FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00018802 3 COMMITTEE NAME **OFFICE USE ONLY** McLennan County Republican Women PAC Date Received **ELECTRONICALLY FILED** 10/07/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 7291 Date Hand-delivered or Date Postmarked Change of Address Waco, TX 76710 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Frederick C. NAME NICKNAME LAST **SUFFIX** Tate STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 959 W Glade Rd STREET **ADDRESS** (Residence or Business) Hurst, TX 76054 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 953 MAILING **ADDRESS** Colleyville, TX 76034 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 290-7500 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	•
1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported	
(Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 5 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	
2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 5 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ STATE OF THE OTTO AND STATE OF LOANS OF CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 1. EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	
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Clescribe by date and location of election and nature of issue.) B. Opposed	
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 5 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) Check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	
Assisted (Identify by name or, if applicable, classify by party.) 5 CONTRIBUTION TOTAL 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	
TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	0.00
I h	7,290.33
TOTALS \$	0.00
4. TOTAL POLITICAL EXPENDITURES \$	5,396.30
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 20	6,116.94
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$	0.00
6 AFFIDAVIT	
I swear, or affirm, under penalty of perjury, that the accompanying repor true and correct and includes all information required to be reported by r under Title 15, Election Code.	
Mr. Frederick C. Tate	
Signature of Campaign Treasurer	
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said, this theday	,
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 oa	<u> </u>

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

				3 of 162					
17 COMMITT McLenna	EE NAME n County Republican Women PAC	18 Filer ID 00018802	(Ethics Con	nmission Filers)					
	E SUBTOTALS SCHEDULE		SUBTO	OTAL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	17,290.33					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	\$								
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION								
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$						
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$						
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION								
9.	SCHEDULE E: LOANS		\$						
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	25,396.30					
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$						

	MONET	ARY POLITICAL CONT	SCHEDULE A				
	The Instruc	ction Guide explains how to con	nplete this forr	m.	1	Total pages Schedule A1: Sch: 1/60 Rpt: 4/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 08/02/2024	 Full name of contributor out-of Aman, Janine Contributor address; City; State; Zip C)	7	Amount of Contribution (\$)	\$29.17
_	Deinsinal	Woodway, TX 76712	lo-	Francis vou (Coo la obre etiono			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 09/10/2024	Full name of contributor out-of Anderson, Charles Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$56.00
	Dringing! goog	Lorena, TX 76655		Employer (Con Instructions	_		
	retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 09/10/2024	Full name of contributor out-of Anderson, Deborah Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$28.00
		Waco, TX 76710					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/06/2024	Arend, Liz	-state PAC (ID#: Code			Amount of Contribution (\$)	\$29.17
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 07/19/2024	Arend, Liz and Lew	-state PAC (ID#:			Amount of Contribution (\$)	\$104.17
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			·				

