

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085167	2 Total pages filed: 66
3 COMMITTEE NAME Leander Area Republican Women		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 10/04/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 551 Leander, TX 78641		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Diane K.		
	NICKNAME LAST SUFFIX Herrera		
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2204 Traditions Court Leander, TX 78641		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2204 Traditions Court Leander, TX 78641		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (610) 585-7665		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2024 09/26/2024		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Leander Area Republican Women	13 Filer ID (Ethics Commission Filers) 00085167
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,405.55
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,872.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 22,965.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mrs. Diane K. Herrera

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

17 COMMITTEE NAME Leander Area Republican Women		18 Filer ID (Ethics Commission Filers) 00085167
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,941.78
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 463.77
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	\$ 11,872.30
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/45 Rpt: 4/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appenbrink, Johnna <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$210.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery, Mary Jane <hr/> Contributor address; City; State; Zip Code Marble Falls, TX 78654	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benton, Megan <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Strategic Policy Analyst		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birk, Carla <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birk, Carla <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$210.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/45 Rpt: 5/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Kalynn	7 Amount of Contribution (\$) \$130.25
6 Contributor address; City; State; Zip Code Georgetown, TX 78628		
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Kalynn	Amount of Contribution (\$) \$210.00
Contributor address; City; State; Zip Code Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Kalynn	Amount of Contribution (\$) \$10.50
Contributor address; City; State; Zip Code Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Kalynn	Amount of Contribution (\$) \$10.50
Contributor address; City; State; Zip Code Georgetown, TX 78628		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Donna	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) payroll administrator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/45 Rpt: 6/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Susan <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$21.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Susan <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Susan <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$78.75
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Susan <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Susan <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/45 Rpt: 7/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodwin, Terry <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) HR Consultant		9 Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonardi, Kathleen <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonardi, Kathleen <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$141.75
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonardi, Kathleen <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyle, Patti <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/45 Rpt: 8/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Donna 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions) Retired Teacher		9 Employer (See Instructions)
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Donna Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$17.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Janet Contributor address; City; State; Zip Code Belton, TX 76513	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchanan, Sherilyn Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.50
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkman, Brandi Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Healthcare Network Management		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/45 Rpt: 9/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Alison <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantrell, Lesa <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$52.50
Principal occupation / Job title (See Instructions) VP Resource Development		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantrell, Lesa <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$52.50
Principal occupation / Job title (See Instructions) VP Resource Development		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantrell, Lesa <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.50
Principal occupation / Job title (See Instructions) VP Resource Development		Employer (See Instructions)
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carper, Sharon <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78641	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) nurse		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/45 Rpt: 10/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carper, Sharon <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78641	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) nurse		9 Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carper, Sharon <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78641	Amount of Contribution (\$) \$17.00
Principal occupation / Job title (See Instructions) nurse		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudhari, Rupal <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.50
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudhari, Rupal <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.50
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudhari, Rupal <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$525.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/45 Rpt: 11/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colburn, Kara <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$42.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Mari <hr/> Contributor address; City; State; Zip Code Austin, TX 78732	Amount of Contribution (\$) \$10.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corona, Kimberly <hr/> Contributor address; City; State; Zip Code Austin, TX 78734	Amount of Contribution (\$) \$57.75
Principal occupation / Job title (See Instructions) Self Employed/Sales Director		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cosley, Irene <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cosley, Irene <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/45 Rpt: 12/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cosley, Irene <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$10.50
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowley, Stacy <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Product Manager/Owner		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENNETT, BAMBI <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$157.50
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Laura <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) PAC Leader/mom/sales and marketing		Employer (See Instructions)
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Laura <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) PAC Leader/mom/sales and marketing		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/45 Rpt: 13/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Laura <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$26.25
8 Principal occupation / Job title (See Instructions) PAC Leader/mom/sales and marketing		9 Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Laura <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.50
