

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

<b>1</b> Filer ID (Ethics Commission Filers) 00054176	<b>2</b> Total pages filed: 30	<b>OFFICE USE ONLY</b>	
<b>3</b> COMMITTEE NAME Fayette County Republican Women	Date Received <b>ELECTRONICALLY FILED 08/08/2024</b>		
<b>4</b> TREASURER NAME Petras, Patricia Diane	Date Hand-delivered or Date Postmarked		
<b>5</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Date Processed
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____	Date Imaged
<b>6</b> ORIGINAL PERIOD COVERED	Month Day Year 01/01/2024	THROUGH	Month Day Year 06/30/2024

**7 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

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

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

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00054176	<b>2</b> Total pages filed: 30
<b>3</b> COMMITTEE NAME Fayette County Republican Women		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 08/08/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 744  La Grange, TX 78945		
	<b>5</b> CAMPAIGN TREASURER NAME  MS / MRS / MR FIRST Patricia Diane MI  NICKNAME LAST SUFFIX Petras		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7331 Mueller Rd.  La Grange, TX 78945		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7331 Mueller Rd.  La Grange, TX 78945		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 782-0879		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED	Month Day Year      Month Day Year 01/01/2024      THROUGH      06/30/2024		
<b>11</b> ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Fayette County Republican Women	<b>13 Filer ID</b> (Ethics Commission Filers) 00054176
---	---

<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,330.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 8,377.38
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 15,720.46
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Patricia Diane Petras  
 \_\_\_\_\_  
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
4 of 30

<b>17 COMMITTEE NAME</b> Fayette County Republican Women		<b>18 Filer ID</b> (Ethics Commission Filers) 00054176
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,330.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 8,377.38
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/13 Rpt: 5/30
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 04/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) AYERS, TOM <hr/> <b>6</b> Contributor address; City; State; Zip Code  LA GRANGE, TX 78945	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions)
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Altwein, Glenn (Mr.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atwood, Carmela (Mrs.) <hr/> Contributor address; City; State; Zip Code  Fayetteville, TX 78940-5247	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Atwood, Carmela (Mrs.) <hr/> Contributor address; City; State; Zip Code  Fayetteville, TX 78940-5247	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Benbenek, Pam <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/13 Rpt: 6/30
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 03/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Rebecca (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourgeois, Susan <hr/> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourlon, Carole (Mrs.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourlon, Carole (Mrs.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Steve <hr/> Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/13 Rpt: 7/30
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 05/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Braun, Terry Sue <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weimar, TX 78962	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brisgill, Peggy (Mrs.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$140.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bull, Sara (Mrs.) <hr/> Contributor address; City; State; Zip Code  Columbus, TX 78934	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bullard, Kathryn <hr/> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dennis, Lisa (Mrs.) <hr/> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/13 Rpt: 8/30
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 03/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dernehl, Rita (Mrs.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dippel, Darryl (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Downey, Wren	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguizabal, Debra (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguizabal, Debra (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/13 Rpt: 9/30
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 03/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eguizabel, Debra (Mrs.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired- Controller		<b>9</b> Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eguizabel, Debra (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired- Controller		Employer (See Instructions)
Date 04/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eguizabel, Debra (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired- Controller		Employer (See Instructions)
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Felder, Roy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Felder, Suzanne	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/13 Rpt: 10/30
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 02/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fietsam, Brenda (Mrs.)	<b>7</b> Amount of Contribution (\$) \$40.00
<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945		
<b>8</b> Principal occupation / Job title (See Instructions) County Clerk		<b>9</b> Employer (See Instructions) Fayette County
Date 04/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Forestier, Frank (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Schulenburg, TX 78956		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frank, Deborah (Mrs.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code  La Grange, TX 78945		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Frank, Deborah (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  La Grange, TX 78945		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Geesaman, Dennis (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Flatonia, TX 78941		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/13 Rpt: 11/30
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 04/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Geesaman, Kathryn (Mrs.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Flatonia, TX 78941	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harker, Jackie	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hass, Jesyca Robyn (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Head, Jacquelyn (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hefner, Terri	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
Principal occupation / Job title (See Instructions) Elections Administrator		Employer (See Instructions) Fayette County