	MONET	ARY POLITICAL CONTRIB	SCHEDULE A				
	The Instruc	ction Guide explains how to complet	e this for	m.	1	Total pages Schedule A1: Sch: 2/60 Rpt: 5/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	r Filers)
4	Date 08/06/2024	 5 Full name of contributor out-of-state F Atkins, Pat 6 Contributor address; City; State; Zip Code 	,)	7	Amount of Contribution (\$)	\$29.17
_		Waco, TX 76712	1-		Ĺ		
8	Judge (CCL3	pation / Job title (See Instructions) 3)	9	Employer (See Instructions McLennan County	S)		
	Date 09/05/2024	Full name of contributor out-of-state F Atkins, Pat Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$29.17
	Dringing aggr	Waco, TX 76712		Employer (Cool potruction	<u></u>		
	Judge (CCL3	pation / Job title (See Instructions) 3)		Employer (See Instructions McLennan County	5)		
	Date 08/30/2024	Full name of contributor out-of-state F Averitt, Kathryn Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$29.17
		WACO, TX 76712					
	Principal occu owner	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/08/2024	Full name of contributor out-of-state F Ballew, Denise Contributor address; City; State; Zip Code Hewitt, TX 76643)		Amount of Contribution (\$)	\$29.17
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>I</u> S)		
	Date 08/13/2024	Full name of contributor out-of-state F Ballew, Denise Contributor address; City; State; Zip Code Hewitt, TX 76643	PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
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	MONET	ARY POLITICAL C	IS 	SCHEDULE A			
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 3/60 Rpt: 6/162	
2	FILER NAME McLennan C	ounty Republican Women PA	C		3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 09/06/2024	5 Full name of contributor Ballew, Denise6 Contributor address; City; St.	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$29.17
		Hewitt, TX 76643					
8	Principal occu Retired	pation / Job title (See Instructions	9	Employer (See Instructions Retired	s)		
	Date 09/06/2024	Full name of contributor Barron, Kimberly Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$28.00
	Principal occu	China Spring, TX 76633 pation / Job title (See Instructions		Employer (See Instructions	s)		
	Retired	panon / dob and (doe mondono)		Retired	-,		
	Date 09/06/2024	Full name of contributor Bauer, Judy Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$29.17
		Waco, TX 76710					
	Principal occu Retired	pation / Job title (See Instructions		Employer (See Instructions Retired	5)		
	Date 08/02/2024	Full name of contributor Beach, Chuck Contributor address; City; St. Waco, TX 76714	out-of-state PAC (ID#: ate; Zip Code)	-	Amount of Contribution (\$)	\$29.17
	Principal occu Administrato	pation / Job title (See Instructions r		Employer (See Instructions US House of Represent		/es	
	Date 08/07/2024	Full name of contributor Bottenfield, Linda Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$29.17
	Principal occu Substitute Te	pation / Job title (See Instructions eacher		Employer (See Instructions MISD	5)		
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	MONET	ARY POLITICAL (IS	SCHEDULE				
	The Instru	ction Guide explains how	to complete this fo	ori	n.	1	Total pages Schedule A1: Sch: 4/60 Rpt: 7/162	
2	FILER NAME McLennan C	County Republican Women PA	AC .			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 08/13/2024	5 Full name of contributor Bottenfield, Linda6 Contributor address; City; St	out-of-state PAC (ID#:_ cate; Zip Code			7	Amount of Contribution (\$)	\$20.00
		Lorena, TX 76655						
8	Principal occu Substitute Te	pation / Job title (See Instructions eacher	;) 	9	Employer (See Instructions MISD	s) 		
	Date 09/06/2024	Full name of contributor Bottenfield, Linda Contributor address; City; S	out-of-state PAC (ID#:_ iate; Zip Code)		Amount of Contribution (\$)	\$29.17
	Principal occu	Lorena, TX 76655 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u>		
	Substitute Te		,		MISD	-,		
	Date Full name of contributor out-of-state PAC (ID#:) 07/30/2024 Boyd, Patricia Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$40.00			
		Waco, TX 76712						
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		
	Date 07/31/2024	Full name of contributor Boyd, Patricia Contributor address; City; S Waco, TX 76712	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$29.17
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	5)		
	Date 07/16/2024	Full name of contributor Braden, Janet Contributor address; City; Si Crawford, TX 76638	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$260.42
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBI	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 5/60 Rpt: 8/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 07/30/2024	 Full name of contributor out-of-state PA Braden, Janet Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$29.17
_		Crawford, TX 76638					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 09/24/2024	Full name of contributor out-of-state PA Braden, Janet Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$58.33
	Principal occu	Crawford, TX 76638 pation / Job title (See Instructions)		Employer (See Instructions	:, 		
	Retired	pation / Job title (See Instructions)		Retired	·)		
	Date 08/08/2024	Full name of contributor out-of-state PA Brooks, Joyce Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$29.17
		Waco, TX 78706					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/27/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	Clifton, TX 76634 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 08/13/2024	Full name of contributor out-of-state PA Butler, Pam Contributor address; City; State; Zip Code Waco, TX 76710				Amount of Contribution (\$)	\$40.00
	Principal occu Self-Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Self-Employed	5)		
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	MONET	ARY POLITICAL (S	SCHEDULE A				
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 6/60 Rpt: 9/162	
2	FILER NAME McLennan C	ounty Republican Women PA	.C			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 08/13/2024	5 Full name of contributor Butler, Pam6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$20.00
		Waco, TX 76710						
8	Principal occu Self-Employe	pation / Job title (See Instructions ed	(1)		Employer (See Instructions Self-Employed	5)		
	Date 08/26/2024	Full name of contributor Butler, Pam Contributor address; City; S	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$100.00
	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Self-Employe	ed			Self-Employed			
	Date 08/27/2024	Full name of contributor Butler, Pam Contributor address; City; S	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$29.17
		Waco, TX 76710						
	Principal occu Self-Employe	pation / Job title (See Instructions ed)		Employer (See Instructions Self-Employed	5)		
	Date 09/10/2024	Full name of contributor Butler, Pam Contributor address; City; S Waco, TX 76710	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$20.00
	Principal occu Self-Employe	pation / Job title (See Instructions ed)		Employer (See Instructions Self-Employed	5)		
	Date 08/03/2024	Full name of contributor Byers, Helen Contributor address; City; Si Lorena, TX 76655	out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$58.33
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
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	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 7/60 Rpt: 10/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 08/13/2024	5 Full name of contributorByers, Helen6 Contributor address; City; State	out-of-state PAC (ID#:;)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Lorena, TX 76655 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Retired			Retired			
	Date 08/31/2024	Full name of contributor Byers, Helen Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code)		Amount of Contribution (\$)	\$58.33
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 08/09/2024	Full name of contributor Caronia, Tyler Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code			Amount of Contribution (\$)	\$56.00
		Lorena, TX 76655					
	-	pation / Job title (See Instructions) duler/Field Coordinator		Employer (See Instructions US House of Represent		/es	
Date 09/05/2024		Full name of contributor Caronia, Tyler Contributor address; City; State				Amount of Contribution (\$)	\$56.00
	Dringing con	Lorena, TX 76655		Employer (Coo Instructions	_		
	•	pation / Job title (See Instructions) duler/Field Coordinator		Employer (See Instructions US House of Represent		/es	
	Date 08/09/2024	Full name of contributor Casey, Wayne Contributor address; City; State Lorena, TX 76655-3145)		Amount of Contribution (\$)	\$58.33
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Press upgrad	des/repair		Self			

	MONET	ARY POLITICAL CONTRIE	SCHEDULE A				
	The Instruc	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 8/60 Rpt: 11/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 08/28/2024	 Full name of contributor out-of-state Castillo, Patty Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$300.00
•	Dringing aggu	Woodway, TX 76712	lo.	Employer (See Instructions			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	»)		
	Date 09/02/2024	Full name of contributor out-of-state Castillo, Patty Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$29.17
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 08/09/2024	Full name of contributor out-of-state Cates, Eleanor Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$28.00
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/08/2024	Clark, Karen	PAC (ID#:)		Amount of Contribution (\$)	\$29.17
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 08/30/2024	Full name of contributor out-of-state Coats, Melinda Contributor address; City; State; Zip Code Waco, TX 76707				Amount of Contribution (\$)	\$29.17
	Principal occu Administrativ	pation / Job title (See Instructions)		Employer (See Instructions Baylor School of Music	5)		
	· animoually		1	Laylor Solloor of Music			

