#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00054176 Date Received COMMITTEE Fayette County Republican Women **ELECTRONICALLY FILED** NAME 08/08/2024 TREASURER Petras, Patricia Diane NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount Х July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Month Year Day Year Day Date Imaged **COVERED THROUGH** 01/01/2024 06/30/2024 **EXPLANATION OF CORRECTION** Left off 6/27/2024 ending bank balance 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Patricia Diane Petras Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_\_ \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

#### 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) 00054176 3 COMMITTEE NAME **OFFICE USE ONLY** Fayette County Republican Women Date Received **ELECTRONICALLY FILED** 08/08/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 744 Date Hand-delivered or Date Postmarked Change of Address La Grange, TX 78945 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Patricia Diane NAME NICKNAME LAST **SUFFIX** Petras STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 7331 Mueller Rd. STREET **ADDRESS** (Residence or Business) La Grange, TX 78945 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 7331 Mueller Rd. MAILING **ADDRESS** La Grange, TX 78945 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (409) 782-0879 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	(Ethics Commission Filers)
Fayette County Rep	ublican Women		00054176	
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 check here if this report	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS COGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,330.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	8,377.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	15,720.46
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	l			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Patricia D	iane Petras	
		Signature of Ca	mpaign Treasur	er
AFFIX NOTA	ARY STAMP / SEAL ABOVE			
		, t	his the	day
		which, witness my hand and seal of office.		
Signature of office	r administering oath	Printed name of officer administering oath	Title of office	er administering oath

### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

				4 of 30
		EE NAME ounty Republican Women	<b>18</b> Filer ID 00054176	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 5,330.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		\$		
5.		ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 8,377.38
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CO	IS 	SCHEDULE A1				
	The Instru	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 5/30		
2	FILER NAME Fayette Cou	nty Republican Women			3	Filer ID (Ethics Commission 00054176	n Filers)	
4	Date 04/06/2024	<ul><li>5 Full name of contributor AYERS, TOM</li><li>6 Contributor address; City; State</li></ul>		)	7	Amount of Contribution (\$)	\$100.00	
		LA GRANGE, TX 78945						
8	Principal occu RETIRED	pation / Job title (See Instructions)	9	Employer (See Instructions	s)			
	Date 04/17/2024	Full name of contributor Altwein, Glenn (Mr.) Contributor address; City; State	out-of-state PAC (ID#:; z; Zip Code			Amount of Contribution (\$)	\$20.00	
	Principal occu	La Grange, TX 78945 pation / Job title (See Instructions)		Employer (See Instructions	i)			
	Retired				,			
	Date 03/14/2024	Full name of contributor Atwood, Carmela (Mrs.)  Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$100.00	
		Fayetteville, TX 78940-5247						
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)			
	Date 05/21/2024	Full name of contributor Atwood, Carmela (Mrs.)  Contributor address; City; State  Fayetteville, TX 78940-5247	e; Zip Code	)		Amount of Contribution (\$)	\$500.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)			
	Date 05/17/2024	Full name of contributor Benbenek, Pam Contributor address; City; State La Grange, TX 78945	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$40.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)			

	MONET	ARY POLITICAL (	CONTRIBUTIO	Ν	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 6/30	
2	FILER NAME Fayette Cou	nty Republican Women				3	Filer ID (Ethics Commission 00054176	n Filers)
4	Date 03/22/2024	<ul><li>5 Full name of contributor Berger, Rebecca (Mrs.)</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$40.00
_	Deignigal	Schulenburg, TX 78956	<u>.</u>		Franks or (Cook batterations			
8	Retired	pation / Job title (See Instruction	5)	9	Employer (See Instructions Retired	5)		
	Date 02/23/2024	Full name of contributor Bourgeois, Susan Contributor address; City; S			)		Amount of Contribution (\$)	\$40.00
	Principal occu	Schulenburg, TX 78956 pation / Job title (See Instruction:	5)		Employer (See Instructions	 ;)		
	Retired				Retired			
