip | | | | | | |
| 489.28 | 801 E. Broadway | | | | | | |
| Expenditure from corporate funds | Portland, TX 78374 | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense (b) Description (See instructions for examples of acceptable categories) LUNCHEON | tructions regarding type of information required.) | | | | | |
| Data | Payer name | | | | | | |
| Date 02/13/2024 | Payee name NorthShore Country Club | | | | | | |
| Amount (\$) | Payee Address; City; State; Zip | | | | | | |
| 534.30 | 801 E. Broadway | | | | | | |
| Expenditure from | | | | | | | |
| corporate funds | Portland, TX 78374 | | | | | | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions) | tructions regarding type of information required.) | | | | | |
| OF EXPENDITURE | Food/Beverage Expense LUNCHEON | | | | | | |
| EXPENDITURE | | | | | | | |
| | | | | | | | |
| Date | Payee name | | | | | | |
| 03/12/2024 | NorthShore Country Club | | | | | | |
| Amount (\$) | Payee Address; City; State; Zip | | | | | | |
| F10.20 | 801 E. Broadway | | | | | | |
| 510.29 Expenditure from | | | | | | | |
| corporate funds | Portland, TX 78374 | | | | | | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions for examples of acceptable categories) | tructions regarding type of information required.) | | | | | |
| OF | Food/Beverage Expense LUNCHEON | | | | | | |
| EXPENDITURE | | | | | | | |
| | | | | | | | |
| Date | Payee name | | | | | | |
| 04/09/2024 | NorthShore Country Club | | | | | | |
| Amount (\$) | Payee Address; City; State; Zip | | | | | | |
| , , | 801 E. Broadway | | | | | | |
| 504.29 | | | | | | | |
| Expenditure from corporate funds | Portland, TX 78374 | | | | | | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions for examples of acceptable categories) | tructions regarding type of information required.) | | | | | |
| OF | Food/Beverage Expense LUNCHEON | | | | | | |
| EXPENDITURE | | | | | | | |
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SCHEDULE I

| The Instruction Guide explains how to complete this form. | | | | | | | | |
|---|---|---|--|--|--|--|--|--|
| 1 Total pages Schedule I: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| Sch: 3/4 Rpt: 6/21 | San Patricio County Republican Women | 00055446 | | | | | | |
| 4 Date | 5 Payee name | | | | | | | |
| 05/14/2024 | NorthShore Country Club | | | | | | | |
| 6 Amount (\$) | 7 Payee Address; City; State; Zip | | | | | | | |
| 240.08 | 801 E. Broadway | | | | | | | |
| Expenditure from | Dowlland TV 70274 | | | | | | | |
| corporate funds | Portland, TX 78374 | (In) | | | | | | |
| 8 PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense | (b) Description (See instructions regarding type of information required.) DESSERT | | | | | | |
| EXPENDITURE | . coa/2010.ago 2/.poi.co | DESSERT | | | | | | |
| | | | | | | | | |
| Date | Payee name | | | | | | | |
| 06/11/2024 | NorthShore Country Club | | | | | | | |
| Amount (\$) | Payee Address; City; State; Zip | | | | | | | |
| 504.29 | 801 E. Broadway | | | | | | | |
| Expenditure from | | | | | | | | |
| corporate funds | Portland, TX 78374 | | | | | | | |
| PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) | · | | | | | | |
| EXPENDITURE | Food/Beverage Expense | LUNCHEON | | | | | | |
| | | | | | | | | |
| Date | Payee name | | | | | | | |
| 04/16/2024 | Portland Chamber of Commerce | | | | | | | |
| Amount (\$) | Payee Address; City; State; Zip | | | | | | | |
| 110.00 | 1512 Wildcat | | | | | | | |
| Expenditure from | | | | | | | | |
| corporate funds | Portland, TX 78374 | | | | | | | |
| PURPOSE | | (b) Description (See instructions regarding type of information required.) | | | | | | |
| OF EXPENDITURE | Fees | MEMBERSHIP DUES | | | | | | |
| | | | | | | | | |
| Date | Payee name | | | | | | | |
| 02/24/2024 | SAN PATRICIO GOP | | | | | | | |
| Amount (\$) | Payee Address; City; State; Zip | | | | | | | |
| 800.00 | PO BOX 153 | | | | | | | |
| Expenditure from | | | | | | | | |
| corporate funds | PORTLAND, TX 78374 | | | | | | | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) | | | | | | | |
| OF EXPENDITURE | Event Expense | SAN PATRICIO COUNTY GOP DINNER | | | | | | |
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SCHEDULE |

| | The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule I: Sch: 4/4 Rpt: 7/21 | 2 FILER NAME San Patricio County Republican Women 3 Filer ID (Ethics Commission Filers) 00055446 |
| 4 Date 02/20/2024 | 5 Payee name TFRW |
| 6 Amount (\$) 328.90 Expenditure from corporate funds | 7 Payee Address; City; State; Zip 13740 US Hwy 183 Suite J4 Austin, TX 78750 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information required.) MEMBERSHIP DUES |
| Date 01/31/2024 | Payee name U. S. Postal Service |