Principal occupation / Job title (See Instructions) PAC Leader/mom/sales and marketing		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Laura <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$78.75
Principal occupation / Job title (See Instructions) PAC Leader/mom/sales and marketing		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreams to Reality, LLC <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Lou Ann <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Financial Services		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/45 Rpt: 14/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Lou Ann <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Financial Services		9 Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Lou Ann <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Financial Services		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Lou Ann <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Financial Services		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Lou Ann <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Financial Services		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Lou Ann <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$105.00
Principal occupation / Job title (See Instructions) Financial Services		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/45 Rpt: 15/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning-Bostelman, Kay	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Cedar Park, TX 78613		
8 Principal occupation / Job title (See Instructions) business owner		9 Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning-Bostelman, Kay	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ecklund, Kathy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) sr director sales ops		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ecklund, Kathy	Amount of Contribution (\$) \$210.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) sr director sales ops		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Guy	Amount of Contribution (\$) \$210.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Retired Sales		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/45 Rpt: 16/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elton, Linda <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$130.25
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elton, Linda <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$10.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elton, Linda <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$10.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elton, Regg <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$157.50
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estill, Beckye <hr/> Contributor address; City; State; Zip Code Liberty Hill, TX 78642	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) court clerk		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/45 Rpt: 17/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estill, Beckye <hr/> 6 Contributor address; City; State; Zip Code Liberty Hill, TX 78642	7 Amount of Contribution (\$) \$84.00
8 Principal occupation / Job title (See Instructions) court clerk		9 Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estill, Beckye <hr/> Contributor address; City; State; Zip Code Liberty Hill, TX 78642	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) court clerk		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estill, Beckye <hr/> Contributor address; City; State; Zip Code Liberty Hill, TX 78642	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) court clerk		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Michelle <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$10.50
Principal occupation / Job title (See Instructions) Political Director		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everett, Pauline <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/45 Rpt: 18/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everett, Pauline <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everett, Pauline <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Rita <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) retired realtor		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Susan <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$10.50
Principal occupation / Job title (See Instructions) bookkeeper		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Susan <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) bookkeeper		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/45 Rpt: 19/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Susan <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$26.25
8 Principal occupation / Job title (See Instructions) bookkeeper		9 Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Susan <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$157.50
Principal occupation / Job title (See Instructions) bookkeeper		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friese, Katherine <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$78.75
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friese, Katherine <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friese, Katherine <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$262.50
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/45 Rpt: 20/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78725	7 Amount of Contribution (\$) \$157.50
8 Principal occupation / Job title (See Instructions) business owner		9 Employer (See Instructions)
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garriss, Melissa <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Mental Health Counselor		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary, Ge'Nell <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) HR Advisor		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary, Ge'Nell <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$78.75
Principal occupation / Job title (See Instructions) HR Advisor		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gochenour, Gloria <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) Retired RN		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/45 Rpt: 21/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gochenour, Gloria <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired RN		9 Employer (See Instructions)
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Melva <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) staff for Caroline Harris		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Melva <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) staff for Caroline Harris		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Viviane <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$10.50
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Jenny <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/45 Rpt: 22/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grissom, Terri <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$210.00
8 Principal occupation / Job title (See Instructions) Retired IT Manager		9 Employer (See Instructions)
Date 07/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Barsa <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Barsa <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris-Davila, Caroline <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78680	Amount of Contribution (\$) \$225.00
Principal occupation / Job title (See Instructions) policy advisor		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Karen <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired accounting		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/45 Rpt: 23/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Kat	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Leander, TX 78641		
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Kat	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Toni L	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) HR administrator		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haze, Crystal	Amount of Contribution (\$) \$210.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) financial systems analyst		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heffernan, Mary P Lombardo	Amount of Contribution (\$) \$262.50