	Date 04/16/2024	Full name of contributor Bourlon, Carole (Mrs.)  Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$200.00
		La Grange, TX 78945						
	Principal occu Homemaker	pation / Job title (See Instruction	5)		Employer (See Instructions Homemaker	s)		
	Date 05/28/2024	Full name of contributor Bourlon, Carole (Mrs.) Contributor address; City; S La Grange, TX 78945					Amount of Contribution (\$)	\$50.00
	Principal occu Homemaker	pation / Job title (See Instruction	5)		Employer (See Instructions Homemaker	<u>(</u> 5)		
	Date 04/01/2024	Full name of contributor Bowman, Steve Contributor address; City; S Flatonia, TX 78941	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$20.00
	Principal occu Pastor	pation / Job title (See Instruction	5)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTI	IONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 7/30		
2	FILER NAME Fayette Cour	nty Republican Women		3	Filer ID (Ethics Commission 00054176	n Filers)	
4	Date 05/16/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$40.00	
_	5	Weimar, TX 78962	<u> </u>	Ĺ			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	S)			
	Date 03/22/2024	Full name of contributor  out-of-state PAC (ID Brisgill, Peggy (Mrs.)  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$140.00	
	Principal occu	La Grange, TX 78945 pation / Job title (See Instructions)	Employer (See Instructions	<u>s)</u>			
	Retired	sation, oob title (occ mandelions)	Retired	٠,			
	Date 02/02/2024	Full name of contributor	#:)	•	Amount of Contribution (\$)	\$40.00	
		Columbus, TX 78934					
	Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions Homemaker	s)			
	Date 03/22/2024	Full name of contributor  out-of-state PAC (ID Bullard, Kathryn  Contributor address; City; State; Zip Code  Schulenburg, TX 78956	#:)		Amount of Contribution (\$)	\$40.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 03/22/2024	Full name of contributor out-of-state PAC (ID Dennis, Lisa (Mrs.)  Contributor address; City; State; Zip Code  Schulenburg, TX 78956	#:)		Amount of Contribution (\$)	\$20.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)			
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	IS		SCHEDUL	E <b>A1</b>	
	The Instruc	ction Guide explains how to complete this fo	orı	n.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 8/30	
2	FILER NAME Fayette Cou	nty Republican Women			3	Filer ID (Ethics Commission 00054176	n Filers)
4	Date 03/14/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	La Grange, TX 78945 pation / Job title (See Instructions)	a	Employer (See Instructions	; <u>)</u>		
Ü	Retired	pation, sob title (see instructions)	3	Retired	"		
	Date 01/22/2024	Full name of contributor out-of-state PAC (ID#: Dippel, Darryl (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.00
		La Grange, TX 78945					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 04/24/2024	Full name of contributor				Amount of Contribution (\$)	\$40.00
	Dringing agg	La Grange, TX 78945		Employer (See Instructions	<u></u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions	»)		
	Date 06/17/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	La Grange, TX 78945 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>                                      </u>		
	Date 01/22/2024	Full name of contributor out-of-state PAC (ID#:_ Eguizabal, Debra (Mrs.)  Contributor address; City; State; Zip Code  La Grange, TX 78945		)		Amount of Contribution (\$)	\$580.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL C	IETARY POLITICAL CONTRIBUTIONS					
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 9/30		
2	FILER NAME Fayette Cou	nty Republican Women			3	Filer ID (Ethics Commission 00054176	n Filers)	
4	Date 03/14/2024	<ul><li>5 Full name of contributor</li><li>Eguizabel, Debra (Mrs.)</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$100.00	
		La Grange, TX 78945						
8	Principal occu Retired- Con	pation / Job title (See Instructions) troller	ξ	Employer (See Instructions	s)			
	Date 04/01/2024	Full name of contributor Eguizabel, Debra (Mrs.) Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code	)	•	Amount of Contribution (\$)	\$100.00	
	Principal occu Retired- Con	La Grange, TX 78945 pation / Job title (See Instructions) troller		Employer (See Instructions	<u> </u> s)			
	Date 04/06/2024	Full name of contributor Eguizabel, Debra (Mrs.) Contributor address; City; Sta	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$300.00	
	Principal occu Retired- Con	La Grange, TX 78945 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)			
	Date 02/02/2024	Full name of contributor Felder, Roy (Mr.)  Contributor address; City; Sta				Amount of Contribution (\$)	\$10.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>l</u> 5)			