| Amount (\$) 182.00 Expenditure from corporate funds | Payee Address; City; State; Zip 120 LANG PORTLAND, TX 78374 |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description (See instructions regarding type of information required.) POST OFFICE BOX RENTAL |
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| | The Instru | ction Guide explains how to complete this form. | 1 | | | ages Schedule K: L/14 Rpt: 8/21 | |
|---|--------------|---|------------------|------|---------|------------------------------------|---------|
| 2 | FILER NAME | | 3 | ī | iler ID | (Ethics Commission F | ilers) |
| | San Patricio | County Republican Women | | (| 00055 | 5446 | |
| 4 | Date | 5 Name of person from whom amount is received | | | | 8 Amount (\$) | |
| | 02/13/2024 | BAKER, BARBARA | | | | | \$40.00 |
| | | 6 Address of person from whom amount is received; City; State; Zip Code | | | | • | |
| | | | | | | | |
| | | | | | | | |
| | | CORPUS CHRISTI, TX 78413 | | | | | |
| | | 7 Purpose for which amount is received | Check if polit | tica | al cont | ribution returned to filer | |
| | | LUNCHEON | | | | | |
| - | Date | Name of parson from whom amount is received | | _ | | Amount (\$) | |
| | 02/13/2024 | Name of person from whom amount is received BROWN, MARGARET | | | | Amount (\$) | \$40.00 |
| | 02/13/2024 | | | | | | Ψ40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | ! | | | | |
| | | | | | | | |
| | | PORTLAND, TX 78374 | | | | | |
| | | | Charle if malit | .: | | wile, stiene wet, we and to file w | |
| | | Purpose for which amount is received LUNCHEON | _ Cneck if polit | IICa | ai cont | ribution returned to filer | |
| | | LONGREON | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 04/09/2024 | BROWN, MARGARET | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | ! | | | | |
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| | | DODT! AND THE TOTAL | | | | | |
| | | PORTLAND, TX 78374 | _ | | | | |
| | | Purpose for which amount is received | Check if polit | ica | al cont | ribution returned to filer | |
| | | LUNCHEON | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 05/14/2024 | BROWN, MARGARET | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | 1 | |
| | | | | | | | |
| | | | | | | | |
| | | PORTLAND, TX 78374 | | | | | |
| | | Purpose for which amount is received | Check if polit | tica | al cont | ribution returned to filer | |
| | | LUNCHEON | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 06/11/2024 | BROWN, MARGARET | | | | | \$10.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | ! | •••• | | • | |
| | | | | | | | |
| | | | | | | | |
| | | PORTLAND, TX 78374 | | | | | |
| | | Purpose for which amount is received | Check if polit | ica | al cont | ribution returned to filer | |
| | | DESSERT | | | | | |
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| | The Instru | cti | on Guide explains how to complete this form. | : | 1 | | pages Schedule K: 2/14 Rpt: 9/21 | |
|----------|-----------------|----------|---|-------------|-------|----------|-------------------------------------|---------|
| 2 | FILER NAME | | | ; | 3 | Filer II | D (Ethics Commission F | ilers) |
| l | San Patricio | Сс | unty Republican Women | 5446 | | | | |
| 4 | Date 01/09/2024 | ļ | Name of person from whom amount is received Brown, Margaret Address of person from whom amount is received; City; State; Zip Code | | | | 8 Amount (\$) | \$40.00 |
| | | | Portland, TX 78374 | | | | | |
| | | 7 | | heck if pol | litic | al cont | I tribution returned to filer | |
| | | | Luncheon | | | | | |
| F | Date | \vdash | Name of person from whom amount is received | | | | Amount (\$) | |
| l | 04/09/2024 | | CALLAWAY, GAE | | | | | \$40.00 |
| | 0 1/00/202 | ļ | Address of person from whom amount is received; City; State; Zip Code | | | | | + .0.00 |
| | | | Address of person from whom amount is received, City, State, 2ip Code | | | | | |
| | | | | | | | | |
| l | | | PORTLAND, TX 78374 | | | | | |
| | | | Purpose for which amount is received C | heck if pol | litic | al cont | tribution returned to filer | |
| | | | LUNCHEON | | | | | |
| F | Date | | Name of person from whom amount is received | | | | Amount (\$) | |
| l | 05/14/2024 | | CALLAWAY, GAE | | | | , , | \$40.00 |
| | | ļ | Address of person from whom amount is received; City; State; Zip Code | | | | - | |
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| l | | | | | | | | |
| | | | PORTLAND, TX 78374 | | | | | |
| l | | | | heck if pol | litic | al cont | tribution returned to filer | |
| L | | | LUNCHEON | | | | | |
| | Date | | Name of person from whom amount is received | | | | Amount (\$) | |
| l | 06/11/2024 | <u> </u> | CALLAWAY, GAE | | | | | \$10.00 |
| | | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
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| | | | PORTLAND, TX 78374 | | | | | |
| l | | \vdash | | hook if not | litic | ol cont | tribution returned to filer | |
| l | | | DESSERT | леск іі роі | IILIC | ai con | tribution returned to filer | |
| ⊨ | 5 : | _ | | | | | T | |
| l | Date 02/13/2024 | | Name of person from whom amount is received CARTER, MIKE | | | | Amount (\$) | \$40.00 |
| l | 02/13/2024 | ļ | | | | | | Φ40.00 |
| l | | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | | |
| | | | PORTLAND, TX 78374 | | | | | |
| | | \vdash | | heck if not | litic | al cont | I tribution returned to filer | |
| | | | LUNCHEON | poi | | 55111 | | |
| \vdash | | | | | | | | |
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| | The Instru | ction Guide explains how to complete this form. | 1 | | | ages Schedule K: | |
|---|--------------|---|--------|-------|--------|---------------------------|---------|
| | | <u> </u> | L | | | /14 Rpt: 10/21 | |
| 2 | FILER NAME | O A D A LEAD WAR | 3 | | | (Ethics Commission F | ilers) |
| | San Patricio | County Republican Women | | OC | 00554 | | |
| 4 | Date | 5 Name of person from whom amount is received | | | | 8 Amount (\$) | |
| | 05/14/2024 | CARTER, MIKE | | | | | \$40.00 |
| | | 6 Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | PORTLAND, TX 78374 | | | | | |
| | | | olitio | cal | contri | ibution returned to filer | |
| | | LUNCHEON | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 06/11/2024 | CARTER, MIKE | | | | | \$10.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | PORTLAND, TX 78374 | | | | | |
| | | Purpose for which amount is received | olitio | cal | contri | ibution returned to filer | |
| | | DESSERT | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 01/09/2024 | Carter, Mike | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Portland, TX 78390 | | | | | |
| | | Purpose for which amount is received | olitio | cal | contri | ibution returned to filer | |
| | | Luncheon | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 02/13/2024 | DEASES, LESLIE | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
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| | | SINTON, TX 78387 | | | | | |
| | | Purpose for which amount is received | olitio | cal | contri | ibution returned to filer | |
| | | LUNCHEON | | | | | |
| | Date | Name of person from whom amount is received | | | Ī | Amount (\$) | |
| | 01/09/2024 | Dunken, Carolyn | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | ••••• | | | |
| | | | | | | | |
| | | | | | | | |
| | | Laguna Vista , TX 78578 | | | | | |
| | | Purpose for which amount is received | olitio | cal | contri | ibution returned to filer | |
| | | Luncheon | | | | | |
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| | The Instru | ction Guide explains how to complete this form. | 1 | | | ages Schedule K: | |
|---|--------------|---|------------------|------|--------|---------------------------------|---------|
| | | | | So | ch: 4 | /14 Rpt: 11/21 | |
| 2 | FILER NAME | | 3 | Fil | ler ID | (Ethics Commission F | ilers) |
| | San Patricio | County Republican Women | | 00 | 0055 | 446 | |
| 4 | Date | 5 Name of person from whom amount is received | | | | 8 Amount (\$) | |
| | 02/13/2024 | Dunken, Carolyn | | | | | \$40.00 |
| | | 6 Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Laguna Vista , TX 78578 | | | | | |
| | | 7 Purpose for which amount is received | Check if polit | ical | contr | ibution returned to filer | |
| | | LUNCHEON | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 04/09/2024 | Dunken, Carolyn | | | | (*) | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | Address of person from whom amount is received, City, State, 21p code | | | | | |
| | | | | | | | |
| | | Laguna Vista , TX 78578 | | | | | |
| | | Purpose for which amount is received | Check if politi | ical | contr | ibution returned to filer | |
| | | LUNCHEON | T OTTOOK II POIN | iodi | COTTE | ibation rotalities to mer | |
| | D-4- | Name of a second from whom a second is a second of | | | | Δ (Φ) | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | ¢40.00 |
| | 05/14/2024 | Dunken, Carolyn | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | LAGUNA VISTA, TX 78578 | | | | | |
| | | Purpose for which amount is received | Chapte if malis | :I | | ila uti ana matuma adi ta filam | |
| | | LUNCHEON | Cneck if politi | icai | contr | ibution returned to filer | |
| | | LONGITEON | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 02/13/2024 | EARNSEST, SYLVIA | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