	MONET	ARY POLITICAL C	SCHEDULE A				
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 9/60 Rpt: 12/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 09/10/2024	5 Full name of contributor [Coblentz, Becky6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$28.00
_		Hewitt, TX 76643					
8	Principal occu retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 09/03/2024	Full name of contributor Coker, Kathy Contributor address; City; Sta)		Amount of Contribution (\$)	\$28.00
	Principal occu	Waco, TX 76705 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired			Retired			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$104.17	
		Hewitt, TX 76643					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()		
	Date 07/30/2024	Full name of contributor [Console, Nikki Contributor address; City; Sta Hewitt, TX 76643	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$58.33
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/04/2024	Full name of contributor Console, Nikki Contributor address; City; Sta Hewitt, TX 76643	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$29.17
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			,				

	MONET	ARY POLITICAL CONTRI	SCHEDULE A				
	The Instru	ction Guide explains how to compl	ete this for	n.	1	Total pages Schedule A1: Sch: 10/60 Rpt: 13/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 09/25/2024	 Full name of contributor out-of-state out-of-state out-of-state console, Nikki Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$87.50
_	5	Hewitt, TX 76643	- la		<u></u>		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 08/09/2024	Cross, Barbara				Amount of Contribution (\$)	\$28.00
	Delicalization	McGregor, TX 76657	1	Formula and (On a long town at long and			
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/03/2024	Full name of contributor out-of-state Cross, Barbara Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$28.00
		McGregor, TX 76657					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
Date 07/30/2024		Croy, Julie)		Amount of Contribution (\$)	\$58.33
	Principal occu Homemaker	China Spring, TX 76633 pation / Job title (See Instructions)		Employer (See Instructions Homemaker	<u> </u> s)		
	Date 08/21/2024	Croy, Ted				Amount of Contribution (\$)	\$52.08
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Liberty University	5)		
			I				

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 11/60 Rpt: 14/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 09/01/2024	Croy, Ted	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$58.33
		China Spring, TX 76633	ļ				
8	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Liberty University	5)		
	Date 07/30/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$28.00
	Delicalization	Lorena, TX 76655		Facelores (Carabastication)	$\overline{\Gamma}$		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/27/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$28.00
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 08/09/2024	Full name of contributor				Amount of Contribution (\$)	\$116.67
	Principal occu Accounting	pation / Job title (See Instructions)		Employer (See Instructions PJC Investments, LLC	<u> </u> 5)		
	Date 09/03/2024	Full name of contributor Curry, Alicia Contributor address; City; State; 2 Waco, TX 78711	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$58.33
	Principal occu Accounting	pation / Job title (See Instructions)		Employer (See Instructions PJC Investments, LLC	5)		
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MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDUL	E A1
The Instru	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 12/60 Rpt: 15/162	
FILER NAME McLennan C	County Republican Women PAC		3	Filer ID (Ethics Commission 00018802	n Filers)
Date 09/03/2024	 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$29.17
Principal occu	Waco, TX 78711 pation / Job title (See Instructions)	9 Employer (See Instructions PJC Investments, LLC	s)		
Date 09/10/2024	Full name of contributor out-of-state PAC Davega, Diane Contributor address; City; State; Zip Code Woodway, TX 76712			Amount of Contribution (\$)	\$60.00
Principal occurretired	pation / Job title (See Instructions)	Employer (See Instructions retired	<u> </u> s)		
Date 08/13/2024	Full name of contributor out-of-state PAC Davega, Dianne Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$84.00
Principal occu	Moodway, TX 76712 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
Date 09/05/2024	Full name of contributor out-of-state PAC Davega, Dianne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$29.17
Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
Date 09/25/2024	Full name of contributor out-of-state PAC Davega, Dianne Contributor address; City; State; Zip Code Woodway, TX 76712			Amount of Contribution (\$)	\$58.33
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	<u>I</u> s)		
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	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 13/60 Rpt: 16/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 08/02/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$28.00
_	5	Woodway, TX 76712	_	5 1 (0 1 1 1			
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	s) 		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_ Davis, Jeanie (Norma) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Dringing! goog	Woodway, TX 76712		Employer (See Instructions	<u></u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	»)		
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID#:_ Davis, Leslie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$29.17
		China Spring, TX 76633					
	Principal occu Sales Manaç	pation / Job title (See Instructions) ger		Employer (See Instructions M & M Broadcasters	5)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Davis, Norma Jeanie Christian Contributor address; City; State; Zip Code Woodway, TX 76712)		Amount of Contribution (\$)	\$29.17
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#:_ DeCluitt, Christopher Contributor address; City; State; Zip Code Waco, TX 76710				Amount of Contribution (\$)	\$28.00
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions The Sovereign Corpora		1	