	Date 02/02/2024	Full name of contributor Felder, Suzanne Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)			
			<u>'</u>					

	MONET	ARY POLITICAL CONT	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 10/30	
2	FILER NAME Fayette Cour	nty Republican Women			3	Filer ID (Ethics Commission 00054176	n Filers)
4	Date 02/23/2024	Fietsam, Brenda (Mrs.)	of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$40.00
8	Principal occur	La Grange, TX 78945 pation / Job title (See Instructions)	l <sub>a</sub>	Employer (See Instructions	()		
	County Clerk		Ů	Fayette County	')		
	Date 04/06/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$100.00
	Principal occur	Schulenburg, TX 78956 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	Retired			Retired	,		
	Date 03/14/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		La Grange, TX 78945					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/28/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-		)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 03/14/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
			1				

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 11/30		
2	FILER NAME Fayette Cour	nty Republican Women		3	Filer ID (Ethics Commission 00054176	n Filers)	
4	Date 04/06/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Geesaman, Kathryn (Mrs.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$150.00	
_		Flatonia, TX 78941					
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_ Harker, Jackie  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00	
	Principal occu	Flatonia, TX 78941 pation / Job title (See Instructions)	Employer (See Instructions	) 			
	Retired	oution / Job title (See Instructions)	Retired	')			
	Date 02/02/2024	Full name of contributor			Amount of Contribution (\$)	\$40.00	
	Dringing! aggs	La Grange, TX 78945	Employer (See Instructions	_			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 01/22/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00	
	Principal occu Retired	La Grange, TX 78945 pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>			
	Date 04/03/2024	Full name of contributor out-of-state PAC (ID#:_ Hefner, Terri  Contributor address; City; State; Zip Code  Flatonia, TX 78941			Amount of Contribution (\$)	\$50.00	
	Principal occu Elections Ad	pation / Job title (See Instructions) ministrator	Employer (See Instructions Fayette County	5)			
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 12/30	
2	FILER NAME Fayette Cou	nty Republican Women		3	Filer ID (Ethics Commission 00054176	n Filers)
4	Date 02/05/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$40.00
_	Deireitad	La Grange, TX 78945	O Faralance (Octobration			
8	Principal occu Housewife	pation / Job title (See Instructions)	9 Employer (See Instructions	<del></del>		
	Date 03/22/2024	Full name of contributor			Amount of Contribution (\$)	\$40.00
	Dringing Loon	La Grange, TX 78945	Employer (Coo Instructions			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/17/2024	Full name of contributor  out-of-state PAC (ID#:_ Hooper, Sandra  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
		La Grange, TX 78945				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_ Howse, James (Mr.)  Contributor address; City; State; Zip Code  La Grange, TX 78945			Amount of Contribution (\$)	\$20.00
	Principal occu Rancher	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Date 04/06/2024	Full name of contributor out-of-state PAC (ID#:_ Howse, James (Mr.)  Contributor address; City; State; Zip Code  La Grange, TX 78945			Amount of Contribution (\$)	\$250.00
	Principal occu Rancher	pation / Job title (See Instructions)	Employer (See Instructions Self	()		
		·				

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 13/30	
2	FILER NAME Fayette Cou	nty Republican Women			3	Filer ID (Ethics Commission 00054176	ı Filers)
4	Date 04/19/2024	<ul> <li>Full name of contributor  out-of-state P Joost, Glenda</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$40.00
		West Point, TX 78963					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/23/2024	Full name of contributor out-of-state P Kitzman, Stan (Mr.)  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$20.00
	Dringing age	Pattison, TX 77466	1	Employer (See Instructions	<u>,                                     </u>		
	State Repres	pation / Job title (See Instructions) sentative		Employer (See Instructions State of Texas	•)		
	Date 02/02/2024	Full name of contributor out-of-state P Leer, Becky (Mrs.)  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$40.00
		La Grange, TX 78945					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 06/17/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	La Grange, TX 78945 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 01/22/2024	Full name of contributor out-of-state P Marrou, Sarah (Ms.)  Contributor address; City; State; Zip Code  LA GRANGE, TX 78945	PAC (ID#:			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			L_				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 10/13 Rpt: 14/30	