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| | | | | | | | |
| | | ARANSAS PASS, TX 78335 | | | | | |
| | | Purpose for which amount is received | Check if polit | ical | contr | ibution returned to filer | |
| | | LUNCHEON | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 04/09/2024 | FLOERKE, DONNA | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
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| | | | | | | | |
| | | TAFT, TX 78390 | | | | | |
| | | Purpose for which amount is received | Check if polit | ical | contr | ibution returned to filer | |
| | | LUNCHEON | | | | | |
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| | The Instru | cti | on Guide explains how to complete this form. | | 1 | | | pages Schedule K: 5/14 Rpt: 12/21 | |
|---|--------------|----------|---|----------|-----------|-----|---------|--------------------------------------|---------------|
| 2 | FILER NAME | | | | 3 | F | iler ID | (Ethics Commission F | ilers) |
| | San Patricio | Co | unty Republican Women | | | C | 0055 | 5446 | |
| 4 | Date | 5 | Name of person from whom amount is received | | | | | 8 Amount (\$) | |
| | 06/11/2024 | | FLOERKE, DONNA | | | | | | \$10.00 |
| | | 6 | Address of person from whom amount is received; City; State; Zip Code | e | | | | 1 | |
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| | | L | TAFT, TX 78390 | | | | | | |
| | | 7 | Purpose for which amount is received | Check | if politi | ica | l cont | ribution returned to filer | |
| | | | DESSERT | | | | | | |
| | Date | | Name of person from whom amount is received | | | | | Amount (\$) | |
| | 01/09/2024 | | Floerke, Donna | | | | | | \$40.00 |
| | | ļ | Address of person from whom amount is received; City; State; Zip Code | e | | | ••••• | 1 | |
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| | | L | TAFT, TX 78390 | | | | | | |
| | | | Purpose for which amount is received | Check | if politi | ica | l cont | ribution returned to filer | |
| | | | Luncheon | | | | | | |
| | Date | | Name of person from whom amount is received | | | | | Amount (\$) | |
| | 02/13/2024 | | Floerke, Donna | | | | | | \$40.00 |
| | | | Address of person from whom amount is received; City; State; Zip Code | е | | | |] | |
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| | | | TATE TV 70000 | | | | | | |
| | | L | TAFT, TX 78390 | _ | | | | | |
| | | | Purpose for which amount is received | _ Check | if politi | ica | l cont | ribution returned to filer | |
| | | | Luncheon | | | | | | |
| | Date | | Name of person from whom amount is received | | | | | Amount (\$) | |
| | 04/09/2024 | <u> </u> | GARCIA, APRIL | | | | | | \$40.00 |
| | | | Address of person from whom amount is received; City; State; Zip Code | е | | | | | |
| | | | | | | | | | |
| | | | SINTON, TX 78387 | | | | | | |
| | | ⊢ | Purpose for which amount is received | 7 Chask | if politi | | Loont | ribution returned to filer | |
| | | | LUNCHEON | _ Crieck | п рош | lCa | ı con | ribution returned to filer | |
| - | | 는 | | | | | | T | |
| | Date | | Name of person from whom amount is received | | | | | Amount (\$) | Ф10 00 |
| | 06/11/2024 | ļ | GARCIA, APRIL | | | | | | \$10.00 |
| | | | Address of person from whom amount is received; City; State; Zip Code | е | | | | | |
| | | | | | | | | | |
| | | | SINTON, TX 78387 | | | | | | |
| | | \vdash | Purpose for which amount is received | Check | if politi | ica | l cont | l ribution returned to filer | |
| | | | DESSERT | _ CHECK | η ρυπι | ca | ı con | indution retained to men | |
| | | <u> </u> | | | | | | | |
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| | The Instru | ction Guide explains how to complete this form. | 1 | | | ages Schedule K: 5/14 Rpt: 13/21 | |
|---|--------------|---|---------------------------------------|-----|----------|-------------------------------------|---------|
| 2 | FILER NAME | | 3 | F | iler ID | (Ethics Commission F | ilers) |
| | San Patricio | County Republican Women | | C | 0055 | 446 | |
| 4 | Date | 5 Name of person from whom amount is received | <u> </u> | | | 8 Amount (\$) | |
| | 02/13/2024 | GARCIA, ISRAEL | | | | | \$40.00 |
| | 0_,_0,_0 | 6 Address of person from whom amount is received; City; State; Zip Code | | | | - | + .0.00 |
| | | Address of person from whom amount is received, City, State, Zip Code | ; | | | | |
| | | | | | | | |
| | | CORPUS CHRISTI, TX 78411 | | | | | |
| | | 7 Purpose for which amount is received | Check if politi | ica | Loonti | Iribution returned to filer | |
| | | LUNCHEON | _ Check ii politi | ıca | ı corılı | ibution returned to liler | |
| | | LONCITEON | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 04/09/2024 | GARRETT, BEVERLY | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | ; | | | 1 | |