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 14/60 Rpt: 17/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 09/05/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$28.00
8	Dringing oggu	Lorena, TX 76655	lo.	Employer (See Instructions	<u></u>		
•	Retired	pation / Job title (See Instructions)	l ⁹	Employer (See Instructions Retired	·)		
	Date 07/31/2024	Full name of contributor out-of-state PA Dowell, Patti Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$29.17
	Dringing agg	Waco, TX 76712		Employer (See Instructions	<u>''</u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	·)		
	Date 09/26/2024	Full name of contributor out-of-state PADriver, Terri Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$58.33
		Waco, TX 76710					
	Principal occu owner	pation / Job title (See Instructions)		Employer (See Instructions Waco Bottling LLC	5)		
	Date 08/07/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$28.00
	Principal occu Consultant	McGregor, TX 76657 pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	<u> </u> s)		
	Date 08/13/2024	Full name of contributor out-of-state PADuke, Devvie Contributor address; City; State; Zip Code McGregor, TX 76657)		Amount of Contribution (\$)	\$20.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	s)		
			1				

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 15/60 Rpt: 18/162	
2	FILER NAME McLennan C	County Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 08/08/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$56.00
_	Delicalization	Waco, TX 76714		Fanda and (Carabantan times	<u></u>		
8	Business Ov	pation / Job title (See Instructions) vner	9	Employer (See Instructions Self Employed	5)		
	Date 08/09/2024	Full name of contributor out-of-state PAC Elredy, Joelle Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$28.00
		China Spring, TX 76633	-		Ĺ		
		pation / Job title (See Instructions) ervices associate		Employer (See Instructions Echo Canyon Consultin			
	Date 07/31/2024	Full name of contributor out-of-state PAC Endres, Kathy Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$520.83
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 08/09/2024	Full name of contributor out-of-state PAC Endres, Kathy Contributor address; City; State; Zip Code Woodway, TX 76712)		Amount of Contribution (\$)	\$29.17
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/06/2024	Full name of contributor out-of-state PAC Endres, Kathy Contributor address; City; State; Zip Code Woodway, TX 76712)		Amount of Contribution (\$)	\$29.17
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/60 Rpt: 19/162	
2	FILER NAME McLennan C	ounty Republican Women PAC		3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 09/04/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$29.17
8	Principal occu	Hewitt, TX 76643 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Retired	,	Retired			
	Date 08/07/2024	Full name of contributor			Amount of Contribution (\$)	\$58.33
	Principal occu	China Spring, TX 76633 pation / Job title (See Instructions)	Employer (See Instructions			
	Sheriff's Office		McLennan County	,		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_Eubank, Rebecca Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$56.00
		China Spring, TX 76633				
	Sheriff's Offic	pation / Job title (See Instructions) ce	Employer (See Instructions McLennan County)		
	Date 08/08/2024	Full name of contributor out-of-state PAC (ID#:_Ferrera, Caren Contributor address; City; State; Zip Code Waco, TX 76712			Amount of Contribution (\$)	\$29.17
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 09/01/2024	Full name of contributor out-of-state PAC (ID#:_Ferrera, Caren Contributor address; City; State; Zip Code Waco, TX 76712			Amount of Contribution (\$)	\$29.17
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 17/60 Rpt: 20/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 08/07/2024	 Full name of contributor out-of-state PAC (ID#:_Fredricks, Deborah Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$29.17
8	Principal occu	West, TX 76691 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
-	Retired			Retired	,		
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID#:_ Goebel, Nancy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$312.50
		Woodway, TX 76712	_				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#:_ Goebel, Nancy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$28.00
		Woodway, TX 76712	_				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Goebel, Nancy Contributor address; City; State; Zip Code Woodway, TX 76712)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>(</u>		
	Date 08/27/2024	Full name of contributor out-of-state PAC (ID#:_Granger, Angela Contributor address; City; State; Zip Code Lorena, TX 76655				Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	. (s)		
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	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 18/60 Rpt: 21/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 07/30/2024	5 Full name of contributor [Granger, Angie6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$28.00
_	5	Lorena, TX 76655	10		<u></u>		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 07/30/2024	Full name of contributor [Greene, Susan Contributor address; City; Sta)	•	Amount of Contribution (\$)	\$29.17
		Lorena, TX 76655	1		L		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	S)		
	Date 08/13/2024	Full name of contributor [Greene, Susan Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		•	Amount of Contribution (\$)	\$20.00
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/27/2024	Full name of contributor Greene, Susan Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	•	Amount of Contribution (\$)	\$29.17
	Principal occu Retired	Lorena, TX 76655 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> s)		
	Date 08/01/2024	Full name of contributor Hanes, Mary Contributor address; City; Sta Crawford, TX 76638	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
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	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 19/60 Rpt: 22/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 08/13/2024	 Full name of contributor out-of-state PAC (I Hanes, Mary Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$20.00
_		Crawford, TX 76638	- 1-				
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 09/02/2024	Full name of contributor			•	Amount of Contribution (\$)	\$28.00
	Principal occu	Crawford, TX 76638 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired	,,		Retired	,		
	Date 08/13/2024	Full name of contributor out-of-state PAC (I Harder, Ann Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$40.00
		Waco, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/27/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$58.33
	Principal occu Retired	Waco, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> s)		
	Date 08/08/2024	Full name of contributor out-of-state PAC (I Hensley, Dianne Contributor address; City; State; Zip Code Waco, TX 76710)		Amount of Contribution (\$)	\$29.17
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions McLennan County	5)		
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	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDULI	E A1
	The Instru	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 20/60 Rpt: 23/162	
2	FILER NAME McLennan C	county Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 09/03/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$58.33
8	Dringing oggu	Waco, TX 76710 pation / Job title (See Instructions)	lo lo	Employer (See Instructions	<u>,,</u>		
0	Justice of the		9	McLennan County	·)		
	Date 08/06/2024	Full name of contributor out-of-state Herbelin, Patricia Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$58.33
		Lorena, TX 76655					
	•	pation / Job title (See Instructions) Preparedness Coordinator		Employer (See Instructions CATRAC	s)		
	Date 09/03/2024	Full name of contributor out-of-state Herbelin, Patricia Contributor address; City; State; Zip Code	e PAC (ID#:)	•	Amount of Contribution (\$)	\$29.17
		Lorena, TX 76655					
	•	pation / Job title (See Instructions) Preparedness Coordinator		Employer (See Instructions CATRAC	s)		
	Date 09/10/2024	Herbelin, Patricia)	•	Amount of Contribution (\$)	\$35.00
	•	pation / Job title (See Instructions) Preparedness Coordinator		Employer (See Instructions CATRAC	5)		
	Date 08/13/2024	Full name of contributor out-of-state Hodson, David Contributor address; City; State; Zip Code Hewitt, TX 76643	e PAC (ID#:			Amount of Contribution (\$)	\$56.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Advanced Financial Stra		nies	
	. resident			. aranosa i manota ott		g	