2	FILER NAME Fayette Cour	nty Republican Women			3	Filer ID (Ethics Commission 00054176	n Filers)
4	Date 01/22/2024	<ul> <li>5 Full name of contributor</li> <li>McCleney, Tammy Jo (Mrs</li> <li>6 Contributor address; City; Sta</li> </ul>		)	7	Amount of Contribution (\$)	\$40.00
8	Principal occur	Schulenburg, TX 78956 pation / Job title (See Instructions)	l g	Employer (See Instructions	7		
	Police Office			Moulton Police Departm		t	
	Date 02/02/2024	Full name of contributor Moncrief, Susan (Mrs.) Contributor address; City; Sta				Amount of Contribution (\$)	\$40.00
	Principal occur	Flatonia, TX 78941 pation / Job title (See Instructions)		Employer (See Instructions	_		
	Retired	pation / Job title (See Instituctions)		Retired	')		
	Date 02/23/2024	Full name of contributor Murray, Charlie (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$20.00
		La Grange, TX 78945					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/23/2024	Full name of contributor Parker, Jeff Contributor address; City; Sta La Grange, TX 78945	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 04/01/2024	Full name of contributor Parker, Patsy (Mrs.)  Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / 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: 11/13 Rpt: 15/30		
2	FILER NAME Fayette Cou	nty Republican Women		3	Filer ID (Ethics Commission 00054176	n Filers)
4	Date 01/22/2024  5 Full name of contributor out-of-state PAC (ID#:) Parker, Patsy (Mrs.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$40.00	
_		La Grange, TX 78945	Ta = 1			
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  Petras, Diane (Mrs.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00	
	Principal occu	La Grange, TX 78945 pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Plant Contro	ller	Arkema			
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00	
		Flatonia, TX 78941				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 03/14/2024	Full name of contributor out-of-state PAC (ID#:_ Rutledge, Kimberley (Mrs.)  Contributor address; City; State; Zip Code  Smithville, TX 78957			Amount of Contribution (\$)	\$100.00
		Employer (See Instructions Self	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  02/02/2024 Sacco, Connie (Mrs.)  Contributor address; City; State; Zip Code  La Grange, TX 78945			Amount of Contribution (\$)	\$40.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
			•			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 12/13 Rpt: 16/30			
2	FILER NAME Fayette Cour	nty Republican Women			3	3 Filer ID (Ethics Commission Filers) 00054176	
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Sacco, Connie (Mrs.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00		
8	Principal occu	La Grange, TX 78945 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0	Retired	pation / Job title (See Instructions)	l <sup>s</sup>	Retired	·)		
	Date 03/17/2024 Full name of contributor out-of-state PAC (ID#:) Schaefer, Jean Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00		
	Dringinal accu	Schulenberg, TX 78956 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Retired	pation / Job title (See Instructions)		Retired	·)		
	Date Full name of contributor out-of-state PAC (ID#:)  02/23/2024 Singletary, Dianne  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$40.00	
		Fayetteville, TX 78940					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 04/06/2024	Full name of contributor		)		Amount of Contribution (\$)	\$100.00
Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)  Retired		5)					
	Date Full name of contributor out-of-state PAC (ID#:)  02/02/2024 Thompson Draper, Cheryl  Contributor address; City; State; Zip Code  Halletsville, TX 77964			Amount of Contribution (\$)	\$20.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			1				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 13/13 Rpt: 17/30			
2	FILER NAME Fayette Cour	nty Republican Women			3	Filer ID (Ethics Commission 00054176	n Filers)
4	Date 04/17/2024	<ul> <li>Full name of contributor  out-of-state PAC (IE Topping, Patricia (Mrs.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$40.00
8	Principal occu	West Point, TX 78963 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Retired			Retired			
	Date Full name of contributor out-of-state PAC (ID#:)  01/22/2024 Waska, Enid (Mrs.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00		
		Flatonia, TX 78941					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 03/17/2024	Full name of contributor	)#: <u></u>	)		Amount of Contribution (\$)	\$150.00
		Schulenberg, TX 78956					