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| | | TAFT, TX 78390 | | | | | |
| | | Purpose for which amount is received | Check if politi | ica | I conti | ribution returned to filer | |
| | | LUNCHEON | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 05/14/2024 | GARRETT, BEVERLY | | | | Amount (ψ) | \$40.00 |
| | 00/14/2024 | | | | | | Ψ-10.00 |
| | | Address of person from whom amount is received; City; State; Zip Code |) | | | | |
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| | | TAFT, TX 78390 | | | | | |
| | | Purpose for which amount is received | Check if politi | ica | Lonti | Iribution returned to filer | |
| | | LUNCHEON | _ Criccit ii politi | ica | | ibation retained to mer | |
| L | | | | | | T | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 02/13/2024 | GILLESPIE, HOWARD | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
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| | | INGLESIDE, TX 78362 | | | | | |
| | | Purpose for which amount is received | Check if politi | ica | I conti | ribution returned to filer | |
| | | LUNCHEON | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 04/09/2024 | GILLESPIE, HOWARD | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | · · · · · · · · · · · · · · · · · · · | | | | |
| | | Address of person from whom amount is received, Only, State, Elp Sode | , | | | | |
| | | | | | | | |
| | | INGLESIDE, TX 78362 | | | | | |
| | | Purpose for which amount is received | Check if politi | ica | Lconti | Iribution returned to filer | |
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|---|--------------|---|-----------------|---------|--------------------------------|----------------|
| | The Instru | ction Guide explains how to complete this form. | 1 | Total | pages Schedule K: | |
| | THE HISTIA | culon durac explains now to complete this form. | | Sch: | 7/14 Rpt: 14/21 | |
| 2 | FILER NAME | | 3 | | ID (Ethics Commission F | ilers) |
| L | San Patricio | County Republican Women | 55446 | | | |
| 4 | Date | 5 Name of person from whom amount is received | | | 8 Amount (\$) | |
| | 06/11/2024 | GILLESPIE, HOWARD | | | | \$10.00 |
| | | 6 Address of person from whom amount is received; City; State; Zip Code | | | ···] | |
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| | | INCLECIDE TV 702C2 | | | | |
| | | INGLESIDE, TX 78362 | | | | |
| | | 7 Purpose for which amount is received | eck if polition | cal co | ntribution returned to filer | |
| L | | DESSERT | | | | |
| | Date | Name of person from whom amount is received | | | Amount (\$) | |
| | 01/09/2024 | Garcia, Israel | | |] | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | |
| | | Corpus Christi, TX 78411 | | | | |
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| | | Purpose for which amount is received | еск іт ропці | cai coi | ntribution returned to filer | |
| L | | | | | İ | |
| | Date | Name of person from whom amount is received | | | Amount (\$) | # 40.00 |
| | 02/13/2024 | Garrett, Beverly | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | |
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| | | TAFT, TX 78390 | | | | |
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| | | LUNCHEON | or ii poiiti | oui ooi | iandation rotarriou to mor | |
| F | Date | Name of person from whom amount is received | | | Amount (\$) | |
| | 02/13/2024 | HICKEY, MELANIE | | | Amount (\$) | \$40.00 |
| | 02/13/2024 | | | | | Ψ40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | |
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| | | TAFT, TX 78390 | | | | |
| | | Purpose for which amount is received Che | eck if politi | cal co | ntribution returned to filer | |
| | | LUNCHEON | · | | | |
| F | Date | Name of person from whom amount is received | | | Amount (\$) | |
| | 05/14/2024 | HICKEY, MELANIE | | | γ πιοσιτέ (Φ) | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | Address of person from whom amount is received, etc., etc., etc., etc., etc., etc., | | | | |
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| | | TAFT, TX 78390 | | | | |
| | | Purpose for which amount is received Che | eck if politi | cal co | ntribution returned to filer | |
| | | LUNCHEON | • | | | |
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| | The Instru | ction Guide explains how to complete this form. | 1 | | | ages Schedule K: /14 Rpt: 15/21 | |
|---|--------------|---|----------|---------|----------------------|------------------------------------|---------|
| 2 | FILER NAME | | F | iler ID | (Ethics Commission F | ilers) | |
| | San Patricio | County Republican Women | 446 | | | | |
| 4 | Date | 5 Name of person from whom amount is received | | | | 8 Amount (\$) | |