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 21/60 Rpt: 24/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 09/05/2024	5 Full name of contributor [Hodson, David6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$56.00
_		Hewitt, TX 76643	1.				
8	Principal occu President	pation / Job title (See Instructions)	9	Employer (See Instructions Advanced Financial Stra		gies	
	Date 07/20/2024	Full name of contributor [Hoeher, Angelika Contributor address; City; Sta)		Amount of Contribution (\$)	\$500.00
	Principal occu	Lorena, TX 76655 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Retired	pation / 300 title (See Instructions)		Retired	•)		
	Date 07/31/2024	Full name of contributor [Hoeher, Angelika Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$84.00
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 08/28/2024	Full name of contributor [Hoeher, Angelika Contributor address; City; Sta Lorena, TX 76655	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$84.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 07/17/2024	Full name of contributor Hohn, Judith Contributor address; City; Sta WACO, TX 76705	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$104.17
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			·				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 22/60 Rpt: 25/162	
2	FILER NAME McLennan C	county Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 08/28/2024	5 Full name of contributor Hohn, Judith6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code		7	Amount of Contribution (\$)	\$29.17
8	Principal occu	WACO, TX 76705 pation / Job title (See Instructions)	la la	Employer (See Instructions	·)		
Ü	Retired	pation / 305 title (See mandellons)		Retired	,		
	Date 09/25/2024	Full name of contributor Hohn, Judy Contributor address; City; State	out-of-state PAC (ID#:; z; Zip Code)		Amount of Contribution (\$)	\$29.17
		Waco, TX 76705					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/05/2024	Full name of contributor Holmes, Ronnie Contributor address; City; State	out-of-state PAC (ID#:; z; Zip Code)		Amount of Contribution (\$)	\$56.00
		West, TX 76691					
	Principal occu Pastor	pation / Job title (See Instructions)		Employer (See Instructions Church of the Open Doo	-		
	Date 08/13/2024	Full name of contributor Holtkamp, Tim Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Business Ow	Robinson, TX 76706 pation / Job title (See Instructions) wner		Employer (See Instructions Self Employed	<u> </u> 5)		
	Date 07/30/2024	Full name of contributor Holtkamp, Timothy Contributor address; City; State Robinson, TX 76706				Amount of Contribution (\$)	\$58.33
	Principal occu Self Employe	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
			I_				

MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDUL	E A1
The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 23/60 Rpt: 26/162	
FILER NAME McLennan C	County Republican Women PAC		3	Filer ID (Ethics Commission 00018802	n Filers)
Date 08/13/2024	 Full name of contributor out-of-state PAC Holtkamp, Timothy Contributor address; City; State; Zip Code 	C (ID#:)	7	Amount of Contribution (\$)	\$55.00
Principal occu Self Employe	Robinson, TX 76706 pation / Job title (See Instructions)	Employer (See Instruction: Self Employed	s)		
Date 07/19/2024	Full name of contributor out-of-state PAC			Amount of Contribution (\$)	\$156.25
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
Date 08/02/2024	Full name of contributor out-of-state PAC Hough, Ann Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$29.17	
Principal occu Retired	Moodway, TX 76712-2312 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
Date 08/12/2024	Full name of contributor out-of-state PAC Hough, Elizabeth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.73
Principal occu Retired	Woodway, TX 76712 pation / Job title (See Instructions)	Employer (See Instructions	s)		
Date Full name of contributor out-of-state PAC (ID#:) 108/13/2024 Hough, Elizabeth Contributor address; City; State; Zip Code Woodway, TX 76712			Amount of Contribution (\$)	\$40.00	
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
		,			

	MONET	ARY POLITICAL CO	NS		SCHEDULE	A1	
	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 24/60 Rpt: 27/162	
2	FILER NAME McLennan C	County Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 08/13/2024	5 Full name of contributor Hough, Elizabeth6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u>		
_	Retired	,		Retired	,		
	Date 08/30/2024	Full name of contributor Hough, Michael Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$29.17
		Woodway, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions	5)		
			Retired				
	09/10/2024	Ate Full name of contributor out-of-state PAC (ID#:) 9/10/2024 Hough, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00	
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 09/10/2024	Full name of contributor Hough, Michael Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu Retired	Woodway, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>;</u>)		
	Date 09/16/2024	Full name of contributor JAMES, MARY	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$62.50
	Contributor address; City; State; Zip Code HEWITT, TX 76643						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions KROSS INC.	()		