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/13 Rpt: 12/30
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 02/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Herbrich, Shannon <hr/> <b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Housewife		<b>9</b> Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hooper, Sandra <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hooper, Sandra <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howse, James (Mr.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self
Date 04/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Howse, James (Mr.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/13 Rpt: 13/30
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 04/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joost, Glenda <hr/> <b>6</b> Contributor address; City; State; Zip Code  West Point, TX 78963	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kitzman, Stan (Mr.) <hr/> Contributor address; City; State; Zip Code  Pattison, TX 77466	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) State of Texas
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leer, Becky (Mrs.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Long, Shirley <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marrou, Sarah (Ms.) <hr/> Contributor address; City; State; Zip Code  LA GRANGE, TX 78945	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/13 Rpt: 14/30
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 01/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCleney, Tammy Jo (Mrs.)	<b>7</b> Amount of Contribution (\$) \$40.00
<b>6</b> Contributor address; City; State; Zip Code  Schulenburg, TX 78956		
<b>8</b> Principal occupation / Job title (See Instructions) Police Officer		<b>9</b> Employer (See Instructions) Moulton Police Department
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moncrief, Susan (Mrs.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  Flatonia, TX 78941		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Charlie (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  La Grange, TX 78945		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Jeff	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  La Grange, TX 78945		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Patsy (Mrs.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  La Grange, TX 78945		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/13 Rpt: 15/30
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 01/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Patsy (Mrs.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
<b>Date</b> 04/06/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Petras, Diane (Mrs.)	<b>Amount of Contribution (\$)</b> \$150.00
	<b>Contributor address; City; State; Zip Code</b>  La Grange, TX 78945	
<b>Principal occupation / Job title (See Instructions)</b> Plant Controller		<b>Employer (See Instructions)</b> Arkema
<b>Date</b> 03/14/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodibaugh, Cindy (Mrs.)	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Flatonia, TX 78941	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 03/14/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rutledge, Kimberley (Mrs.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Smithville, TX 78957	
<b>Principal occupation / Job title (See Instructions)</b> Rancher		<b>Employer (See Instructions)</b> Self
<b>Date</b> 02/02/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sacco, Connie (Mrs.)	<b>Amount of Contribution (\$)</b> \$40.00
	<b>Contributor address; City; State; Zip Code</b>  La Grange, TX 78945	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/13 Rpt: 16/30
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 04/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sacco, Connie (Mrs.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 03/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schaefer, Jean	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Schulenberg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Singletary, Dianne	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Fayetteville, TX 78940	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, LaMorris (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson Draper, Cheryl	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 13/13 Rpt: 17/30
2 FILER NAME Fayette County Republican Women		3 Filer ID (Ethics Commission Filers) 00054176
4 Date 04/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Topping, Patricia (Mrs.)	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code  West Point, TX 78963	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waska, Enid (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingo, Cindy	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code  Schulenberg, TX 78956	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingo, Cindy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Schulenberg, TX 78956	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wunderlich , Roger (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Fayetteville, TX 78940	
Principal occupation / Job title (See Instructions) Pct 2 Constable		Employer (See Instructions) Fayette County

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/13 Rpt: 20/30	<b>2</b> FILER NAME Fayette County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 03/14/2024	<b>5</b> Payee name Club Express	
<b>6</b> Amount (\$) \$0.80 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Settlement Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2024	Payee name Club Express	
Amount (\$) \$1.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Settlement Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2024	Payee name Club Express	
Amount (\$) \$7.10 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Settlement Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/13 Rpt: 21/30	<b>2</b> FILER NAME Fayette County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 04/01/2024	<b>5</b> Payee name Club Express	
<b>6</b> Amount (\$) \$30.66  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly expenses
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/03/2024	Payee name Club Express	
Amount (\$) \$3.70  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Settlement Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/19/2024	Payee name Club Express	
Amount (\$) \$1.40  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Settlement Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/13 Rpt: 22/30	<b>2</b> FILER NAME Fayette County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 04/24/2024	<b>5</b> Payee name Club Express	
<b>6</b> Amount (\$) \$1.40 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Settlement Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/01/2024	Payee name Club Express	
Amount (\$) \$34.86 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/22/2024	Payee name Club Express	
Amount (\$) \$2.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Settlement Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/13 Rpt: 23/30	<b>2</b> FILER NAME Fayette County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 05/28/2024	<b>5</b> Payee name Club Express	
<b>6</b> Amount (\$) \$2.44 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Settlement Fees
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/03/2024	Payee name Club Express	
Amount (\$) \$36.54 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/21/2024	Payee name Club Express	
Amount (\$) \$3.19 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Settlement Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/13 Rpt: 24/30	<b>2</b> FILER NAME Fayette County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 05/08/2024	<b>5</b> Payee name Fayette County Republican Party	
<b>6</b> Amount (\$) \$114.75  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P O Box 334  La Grange, TX 78945	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fair booth costs shared 50/50
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/07/2024	Payee name Frank, Deborah (Mrs.)	
Amount (\$) \$48.28  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1020 Konetzke Lane  La Grange, TX 78945	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 4th qtr newsletter printing cost
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2024	Payee name Frank, Deborah (Mrs.)	
Amount (\$) \$32.26  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1020 Konetzke Lane  La Grange, TX 78945	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing newsletter costs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/13 Rpt: 25/30	<b>2</b> FILER NAME Fayette County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054176
---	--	--