| | 06/11/2024 | HICKEY, MELANIE | | | | | \$10.00 |
| | | 6 Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | audiess of person from whom amount is received, City, State, 21p Code | | | | | |
| | | | | | | | |
| | | TAFT, TX 78390 | | | | | |
| | | | f naliti | iool | contr | ibution returned to filer | |
| | | DESSERT CHECK | гроши | ICai | COILL | ibution returned to filer | |
| | | DESSERT | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 02/13/2024 | Henderson, Deena | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Portland, TX 78374 | | | | | |
| | | Purpose for which amount is received Check | f politi | ical | contr | ibution returned to filer | |
| | | Luncheon | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 01/09/2024 | Hickey, Melanie | | | | | \$40.00 |
| | 01/03/2024 | | | | | | Ψ-10.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Taft, TX 78390 | | | | | |
| | | | f noliti | ical | contr | ibution returned to filer | |
| | | Luncheon | i ponti | ıcaı | COIII | ibution returned to mer | |
| | | | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 05/14/2024 | LEE, PHYLLIS | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
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| | | TAFT, TX 78390 | | | | | |
| | | Purpose for which amount is received Check | f politi | ical | contr | ibution returned to filer | |
| | | LUNCHEON | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 02/13/2024 | MARKS, HEATHER | | | | ` , | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | Address of person from whom amount is received, Gity, State, 219 Code | | | | | |
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| | | PORTLAND, TX 78374 | | | | | |
| | | | f politi | ادعا | contr | ibution returned to filer | |
| | | LUNCHEON | ι μυπι | ıcal | COILL | ibution returned to mer | |
| | | LONGINEON | | | | | |
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| | The Instru | ction Guide explains how to complete this form. | 1 | T | otal pa | ages Schedule K: | |
|---|--------------|---|---------------|-------|---------|---------------------------|---------|
| | THE HISTIA | otion datae explains now to complete this form. | | S | ch: 9 | /14 Rpt: 16/21 | |
| 2 | FILER NAME | | 3 | | | (Ethics Commission F | -ilers) |
| | San Patricio | County Republican Women | 446 | | | | |
| 4 | Date | 5 Name of person from whom amount is received | | | | 8 Amount (\$) | |
| | 06/11/2024 | MOORE, BEVERLY | | | | | \$10.00 |
| | | 6 Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | DODTI AND TV 70074 | | | | | |
| l | | PORTLAND, TX 78374 | | | | | |
| | | <u> </u> | heck if polit | tical | contr | ibution returned to filer | |
| L | | DESSERT | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 06/11/2024 | MOORE, GARY | | | | | \$10.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
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| | | PORTLAND, TX 78374 | | | | | |
| | | <u> </u> | heck if polit | tical | contr | ibution returned to filer | |
| | | DESSERT | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 01/09/2024 | Matallanes, Diane | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | ••••• | | | |
| | | | | | | | |
| | | D. (1) . 1 TV 70074 | | | | | |
| | | Portland, TX 78374 | | | | | |
| | | <u> </u> | heck if polit | ical | contr | ibution returned to filer | |
| L | | Luncheon | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 02/13/2024 | Matallanes, Diane | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
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| | | 5 d 4 77 707 d | | | | | |
| l | | Portland, TX 78374 | | | | | |
| | | <u> </u> | heck if polit | ical | contr | ibution returned to filer | |
| L | | Luncheon | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 03/12/2024 | Matallanes, Diane | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
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| | | | | | | | |
| | | Portland, TX 78374 | | | | | |
| | | <u> </u> | heck if polit | ical | contr | ibution returned to filer | |
| L | | LUNCHEON | | | | | |
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| | The Instru | cti | on Guide explains how to complete this form. | | 1 | | | pages Schedule K: 10/14 Rpt: 17/21 | |
|---|--------------|----------|---|-------------|-------------|------|---------|---------------------------------------|---------|
| 2 | FILER NAME | | | | 3 | I | iler I | C (Ethics Commission F | ilers) |
| | San Patricio | Co | unty Republican Women | | | (| 00055 | 5446 | |
| 4 | Date | 5 | Name of person from whom amount is received | | | | | 8 Amount (\$) | |
| | 04/09/2024 | | Matallanes, Diane | | | | | | \$40.00 |