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 05/22/2024	Full name of contributor out-of-state PAC (IE Wingo, Cindy  Contributor address; City; State; Zip Code  Schulenberg, TX 78956		)		Amount of Contribution (\$)	\$100.00
		Employer (See Instructions Self	5)				
	Date  Full name of contributor  Out-of-state PAC (ID#:)  Wunderlich , Roger (Mr.)  Contributor address; City; State; Zip Code  Fayetteville, TX 78940		•	Amount of Contribution (\$)	\$20.00		
	Principal occu Pct 2 Consta	pation / Job title (See Instructions) ble		Employer (See Instructions Fayette County	<u>.</u> S)		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/13 Rpt: 18/30	Fayette County Republican Women 00054176
4 Date	5 Payee name
02/20/2024	BMD-Brian Mitchell Design
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$93.75	405 Kendall Road
Expenditure from corporate funds	Dry Ridge, KY 41035
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Website expenses
	Treasure expenses
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/05/2024	Club Express
	·
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	1051 Perimeter Dr
Expenditure from	Ste 250
corporate funds	Schaumburg, IL 60173
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Initial fees for setup of website
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
01/01/2024	Club Express
Amount (\$)	Payee address; City; State; Zip Code  1051 Perimeter Dr
\$810.00	
Expenditure from	Ste 250
corporate funds	Schaumburg, IL 60173
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Initial setup of Website
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/13 Rpt: 19/30	Fayette County Republican Women 00054176
4 Date	5 Payee name
02/01/2024	Club Express
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$30.00	1051 Perimeter Dr
- "	Ste 250
Expenditure from corporate funds	Schaumburg, IL 60173
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Monthly Fee
	monuny i ee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/07/2024	Club Express
Amount (\$)	Payee address; City; State; Zip Code
\$45.00	1051 Perimeter Dr
Ψ43.00	
Expenditure from	Ste 250
corporate funds	Schaumburg, IL 60173
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Monthly Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/01/2024	Club Express
Amount (\$)	Payee address; City; State; Zip Code
\$30.00	1051 Perimeter Dr
400.00	Ste 250
Expenditure from	
corporate funds	Schaumburg, IL 60173
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Monthly expenses
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Ⅎ

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/13 Rpt: 20/30	Fayette County Republican Women 00054176
4 Date	5 Payee name
03/14/2024	Club Express
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.80	1051 Perimeter Dr
	Ste 250
Expenditure from corporate funds	Schaumburg, IL 60173
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Settlement Fees
Complete CNI V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Dete	T _
Date	Payee name
03/17/2024	Club Express
Amount (\$)	Payee address; City; State; Zip Code
\$1.40	1051 Perimeter Dr
	Ste 250
Expenditure from corporate funds	Schaumburg, IL 60173
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Settlement Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/17/2024	Club Express
Amount (\$)	Payee address; City; State; Zip Code
\$7.10	1051 Perimeter Dr
	Ste 250
Expenditure from corporate funds	Schaumburg, IL 60173
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EAFENDITUKE	Check if Austin, TX, officeholder living expense
	Settlement Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
5/10/10/10/10 00/10/10 0/0	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
1 3	
Sch: 4/13 Rpt: 21/30	Fayette County Republican Women 00054176
4 Date	5 Payee name
04/01/2024	Club Express
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$30.66	1051 Perimeter Dr
	Ste 250
Expenditure from corporate funds	Schaumburg, IL 60173
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Monthly expenses
	menuny expenses
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/03/2024	Club Express
Amount (\$)	Payee address; City; State; Zip Code
\$3.70	1051 Perimeter Dr
	Ste 250
Expenditure from corporate funds	Schaumburg, IL 60173
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Settlement Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/19/2024	Club Express
Amount (\$)	Payee address; City; State; Zip Code
\$1.40	1051 Perimeter Dr
	Ste 250
Expenditure from corporate funds	Schaumburg, IL 60173
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Settlement Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense 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)

Credit Card Payment	The Instruction Guide explains how to co	implete this form.