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 25/60 Rpt: 28/162	
2	FILER NAME McLennan C	ounty Republican Women PA	.C			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 08/08/2024	5 Full name of contributor Jernigan, Donna6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$29.17
		Woodway, TX 76712						
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 08/13/2024	Full name of contributor Jernigan, Donna Contributor address; City; St					Amount of Contribution (\$)	\$20.00
	Principal occur	Woodway, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions	<u>:)</u>		
	Retired	pation / 300 title (See instructions	,		Retired	"		
	Date 08/13/2024	Full name of contributor Jernigan, Donna Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$200.00
		Woodway, TX 76712						
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/09/2024	Full name of contributor Johnson, Matt Contributor address; City; St Waco, TX 76710	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$28.00
	Principal occu Judge	pation / Job title (See Instructions)	Employer (See Instructions) 10th Court of Appeals				
	Date 09/06/2024	Full name of contributor Johnson, Matt Contributor address; City; St Waco, TX 76710	out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$29.17
	Principal occu Judge	pation / Job title (See Instructions)		Employer (See Instructions 10th Court of Appeals	5)		

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complet	e this for	n.	1	Total pages Schedule A1: Sch: 26/60 Rpt: 29/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 09/24/2024	 Full name of contributor out-of-state F Johnson McDonald, Sherri Contributor address; City; State; Zip Code 	-)	7	Amount of Contribution (\$)	\$56.00
_	5	Waco, TX 76706	la la		<u></u>		
8	Sales	pation / Job title (See Instructions)	9	Employer (See Instructions Johnson Roofing	S) 		
	Date 08/22/2024	Full name of contributor out-of-state F Jon, Ker Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
	Principal occu	Hewitt, TX 78843 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Attorney	(Self Employed	,		
	Date 08/05/2024	Full name of contributor out-of-state F Jones, Carmen Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$28.00
		Waco, TX 76715					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/05/2024	Full name of contributor out-of-state F Jones, Merryl Contributor address; City; State; Zip Code Waco, TX 76710	-			Amount of Contribution (\$)	\$56.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Wash & Thomas Attorne			
	Date 07/30/2024	Full name of contributor out-of-state F Jones, Sara Contributor address; City; State; Zip Code McGregor, TX 76657	PAC (ID#:)		Amount of Contribution (\$)	\$56.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 27/60 Rpt: 30/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 08/13/2024	 Full name of contributor out-of-state PAC (ID#:_ Jones, Sara Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$60.00
8	Principal occu	McGregor, TX 76657 pation / Job title (See Instructions)	۹	Employer (See Instructions	;) 		
Ü	Retired	padotri oob tale (oee instructions)	ľ	Retired	,,		
	Date 09/04/2024	Full name of contributor out-of-state PAC (ID#:_ Jones, Sara Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$56.00
		McGregor, TX 76657					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#:_ Jones, Will Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Waco, TX 76710					
	Principal occu County Com	pation / Job title (See Instructions) missioner		Employer (See Instructions McLennan County	5)		
	Date 08/08/2024	Full name of contributor out-of-state PAC (ID#:_ Keaton, Nancy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$58.33
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_Keaton, Nancy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$35.00
	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)	Г	Employer (See Instructions	<u> </u>		
	Retired			Retired	_		

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 28/60 Rpt: 31/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 09/05/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$58.33
8	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)	1 9	Employer (See Instructions	<u> </u>		
	Retired	, ,		Retired	,		
	Date 09/03/2024	Full name of contributor				Amount of Contribution (\$)	\$20.00
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 08/07/2024	Full name of contributor out-of-state PAC (ID# Kelly, Susan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$29.17
		Waco, TX 76703					
	Principal occu 54th District	pation / Job title (See Instructions) Judge		Employer (See Instructions McLennan County	5)		
Date 08/27/2024		Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	McGregor, TX 76657 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID# Kendig, Vicky Contributor address; City; State; Zip Code McGregor, TX 76657			•	Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 29/60 Rpt: 32/162	
2	FILER NAME McLennan C	County Republican Women PAC		3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 08/14/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$29.17
8	Dringinal occu	McGregor, TX 76657 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Retired	pation / Job title (See Instructions)	Retired	')		
	Date 07/30/2024	Full name of contributor			Amount of Contribution (\$)	\$84.00
	Principal occu	Valley Mills, TX 76689 pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 09/02/2024	Full name of contributor out-of-state PAC (ID#: Kent Chick, Kathy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$29.17
	Principal occu	Lorena, TX 76655 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID#: Kent-Ch, Kathy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Lorena, TX 76655 pation / Job title (See Instructions)	Employer (See Instructions retired	5)		
	Date 09/10/2024	Full name of contributor			Amount of Contribution (\$)	\$35.00
	Contributor address; City; State; Zip Code Lorena, TX 76855					
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 30/60 Rpt: 33/162	
2	FILER NAME McLennan C	County Republican Women PA	vC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 07/30/2024	5 Full name of contributor Ker, Jon6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$28.00
		Valley Mills, TX 76689						
8	Principal occu Owner	pation / Job title (See Instructions	(S)	9	Employer (See Instructions Self Employed	5)		
	Date 08/29/2024	Full name of contributor Ker, Jon Contributor address; City; Si)	•	Amount of Contribution (\$)	\$28.00
	Principal occu	Valley Mills, TX 76689 pation / Job title (See Instructions	s)		Employer (See Instructions	 s)		
	Owner				Self Employed			
	Date 09/25/2024	Full name of contributor Ker, Jon Contributor address; City; Si	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$28.00
		Valley Mills, TX 76689						
	Principal occu Owner	pation / Job title (See Instructions	s)		Employer (See Instructions Self Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#: 07/16/2024 Kerschner, Sylvia Contributor address; City; State; Zip Code Waco, TX 76712)		Amount of Contribution (\$)	\$100.00	
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	<u>I</u> S)		
	Date 08/07/2024	Full name of contributor Kinder, Missy Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$28.00
	Principal occu Business Ow	pation / Job title (See Instructions vner	s)		Employer (See Instructions Self Employed	5)		