| | | 6 | Address of person from whom amount is received; City; State; Zip Code | е | | | | · | |
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| | | L | Portland, TX 78374 | | | | | | |
| | | 7 | Purpose for which amount is received | Check | c if politi | ica | al cont | ribution returned to filer | |
| | | | LUNCHEON | | | | | | |
| | Date | | Name of person from whom amount is received | | | | | Amount (\$) | |
| | 05/14/2024 | | Matallanes, Diane | | | | | | \$40.00 |
| | | l | Address of person from whom amount is received; City; State; Zip Code | e | | •••• | |] | |
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| | | L | Portland, TX 78374 | | | | | | |
| | | | Purpose for which amount is received | Check | c if politi | ica | al cont | ribution returned to filer | |
| | | | LUNCHEON | | | | | | |
| | Date | | Name of person from whom amount is received | | | | | Amount (\$) | |
| | 06/11/2024 | | Matallanes, Diane | | | | | | \$10.00 |
| | | | Address of person from whom amount is received; City; State; Zip Code | е | | | | | |
| | | | | | | | | | |
| | | | Portland TV 70274 | | | | | | |
| | | L | Portland, TX 78374 | | | _ | | | |
| | | | Purpose for which amount is received DESSERT | Check | c if politi | ica | al cont | ribution returned to filer | |
| | | <u> </u> | | | | | | T | |
| | Date | | Name of person from whom amount is received | | | | | Amount (\$) | |
| | 02/13/2024 | ļ | Moore, Beverly | | | | | | \$40.00 |
| | | | Address of person from whom amount is received; City; State; Zip Code | е | | | | | |
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| | | | Portland, TX 78374 | | | | | | |
| | | H | Purpose for which amount is received | 7 Check | t if noliti | ica | al cont | I ribution returned to filer | |
| | | | Luncheon | Oncor | t ii poiiti | 100 | | indution returned to mer | |
| - | Date | \vdash | Name of person from whom amount is received | | | | | Amount (\$) | |
| | 04/09/2024 | | PATTERSON, CAROLYN | | | | | | \$40.00 |
| | 0-1/03/202-1 | ļ | Address of person from whom amount is received; City; State; Zip Code | | | | | | Ψ-10.00 |
| | | | Address of person from whom amount is received, City, State, 2ip Code | e | | | | | |
| | | | | | | | | | |
| | | | PORTLAND, TX 78374 | | | | | | |
| | | H | Purpose for which amount is received | Check | c if politi | ica | al cont | ribution returned to filer | |
| | | | LUNCHEON | | 1 | - | | | |
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| | The Instru | ction Guide explains how to complete this form. | 1 | | | ages Schedule K: 1/14 Rpt: 18/21 | |
|---|--------------------|--|--------|------|--------|-------------------------------------|---------|
| 2 | FILER NAME | | 3 | F | ler ID | (Ethics Commission F | ilers) |
| | San Patricio | County Republican Women | 446 | | | | |
| 4 | Date 06/11/2024 | Name of person from whom amount is received PULLIN, LESLIE Address of person from whom amount is received; City; State; Zip Code | | | | 8 Amount (\$) | \$10.00 |
| | | TAFT, TX 78390 | | | | | |
| | | 7 Purpose for which amount is received | politi | ical | contri | ibution returned to filer | |
| | Date 01/09/2024 | Name of person from whom amount is received Panek, Tina Address of person from whom amount is received; City; State; Zip Code | | | | Amount (\$) | \$40.00 |
| | | Portland, TX 78374 Purpose for which amount is received Check if Luncheon | politi | ical | contr | ibution returned to filer | |
| | Date 02/13/2024 | Name of person from whom amount is received Panek, Tina Address of person from whom amount is received; City; State; Zip Code | | | | Amount (\$) | \$40.00 |
| | | Portland, TX 78374 | | | | | |
| | | Purpose for which amount is received Check if LUNCHEON | politi | ical | contr | ibution returned to filer | |
| | Date 06/11/2024 | Name of person from whom amount is received Panek, Tina Address of person from whom amount is received; City; State; Zip Code | | | | Amount (\$) | \$10.00 |
| | | Portland, TX 78374 | | | | | |
| | | Purpose for which amount is received Check if DESSERT | politi | ical | contr | ibution returned to filer | |
| | Date 06/11/2024 | Name of person from whom amount is received RIVERA, OSCAR Address of person from whom amount is received; City; State; Zip Code | | | | Amount (\$) | \$10.00 |
| | | SINTON, TX 78387 | | | | | |
| | | Purpose for which amount is received Check if DESSERT | politi | ical | contr | ibution returned to filer | |
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| | The Instru | ctic | on Guide explains how to complete this form. | | 1 | | | ages Schedule K: 2/14 Rpt: 19/21 | |
|---|--|------|---|-------------|---------|-------|--------|-------------------------------------|---------|