1 Total pages Schedule F1: Sch: 5/13 Rpt: 22/30	FILER NAME     Fayette County Republican Women	3 Filer ID (Ethics Commission Filers) 00054176
4 Date 04/24/2024	5 Payee name Club Express	00034170
6 Amount (\$) \$1.40  Expenditure from corporate funds  8 PURPOSE	7 Payee address; City; State; Zip Co. 1051 Perimeter Dr. Ste 250 Schaumburg, IL 60173  (a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Settlement Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight Office held
Date 05/01/2024	Payee name Club Express	
Amount (\$) \$34.86  Expenditure from corporate funds	Payee address; City; State; Zip Co 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Monthly expenses
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight Office held
Date 05/22/2024	Payee name Club Express	
Amount (\$) \$2.45  Expenditure from corporate funds	Payee address; City; State; Zip Co 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Settlement Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/13 Rpt: 23/30	Fayette County Republican Women 00054176
4 Date	5 Payee name
05/28/2024	Club Express
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.44	1051 Perimeter Dr
	Ste 250
Expenditure from corporate funds	Schaumburg, IL 60173
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Settlement Fees
	Settlement Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/03/2024	Club Express
Amount (\$)	Payee address; City; State; Zip Code
\$36.54	1051 Perimeter Dr
- Evenanditura from	Ste 250
Expenditure from corporate funds	Schaumburg, IL 60173
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Monthly expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/21/2024	Club Express
Amount (\$)	Payee address; City; State; Zip Code
\$3.19	1051 Perimeter Dr
Evpanditura from	Ste 250
Expenditure from corporate funds	Schaumburg, IL 60173
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAI LINDITURE	Check if Austin, TX, officeholder living expense
	Settlement Fees
Commission ONUVIVIII	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/13 Rpt: 24/30	Fayette County Republican Women 00054176
4 Date	5 Payee name
05/08/2024	Fayette County Republican Party
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$114.75	P O Box 334
Expenditure from corporate funds	La Grange, TX 78945
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fair booth costs shared 50/50
	Tuli booth costs shared 50/50
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/07/2024	Frank, Deborah (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$48.28	1020 Konetzke Lane
Expenditure from corporate funds	La Grange, TX 78945
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Loan Repayment/Reimbursement
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	4th qtr newsletter printing cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
04/17/2024	Frank, Deborah (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$32.26	1020 Konetzke Lane
Expenditure from	
corporate funds	La Grange, TX 78945
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Loan Repayment/Reimbursement
D. LIBITORE	Check if Austin, TX, officeholder living expense
	Printing newsletter costs
Complete CALL V if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	
1 Total pages Schedule F1: Sch: 8/13 Rpt: 25/30	2 FILER NAME Fayette County Republican Women  3 Filer ID (Ethics Commission Filers) 00054176
4 Date	5 Payee name
04/17/2024	Frank, Deborah (Mrs.)