	MONET	ARY POLITICAL CON	NS		SCHEDUL	E A1	
	The Instru	ction Guide explains how to c	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 31/60 Rpt: 34/162	
2	FILER NAME McLennan C	County Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 08/13/2024	 Full name of contributor ou ou	ut-of-state PAC (ID#: p Code		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Crawford, TX 76638 pation / Job title (See Instructions)		9 Employer (See Instructions	 		
	Business Ov	vner		Self Employed			
	Date 07/18/2024	Full name of contributor ou Contributek, Lorna Contributor address; City; State; Zi	tt-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$104.17
		Waco, TX 76705					
				Employer (See Instructions Retired	5)		
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID#:) Kohutek, Lorna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$58.33	
	Dringing oggu	Waco, TX 76705		Employer (See Instructions	·/_		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	·)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$35.00	
	Principal occu Retired	Waco, TX 76705 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:) Noblem Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$29.17		
	Waco, TX 76705 Principal occupation / Job title (See Instructions) Employer (See Instruction				:) [
	Retired	padon / 900 title (300 matriculons)		Employer (See Instructions Retired	·)		

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 32/60 Rpt: 35/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 09/10/2024	 5 Full name of contributor ou			7	Amount of Contribution (\$)	\$20.00
_	Dringing Lagge	Waco, TX 76705	lo.	Employer (Coo Instructions			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired)		
	Date 09/26/2024	Full name of contributor ou Kohutek, Lorna Contributor address; City; State; Zi	p Code			Amount of Contribution (\$)	\$58.33
	Dringing! goog	Waco, TX 76705		Employer (See Instructions	_		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	')		
	Date 07/20/2024	Full name of contributor ou ou Cucera, Vee Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$100.00
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/08/2024 Lambright, Lori Contributor address; City; State; Zip Code Waco, TX 76705				Amount of Contribution (\$)	\$28.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/05/2024	Full name of contributor ou Lambright, Lori Contributor address; City; State; Zi Waco, TX 76705	p Code			Amount of Contribution (\$)	\$29.17
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
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	MONET	ARY POLITICAL (CONTRIBUTION	NS 		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for		1	al pages Schedule A1: n: 33/60 Rpt: 36/162	
2	FILER NAME McLennan C	ounty Republican Women PA	AC .		1	r ID (Ethics Commission 18802	n Filers)
4	Date 08/08/2024	5 Full name of contributor Lane, Karen6 Contributor address; City; St	out-of-state PAC (ID#:		7 Amo	ount of Contribution (\$)	\$28.00
		Hewitt, TX 76643					
8	Principal occu Office Assist	pation / Job title (See Instructions ant	9	Employer (See Instructions Advanced Financial Str			
	Date 08/13/2024	Full name of contributor Lane, Karen Contributor address; City; Si	out-of-state PAC (ID#:		Amo	ount of Contribution (\$)	\$20.00
	Principal occu	Hewitt, TX 76643 pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Office Assist	ant		Advanced Financial Str	ategies		
	Date 09/05/2024	Full name of contributor Lane, Karen Contributor address; City; Si	out-of-state PAC (ID#:)	Amo	ount of Contribution (\$)	\$29.17
		Hewitt, TX 76643					
	Principal occu Office Assist	pation / Job title (See Instructions ant	5)	Employer (See Instructions Advanced Financial Str			
	Date 08/14/2024	Full name of contributor Larios, Elisabeth Contributor address; City; Si Waco, TX 76708	out-of-state PAC (ID#:)	Amo	ount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instructions Retired	s)		
	Date 07/30/2024	Full name of contributor Ligon-Borden, Lee Contributor address; City; Si Woodway, TX 76712	out-of-state PAC (ID#:		Amo	ount of Contribution (\$)	\$58.33
	Principal occu Instructor	pation / Job title (See Instructions	5)	Employer (See Instructions Baylor College Medicine			
			L				