Contributor address; City; State; Zip Code Austin, TX 78728		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/45 Rpt: 24/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 07/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Diane	7 Amount of Contribution (\$) \$26.25
6 Contributor address; City; State; Zip Code Leander, TX 78641		
8 Principal occupation / Job title (See Instructions) business owner, financial software firm		9 Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Diane	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) business owner, financial software firm		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Diane	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) business owner, financial software firm		Employer (See Instructions)
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Diane	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) business owner, financial software firm		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Diane	Amount of Contribution (\$) \$26.25
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) business owner, financial software firm		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/45 Rpt: 25/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hold, Pam	7 Amount of Contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code Austin, TX 78717		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hold, Pam	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78717		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hold, Pam	Amount of Contribution (\$) \$21.00
Contributor address; City; State; Zip Code Austin, TX 78717		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hold, Pam	Amount of Contribution (\$) \$125.00
Contributor address; City; State; Zip Code Austin, TX 78717		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hold, Pam	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78717		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/45 Rpt: 26/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hold, Pam	7 Amount of Contribution (\$) \$105.00
6 Contributor address; City; State; Zip Code Austin, TX 78717		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holliman, Kathie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78708		
Principal occupation / Job title (See Instructions) owner, Hollidaze		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holliman, Kathie	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Austin, TX 78708		
Principal occupation / Job title (See Instructions) owner, Hollidaze		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hysmith, Luann	Amount of Contribution (\$) \$210.00
Contributor address; City; State; Zip Code GEORGETOWN, TX 78628		
Principal occupation / Job title (See Instructions) nurse		Employer (See Instructions)
Date 08/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamison, Diana	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/45 Rpt: 27/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gwen	7 Amount of Contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code Leander, TX 78641		
8 Principal occupation / Job title (See Instructions) retired teacher		9 Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gwen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gwen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jenifer	Amount of Contribution (\$) \$78.75
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juhasz, Joann	Amount of Contribution (\$) \$10.50
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/45 Rpt: 28/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keelin, Dorothy <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Allison <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Allison <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$157.50
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Allison <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$52.50
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreimeyer, Virginia <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$73.50
Principal occupation / Job title (See Instructions) Retired USAF & Professor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/45 Rpt: 29/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levin, Sandra	7 Amount of Contribution (\$) \$59.00
6 Contributor address; City; State; Zip Code Leander, TX 78641		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindemann, Matthew	Amount of Contribution (\$) \$157.50
Contributor address; City; State; Zip Code Georgetown, TX 78627		
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindemann, Matthew	Amount of Contribution (\$) \$26.25
Contributor address; City; State; Zip Code Georgetown, TX 78627		
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Rachel	Amount of Contribution (\$) \$26.25
Contributor address; City; State; Zip Code Austin, TX 78727		
Principal occupation / Job title (See Instructions) LISD Music Instructor		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marler, Melinda	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/45 Rpt: 30/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinov, Lucy <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Linda <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Kate <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$130.25
Principal occupation / Job title (See Instructions) business operations		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Katharine <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$131.25
Principal occupation / Job title (See Instructions) business operations		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Stacy <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Contract Programmer/Data Analyst		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/45 Rpt: 31/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGee, Vicki <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$10.50
8 Principal occupation / Job title (See Instructions) Retired Minister		9 Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGee, Victoria <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.50
Principal occupation / Job title (See Instructions) Retired Ministry		Employer (See Instructions)
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcgee, Vicki <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Retired Minister		Employer (See Instructions)
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcgee, Vicki <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$14.00
Principal occupation / Job title (See Instructions) Retired Minister		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Militello, Colleen <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired Realtor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/45 Rpt: 32/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Militello, Colleen	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Leander, TX 78641		
8 Principal occupation / Job title (See Instructions) Retired Realtor		9 Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Militello, Colleen	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) Retired Realtor		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Laurie	Amount of Contribution (\$) \$52.50
Contributor address; City; State; Zip Code Austin, TX 78730		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naizer, Nancy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) Retired Graphic Designer		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naizer, Nancy	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) Retired Graphic Designer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/45 Rpt: 33/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naizer, Nancy	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Leander, TX 78641		
8 Principal occupation / Job title (See Instructions) Retired Graphic Designer		9 Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nardecchia, Shana	Amount of Contribution (\$) \$78.75
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) VP Marketing		Employer (See Instructions)