<b>4</b> Date 04/17/2024	<b>5</b> Payee name Frank, Deborah (Mrs.)
-----------------------------	--

<b>6</b> Amount (\$) \$137.48  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1020 Konetzke Lane  La Grange, TX 78945
---	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table banner for meetings
---------------------------------	---	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 01/17/2024	Payee name Frisch Auf Valley Country Club
--------------------	--

Amount (\$) \$540.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 575 Country Club Drive  La Grange, TX 78945
--	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense January 17th Meeting-reimbursed by members
-------------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 02/21/2024	Payee name Frisch Auf Valley Country Club
--------------------	--

Amount (\$) \$603.20  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 575 Country Club Drive  La Grange, TX 78945
--	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly meeting lunches reimbursed by members
-------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/13 Rpt: 26/30	<b>2</b> FILER NAME Fayette County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054176
---	--	--

<b>4</b> Date 03/20/2024	<b>5</b> Payee name Frisch Auf Valley Country Club
-----------------------------	---

<b>6</b> Amount (\$) \$439.75  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 575 Country Club Drive  La Grange, TX 78945
---	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly meeting lunches-reimbursed by members
---------------------------------	--	---

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 04/17/2024	Payee name Frisch Auf Valley Country Club
--------------------	--

Amount (\$) \$699.60  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 575 Country Club Drive  La Grange, TX 78945
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly meeting lunches reimbursed by members
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 05/15/2024	Payee name Frisch Auf Valley Country Club
--------------------	--

Amount (\$) \$611.05  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 575 Country Club Drive  La Grange, TX 78945
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly meeting lunches reimbursed by members
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/13 Rpt: 27/30	<b>2</b> FILER NAME Fayette County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054176
--	--	--

<b>4</b> Date 06/11/2024	<b>5</b> Payee name NBD Graphics
-----------------------------	-------------------------------------

<b>6</b> Amount (\$) \$2,193.69  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 917 S Mason Rd  Katy, TX 77450
---	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 525 Yard Signs
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/25/2024	Payee name Petras, Diane
--------------------	-----------------------------

Amount (\$) \$342.07  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7331 Mueller  La Grange, TX 78945
--	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Quick Books renewal
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 02/01/2024	Payee name TFRW
--------------------	--------------------

Amount (\$) \$250.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 171146  Austin, TX 78717
--	--

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Submission #2
-------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/13 Rpt: 28/30	<b>2</b> FILER NAME Fayette County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 03/13/2024	<b>5</b> Payee name TFRW	
<b>6</b> Amount (\$) \$125.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P O Box 171146  Austin, TX 78717	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Submission #3
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/19/2024	Payee name TFRW	
Amount (\$) \$125.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 171146  Austin, TX 78717	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Submission #4
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/10/2024	Payee name TFRW	
Amount (\$) \$25.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 171146  Austin, TX 78717	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for Hospitality expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/13 Rpt: 29/30	<b>2</b> FILER NAME Fayette County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 05/10/2024	<b>5</b> Payee name TFRW	
<b>6</b> Amount (\$) \$10.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P O Box 171146  Austin, TX 78717	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Beryl Dowd Leadership Scholarship Fund
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/20/2024	Payee name TFRW	
Amount (\$) \$150.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 171146  Austin, TX 78717	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Submission #5
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/20/2024	Payee name True the Vote	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 3109 #19128 Houston, TX 77253-3109	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/13 Rpt: 30/30	<b>2</b> FILER NAME Fayette County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 06/19/2024	<b>5</b> Payee name USPS	
<b>6</b> Amount (\$) \$84.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 113 E Colorado St  La Grange, TX 78945	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense P O Box rental one year
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/17/2024	Payee name Wingo, Cindy	
Amount (\$) \$7.46  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 609 College  Schulenburg, TX 78956	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Meeting copies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2024	Payee name Wingo, Cindy	
Amount (\$) \$54.10  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 609 College  Schulenburg, TX 78956	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards for the FCRW
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held