| 2 | FILER NAME | | | | 3 | Fil | er ID | (Ethics Commission F | ilers) |
| | San Patricio | Со | unty Republican Women | | | 00 | 055 | 446 | |
| 4 | 1 Date 06/11/2024 5 Name of person from whom amount is received Rivera, NORMA JEAN 6 Address of person from whom amount is received; City; State; Zip Code | | | | | | | 8 Amount (\$) | \$10.00 |
| | | | Sinton, TX 78336 | | | | | | |
| | | 7 | Purpose for which amount is received | Check if no | litic | al | contr | ibution returned to filer | |
| | | | DESSERT | oncok ii po | ,,,,,,, | Jui | 001111 | | |
| | Date | | Name of person from whom amount is received | | | | | Amount (\$) | |
| | 01/09/2024 | | Rivera, Oscar | | | | | | \$40.00 |
| | | ļ | Address of person from whom amount is received; City; State; Zip Code | | •••• | ••••• | | | |
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| | | | Sinton, TX 78336 | | | | | | |
| | | | Purpose for which amount is received | Check if po | litio | cal | contr | ibution returned to filer | |
| | | | Luncheon | | | | | | |
| | Date | | Name of person from whom amount is received | | | | | Amount (\$) | |
| | 01/09/2024 | ļ | Seaman, Alana | | | | | ; | \$40.00 |
| | | | Address of person from whom amount is received; City; State; Zip Code | | | | | | |
| | | | | | | | | | |
| | | | Ingleside, TX 78392 | | | | | | |
| | | Н | Purpose for which amount is received | Check if po | litic | cal | contr | ibution returned to filer | |
| | | | Luncheon | | | | | | |
| | Date | | Name of person from whom amount is received | | | | | Amount (\$) | |
| | 02/13/2024 | | Seaman, Alana | | | | | ; | \$40.00 |
| | | ļ | Address of person from whom amount is received; City; State; Zip Code | | •••• | | | | |
| | | | | | | | | | |
| | | | Ingleside, TX 78392 | | | | | | |
| | | H | Purpose for which amount is received | Check if no | litic | al. | contr | ibution returned to filer | |
| | | | LUNCHEON | Check ii po | , iiii | Jui | COIILI | ibution returned to mer | |
| H | Date | | Name of person from whom amount is received | | | | | Amount (\$) | |
| | 06/11/2024 | | Seaman, Alana | | | | | | \$10.00 |
| | | ļ | Address of person from whom amount is received; City; State; Zip Code | | | ••••• | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | L | Ingleside, TX 78392 | 1 | | | | | |
| | | | Purpose for which amount is received | Check if po | litic | cal | contr | ibution returned to filer | |
| | | | DESSERT | | | | | | |
| | | | | | | | | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 13/14 Rpt: 20/21 2 FILER NAME 3 Filer ID (Ethics Commission Filers) San Patricio County Republican Women 00055446 Date 5 Name of person from whom amount is received 8 Amount (\$) 03/12/2024 WILKINSON, LILLY \$40.00 6 Address of person from whom amount is received; City; State; Zip Code **SINTON, TX 78387** Purpose for which amount is received Check if political contribution returned to filer LUNCHEON Date Name of person from whom amount is received Amount (\$) 05/14/2024 WILKINSON, LILLY \$40.00 Address of person from whom amount is received; City; State; Zip Code **SINTON, TX 78387** Purpose for which amount is received Check if political contribution returned to filer LUNCHEON Date Name of person from whom amount is received Amount (\$) 02/13/2024 \$40.00 Wilson, Dana Address of person from whom amount is received; City; State; Zip Code

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 14/14 Rpt: 21/21 2 FILER NAME Filer ID (Ethics Commission Filers) San Patricio County Republican Women 00055446 8 Amount (\$) Date 5 Name of person from whom amount is received 03/12/2024 ZAGORSKI, WILLIAM \$40.00 6 Address of person from whom amount is received; City; State; Zip Code **SINTON, TX 78387** Purpose for which amount is received Check if political contribution returned to filer LUNCHEON Amount (\$) Date Name of person from whom amount is received 04/09/2024 ZAGORSKI, WILLIAM \$40.00 Address of person from whom amount is received; City; State; Zip Code **SINTON, TX 78387** Purpose for which amount is received Check if political contribution returned to filer LUNCHEON Date Name of person from whom amount is received Amount (\$) 05/14/2024 ZAGORSKI, WILLIAM \$40.00 Address of person from whom amount is received; City; State; Zip Code **SINTON, TX 78387** Purpose for which amount is received Check if political contribution returned to filer LUNCHEON Name of person from whom amount is received Date Amount (\$) 06/11/2024 ZAGORSKI, WILLIAM \$10.00 Address of person from whom amount is received; City; State; Zip Code **SINTON, TX 78387** Purpose for which amount is received Check if political contribution returned to filer **DESSERT**