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nardecchia, Shana	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) VP Marketing		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Teresa	Amount of Contribution (\$) \$210.00
Contributor address; City; State; Zip Code Austin, TX 78727		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neff, Cheryl	Amount of Contribution (\$) \$26.25
Contributor address; City; State; Zip Code Austin, TX 78717		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/45 Rpt: 34/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Leary, Louri	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code AUSTIN, TX 78731		
8 Principal occupation / Job title (See Instructions) Office Administrator		9 Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owren, Sherilyn	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owren, Sherilyn	Amount of Contribution (\$) \$27.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owren, Sherilyn	Amount of Contribution (\$) \$27.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Mary	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/45 Rpt: 35/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion, Debra <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired Accounting		9 Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion-Parker, KATHRYN <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) fashion consultant/ City Councilmember-Leander		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion-Parker, Kathryn <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$78.75
Principal occupation / Job title (See Instructions) fashion consultant/ City Councilmember-Leander		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pataki, Emily <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Corporate Consultant		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearce, Christine <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/45 Rpt: 36/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearce, Christine <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$157.50
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pipes, Debbie <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pipes, Debbie <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pipes, Debbie <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prater, Gerald <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired Military		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/45 Rpt: 37/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulver, Marie <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$52.25
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulver, Marie <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulver, Marie <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulver, Marie <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$183.75
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purham, Randy <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired Consultant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/45 Rpt: 38/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Zelinda	7 Amount of Contribution (\$) \$27.00
6 Contributor address; City; State; Zip Code Austin, TX 78701		
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rightmyer, Kathryn	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Cedar Park, TX 78750		
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rightmyer, Kathryn	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Cedar Park, TX 78750		
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Dr. Evelyn	Amount of Contribution (\$) \$27.00
Contributor address; City; State; Zip Code Liberty Hill, TX 78642		
Principal occupation / Job title (See Instructions) Executive Consultant		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Dr. Evelyn	Amount of Contribution (\$) \$21.00
Contributor address; City; State; Zip Code Liberty Hill, TX 78642		
Principal occupation / Job title (See Instructions) Executive Consultant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/45 Rpt: 39/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Dr. Evelyn	7 Amount of Contribution (\$) \$12.00
6 Contributor address; City; State; Zip Code Liberty Hill, TX 78642		
8 Principal occupation / Job title (See Instructions) Executive Consultant		9 Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salahuddin, Amin	Amount of Contribution (\$) \$78.75
Contributor address; City; State; Zip Code Round Rock, TX 78681		
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saletta, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78732		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salkin, Kyara	Amount of Contribution (\$) \$10.50
Contributor address; City; State; Zip Code Cedar park, TX 78641		
Principal occupation / Job title (See Instructions) Human Resources		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sano, Wanda	Amount of Contribution (\$) \$157.50
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/45 Rpt: 40/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sano, Wanda <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$27.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwertner, Charles <hr/> Contributor address; City; State; Zip Code Austin, TX 78711	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) TX Senator		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Barbara <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) Banking/Business Development		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Barbara <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Banking/Business Development		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Barbara <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$10.50
Principal occupation / Job title (See Instructions) Banking/Business Development		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/45 Rpt: 41/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$157.50
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Stacy <hr/> Contributor address; City; State; Zip Code Burnet, TX 78611	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Rep for Ellen Troxclair		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Stacy <hr/> Contributor address; City; State; Zip Code Burnet, TX 78611	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Rep for Ellen Troxclair		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staudt, Edna <hr/> Contributor address; City; State; Zip Code Leander, TX 78646	Amount of Contribution (\$) \$105.00
Principal occupation / Job title (See Instructions) Retired Judge		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TFRW <hr/> Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$1,600.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/45 Rpt: 42/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Tim	7 Amount of Contribution (\$) \$210.00
6 Contributor address; City; State; Zip Code Cedar Park, TX 78613		
8 Principal occupation / Job title (See Instructions) Real estate broker		9 Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Tim	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) Real estate broker		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teich, Kim	Amount of Contribution (\$) \$10.50
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) retired insurance adjuster		Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Comptroller of Public Accounts	Amount of Contribution (\$) \$156.53
Contributor address; City; State; Zip Code Austin, TX 78711		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theisman, Jan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/45 Rpt: 43/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thurmond, Lelia <hr/> 6 Contributor address; City; State; Zip Code Cedar Park, TX 78613	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) retired nurse		9 Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troxclair, Ellen <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Jennifer <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virissimo, Odette <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) Retired Interior Decorator		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virissimo, Odette <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Retired Interior Decorator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/45 Rpt: 44/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virissimo, Odette	7 Amount of Contribution (\$) \$183.75