6 Amount (\$) \$137.48	7 Payee address; City; State; Zip Code 1020 Konetzke Lane
Expenditure from corporate funds	La Grange, TX 78945
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Loan Repayment/Reimbursement
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Table banner for meetings
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/17/2024	Frisch Auf Valley Country Club
Amount (\$)	Payee address; City; State; Zip Code
\$540.00	575 Country Club Drive
Expenditure from corporate funds	La Grange, TX 78945
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
ZA ZIIZII GIL	Check if Austin, TX, officeholder living expense
	January 17th Meeting-reimbursed by members
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/21/2024	Frisch Auf Valley Country Club
Amount (\$)	Payee address; City; State; Zip Code
\$603.20	575 Country Club Drive
Expenditure from corporate funds	La Grange, TX 78945
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Monthly meeting lunches reimbursed by members
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/13 Rpt: 26/30	Fayette County Republican Women 00054176
4 Date	5 Payee name
03/20/2024	Frisch Auf Valley Country Club
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$439.75	575 Country Club Drive
Expenditure from corporate funds	La Grange, TX 78945
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Monthly meeting lunches-reimbursed by members
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
04/17/2024	Frisch Auf Valley Country Club
Amount (\$)	Payee address; City; State; Zip Code
\$699.60	575 Country Club Drive
4000.00	ere country class 2e
Expenditure from corporate funds	La Grange, TX 78945
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Monthly meeting lunches reimbursed by members
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/15/2024	Frisch Auf Valley Country Club
Amount (\$)	Payee address; City; State; Zip Code
\$611.05	575 Country Club Drive
Ψ011.03	373 Gountly Glub Brive
Expenditure from corporate funds	La Grange, TX 78945
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Monthly meeting lunches reimbursed by members
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 T-1-1 01 11 51	
1 Total pages Schedule F1:	
Sch: 10/13 Rpt: 27/30	Fayette County Republican Women 00054176
4 Date	5 Payee name
06/11/2024	NBD Graphics
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,193.69	917 S Mason Rd
, ,	
Expenditure from	Voty TV 77450
corporate funds	Katy, TX 77450
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	525 Yard Signs
	323 Tard Olyris
O Complete ONLY if allow	Condidate/Officeholder name Office accepts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2   2   2   2   2   2   2   2   2   2	
Date	Payee name
01/25/2024	Petras, Diane
Amount (\$)	Payee address; City; State; Zip Code
\$342.07	7331 Mueller
Expenditure from	La Grange, TX 78945
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Quick Books renewal
	Quion 200 no ronoma.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/01/2024	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	P O Box 171146
Expenditure from corporate funds	Austin, TX 78717
-	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Submission #2
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 11/13 Rpt: 28/30	Fayette County Republican Women 00054176	
4 Date	5 Payee name	
03/13/2024	TFRW	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$125.00	P O Box 171146	
Expenditure from corporate funds	Austin, TX 78717	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Submission #3	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
04/19/2024	TFRW	
Amount (\$)	Payee address; City; State; Zip Code	
\$125.00	P O Box 171146	
<b>4110.00</b>		
Expenditure from corporate funds	Austin, TX 78717	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Submission #4	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/10/2024	TFRW	
Amount (\$)	Payee address; City; State; Zip Code	
\$25.00	P O Box 171146	
Expenditure from corporate funds	Austin, TX 78717	
PURPOSE	1	
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense	
	Donation for Hospitality expenses	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	•	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
dvertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total marca Cabadula F1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 12/13 Rpt: 29/30	2 FILER NAME Fayette County Republican Women  3 Filer ID (Ethics Commission Filers) 00054176
4 Date	5 Payee name
05/10/2024	TFRW
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.00	P O Box 171146
Expenditure from corporate funds	Austin, TX 78717
8 PURPOSE	(a) Cotagon (h) Deceription
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Beryl Dowd Leadership Scholarship Fund
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/20/2024	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	P O Box 171146
<b>4100.00</b>	1 G BOX ITII IG
Expenditure from corporate funds	Austin, TX 78717
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Submission #5
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/20/2024	True the Vote
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P O Box 3109
+555.00	#19128
Expenditure from	
corporate funds	Houston, TX 77253-3109
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Meeting Donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 13/13 Rpt: 30/30	Fayette County Republican Women 00054176	
4 Date	5 Payee name	
06/19/2024	USPS	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$84.00	113 E Colorado St	
Expenditure from corporate funds	La Grange, TX 78945	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	P O Box rental one year	
O Complete ONE VIII	Condidate/Officeholder name	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit ever		
Date	Payee name	
01/17/2024	Wingo, Cindy	
Amount (\$)	Payee address; City; State; Zip Code	
\$7.46	609 College	
·		
Expenditure from corporate funds	Schulenburg, TX 78956	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Loan Repayment/Reimbursement	
_/	Check if Austin, TX, officeholder living expense	
	Printing Meeting copies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
expenditure to benefit G/O/1		
Date	Payee name	
02/13/2024	Wingo, Cindy	
Amount (\$)	Payee address; City; State; Zip Code	
\$54.10	609 College	
Expenditure from corporate funds	Schulenburg, TX 78956	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Push cards for the FCRW	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	