6 Contributor address; City; State; Zip Code Leander, TX 78641		
8 Principal occupation / Job title (See Instructions) Retired Interior Decorator		9 Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Denise	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) Retired Sr Clinical Research Assoc		Employer (See Instructions)
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Zenia	Amount of Contribution (\$) \$21.00
Contributor address; City; State; Zip Code Killeen, TX 76542		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warrick, Amy	Amount of Contribution (\$) \$104.50
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) real estate broker/ business owner		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warrick, Amy	Amount of Contribution (\$) \$52.50
Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) real estate broker/ business owner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/45 Rpt: 45/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warrick, Amy <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$21.00
8 Principal occupation / Job title (See Instructions) real estate broker/ business owner		9 Employer (See Instructions)
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warrick, Amy <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) real estate broker/ business owner		Employer (See Instructions)
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Michael <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Alyson <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) research director		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Alyson <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$36.75
Principal occupation / Job title (See Instructions) research director		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/45 Rpt: 46/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wornardt, Rochelle <hr/> 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Staff - Terry Wilsons office		9 Employer (See Instructions)
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wornardt, Rochelle <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Staff - Terry Wilsons office		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wornardt, Rochelle <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) Staff - Terry Wilsons office		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wornardt, Rochelle <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$10.50
Principal occupation / Job title (See Instructions) Staff - Terry Wilsons office		Employer (See Instructions)
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeduru, Pulla reddy <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.50
Principal occupation / Job title (See Instructions) Real Estate Investor and Software Engineer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/45 Rpt: 47/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yelaun, Anna <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$27.00
8 Principal occupation / Job title (See Instructions) State Director		9 Employer (See Instructions)
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yelaun, Anna <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) State Director		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yelaun, Anna <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) State Director		Employer (See Instructions)
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) thomas, cheryl <hr/> Contributor address; City; State; Zip Code Leander, TX 89741	Amount of Contribution (\$) \$104.50
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) turner, jennifer <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/45 Rpt: 48/66
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) turner, jennifer 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$26.25
8 Principal occupation / Job title (See Instructions) Retired Teacher		9 Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) turner, jennifer Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$26.25
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 49/66	
2 FILER NAME Leander Area Republican Women		3 Filer ID (Ethics Commission Filers) 00085167	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 07/01/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreimeyer, Virginia <hr style="border-top: 1px dotted black;"/> 7 Contributor address; City; State; Zip Code Cedar Park, TX 78613	8 Amount of contribution (\$) \$463.77	9 In-kind contribution description Books for Literacy Project
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired USAF & Professor		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Check if travel outside of Texas. Complete Schedule T.

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/17 Rpt: 50/66	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/04/2024	5 Payee name Caroline Harris Davila for State Representative	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 700 Round Rock, TX 78680	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign support
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2024	Payee name Daily Spread	
Amount (\$) \$189.44 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1075 North Lakeline Suite 101 Cedar Park, TX 78613	
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 catering
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name Dollar tree	
Amount (\$) \$73.07 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1335 E. Whitestone Blvd #G-250 Cedar Park, TX 78613	
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 decorations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/17 Rpt: 51/66	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/12/2024	5 Payee name Education Connection	
6 Amount (\$) \$309.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 340052 Austin, TX 78734	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/12/2024	Payee name Facilities Resource Inc.	
Amount (\$) \$664.13 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1641 Scottsdale Leander, TX 78641	
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 event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2024	Payee name Facilities Resource Inc.	
Amount (\$) \$664.13 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1641 Scottsdale Leander, TX 78641	
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 event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/17 Rpt: 52/66	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
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4 Date 07/25/2024	5 Payee name Greater Giving
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6 Amount (\$) \$1.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/19/2024	Payee name Greater Giving
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Amount (\$) \$4.66 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193
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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 fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/05/2024	Payee name Greater Giving
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Amount (\$) \$13.31 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193
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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 fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/17 Rpt: 53/66	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/29/2024	5 Payee name Greater Giving	
6 Amount (\$) \$43.32 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
8 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 fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2024	Payee name Greater Giving	
Amount (\$) \$49.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
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 fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2024	Payee name Greater Giving	
Amount (\$) \$68.44 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
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 fees
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.

1 Total pages Schedule F1: Sch: 5/17 Rpt: 54/66	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/08/2024	5 Payee name Greater Giving	
6 Amount (\$) \$34.77 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
8 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 fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$9.27 <input type="checkbox"/> Expenditure from corporate funds	Payee name Greater Giving Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
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 fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/26/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$57.83 <input type="checkbox"/> Expenditure from corporate funds	Payee name Greater Giving Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
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 fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/17 Rpt: 55/66	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/19/2024	5 Payee name Greater Giving	
6 Amount (\$) \$18.40 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 935886 Atlanta, GA 31193	
8 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 fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/12/2024	Candidate/Officeholder name Greater Giving	
Amount (\$) \$37.75 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 935886 Atlanta, GA 31193	
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 fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/05/2024	Candidate/Officeholder name Greater Giving	
Amount (\$) \$122.90 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 935886 Atlanta, GA 31193	
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 fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/17 Rpt: 56/66	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 07/02/2024	5 Payee name Hobbs, Dee	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 701 CR 134 Hutto, TX 78634	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign support
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name Hobby Lobby	
Amount (\$) \$194.87 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1501 E. Whitestone Bldg D Cedar Park, TX 78613	
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 decorations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2024	Payee name Hyatt Place	
Amount (\$) \$114.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1315 East New Hope Drive Cedar Park, TX 78641	
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 event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/17 Rpt: 57/66	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
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4 Date 07/15/2024	5 Payee name Intuit
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6 Amount (\$) \$31.98	7 Payee address; City; State; Zip Code 2800 E. Commerce Center Place Tucson, AZ 85706
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/15/2024	Payee name Intuit
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Amount (\$) \$37.31	Payee address; City; State; Zip Code 2800 E. Commerce Center Place Tucson, AZ 85706
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2024	Payee name Intuit
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Amount (\$) \$37.31	Payee address; City; State; Zip Code 2800 E. Commerce Center Place Tucson, AZ 85706
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/17 Rpt: 58/66	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/24/2024	5 Payee name Jason's Deli	
6 Amount (\$) \$639.11 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4811 183A Toll Road Cedar Park, TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense catering
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/02/2024	Candidate/Officeholder name Lindemann, Matthew	
Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 07/02/2024	Payee name Lindemann, Matthew	
Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1213 Georgetown, TX 78627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/03/2024	Candidate/Officeholder name Mailchimp	
Amount (\$) \$13.86 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 07/03/2024	Payee name Mailchimp	
Amount (\$) \$13.86 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/17 Rpt: 59/66	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 07/25/2024	5 Payee name Maynard, Tom	
6 Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 625 Florence, TX 76527	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign support
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/25/2024	Payee name Minuteman Press	
Amount (\$) \$81.19 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 715 Discovery Blvd #401 Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/13/2024	Payee name Minuteman Press	
Amount (\$) \$27.06 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 715 Discovery Blvd #401 Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/17 Rpt: 60/66	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/21/2024	5 Payee name Office Depot	
6 Amount (\$) \$103.91 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1105 C-Bar Ranch Trl Cedar Park, TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 printing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2024	Candidate/Officeholder name Parker, Gina	
Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 5015 Fort Ave. Waco, TX 76710	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/25/2024	Candidate/Officeholder name PrintRunner	
Amount (\$) \$232.20 <input type="checkbox"/> Expenditure from corporate funds	Office sought 8000 Haskell Ave. Van Nuys, CA 91406	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
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.

1 Total pages Schedule F1: Sch: 12/17 Rpt: 61/66	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
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4 Date 08/08/2024	5 Payee name Reunion Ranch
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 850 CR 255 Georgetown, TX 78633
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/10/2024	Payee name Reunion Ranch
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 850 CR 255 Georgetown, TX 78633
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/27/2024	Payee name Saulo Cooper Catering
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Amount (\$) \$609.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3911 Winchester Drive Cedar Park, TX 78613
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense catering
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/17 Rpt: 62/66	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 07/08/2024	5 Payee name Square	
6 Amount (\$) \$30.91 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
8 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 fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2024	Payee name Square	
Amount (\$) \$6.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
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 fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name Square	
Amount (\$) \$30.91 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 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.

1 Total pages Schedule F1: Sch: 14/17 Rpt: 63/66	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
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4 Date 07/25/2024	5 Payee name TFRW
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6 Amount (\$) \$101.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041
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8 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 fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/23/2024	Payee name TFRW
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041
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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 fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name TFRW
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Amount (\$) \$126.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041
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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 fees
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/17 Rpt: 64/66	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/03/2024	5 Payee name TFRW	
6 Amount (\$) \$166.67 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041	
8 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 fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name Walmart	
Amount (\$) \$108.21 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 201 Walton Way Cedar Park, TX 78613	
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 decorations
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2024	Payee name mailchimp	
Amount (\$) \$13.86 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/17 Rpt: 65/66	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 09/03/2024	5 Payee name mailchimp	
6 Amount (\$) \$13.86 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/27/2024	Candidate/Officeholder name square	
Amount (\$) \$8.89 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1455 Market Street Suite 600 San Francisco, CA 94103	
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 fees
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/22/2024	Candidate/Officeholder name square	
Amount (\$) \$0.89 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1455 Market Street Suite 600 San Francisco, CA 94103	
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 fees
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/17 Rpt: 66/66	2 FILER NAME Leander Area Republican Women	3 Filer ID (Ethics Commission Filers) 00085167
4 Date 08/07/2024	5 Payee name square	
6 Amount (\$) \$30.91 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 website
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held