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complet	e this for	n.	1	Total pages Schedule A1: Sch: 34/60 Rpt: 37/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 08/13/2024	 Full name of contributor out-of-state F Ligon-Borden, Lee Contributor address; City; State; Zip Code 	-)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)	l _a	Employer (See Instructions	;) 		
_	Instructor	pation / Job title (See Instructions)		Baylor College Medicine			
	Date 08/31/2024	Full name of contributor out-of-state F Ligon-Borden, Lee Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$58.33
		Woodway, TX 76712					
	Principal occu Instructor	pation / Job title (See Instructions)		Employer (See Instructions Baylor College Medicine			
	Date 09/25/2024	Full name of contributor out-of-state F Ligon-Borden, Lee Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$58.33
		Woodway, TX 76712					
	Principal occu Instructor	pation / Job title (See Instructions)		Employer (See Instructions Baylor College Medicine			
	Date 09/06/2024	Full name of contributor out-of-state F Loyd, Dolores Contributor address; City; State; Zip Code Waco, TX 76708	-			Amount of Contribution (\$)	\$28.00
	Principal occu Travel Agent	pation / Job title (See Instructions)		Employer (See Instructions MBD Vacations	<u> </u>		
	Date 09/10/2024	Full name of contributor out-of-state F Loyd, Katherine Contributor address; City; State; Zip Code Waco, TX 76706	-)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
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	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 35/60 Rpt: 38/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 09/10/2024	5 Full name of contributor out Loyd, Katherine6 Contributor address; City; State; Zip			7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Waco, TX 76706 pation / Job title (See Instructions)	la la	Employer (See Instructions			
Ü	Retired	pation / 300 title (300 mistractions)	ľ	Retired	')		
	Date 07/30/2024	Full name of contributor out Luna, Ryan Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$28.00
		Waco, TX 76712					
	Principal occu Judge	pation / Job title (See Instructions)		Employer (See Instructions State of Texas	5)		
	Date 09/01/2024	Full name of contributor out Luna, Ryan Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$28.00
		Waco, TX 76712					
	Principal occu Judge	pation / Job title (See Instructions)		Employer (See Instructions State of Texas	5)		
	Date 07/23/2024	Lytle, Vick	-of-state PAC (ID#:			Amount of Contribution (\$)	\$520.83
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 08/13/2024	Maddox, Anna	-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu self employe	pation / Job title (See Instructions) d		Employer (See Instructions self employed	·)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTIO	Ν	S		SCHEDUL	E A1
	The Instru	ction Guide explains hov	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 36/60 Rpt: 39/162	
2	FILER NAME McLennan C	County Republican Women PA	AC .			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 09/06/2024	5 Full name of contributor Marak, Janice M.6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$28.00
8	Principal occu	Waco, TX 76710 pation / Job title (See Instructions	s) [Employer (See Instructions	,, 		
0	Retired	pation / Job title (See instructions	5)	9	Retired	·)		
	Date 09/05/2024	Full name of contributor Mayes Rafuse, RoseMan Contributor address; City; S)		Amount of Contribution (\$)	\$29.17
		Crawford, TX 76683	1					
	Principal occu Retired	pation / Job title (See Instructions	(5)		Employer (See Instructions Retired	s)		
	Date 08/08/2024	Full name of contributor McClellan, Marie Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$29.17
		Waco, TX 76710						
	Principal occu Small Busine	pation / Job title (See Instructions ess Owner	5)		Employer (See Instructions Self Employed	5)		
	Date 07/16/2024	Full name of contributor McDonald, Terry Contributor address; City; S Hewitt, TX 76643)		Amount of Contribution (\$)	\$104.17
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		
	Date 07/31/2024	Full name of contributor McDonough, Maricela Contributor address; City; S Waco, TX 76712	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$41.67
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains hov	to complete this fo	orı	n.	1	Total pages Schedule A1: Sch: 37/60 Rpt: 40/162	
2	FILER NAME McLennan C	County Republican Women PA	AC .			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 08/09/2024	5 Full name of contributor McDonough, Maricela6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$29.17
8	Principal occu	Waco, TX 76712 pation / Job title (See Instructions	5)	9	Employer (See Instructions	<u>;)</u>		
Ĭ	Retired	padon, dos das (ecc medadas).	•		Retired	-,		
	Date 08/13/2024	Full name of contributor McDonough, Maricela Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$35.00
		Waco, TX 76712				<u>_</u>		
	Principal occu Retired	pation / Job title (See Instructions	6)		Employer (See Instructions Retired	s)		
	Date 08/03/2024	Full name of contributor Mccutchen, Diane Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$29.17
		McGregor, TX 76657						
	Principal occu Retired	pation / Job title (See Instruction:	5)		Employer (See Instructions Retired	5)		
	Date 08/13/2024	Full name of contributor Mccutchen, Diane Contributor address; City; S McGregor, TX 76657	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instruction:	5)		Employer (See Instructions Retired	<u> </u> s)		
	Date 08/30/2024	Full name of contributor Mccutchen, Diane Contributor address; City; S McGregor, TX 76657	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$29.17
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N _	IS		SCHEDULI	■ A1
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 38/60 Rpt: 41/162	
2	FILER NAME McLennan C	county Republican Women PA	AC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 08/13/2024	5 Full name of contributor Metz, Davis6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
		Waco, TX 76703						
8	Principal occu managemen	pation / Job title (See Instructions t	5)	9	Employer (See Instructions Texas Label	5)		
	Date 08/04/2024	Full name of contributor Moore, Donna Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$29.17
	Principal occu	Crawford, TX 76638 pation / Job title (See Instruction:	s)		Employer (See Instructions	<u>s)</u>		
	Retired	pation 7 000 title (Oce motivation)	,		Retired	,,		
	Date 08/06/2024	Full name of contributor Motz, Rose Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$29.17
		McGregor, TX 76657						
	Principal occu CRNA	pation / Job title (See Instruction:	5)		Employer (See Instructions Providence Health Cent			
	Date 09/04/2024	Full name of contributor Motz, Rose Contributor address; City; S McGregor, TX 76657	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$58.33
	Principal occu CRNA	pation / Job title (See Instructions	5)		Employer (See Instructions Providence Health Cent			
	Date 08/03/2024	Full name of contributor Myers, Janice Contributor address; City; S WACO, TX 76712	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$41.67
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	s)		
			-					

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	his form.	1	Total pages Schedule A1: Sch: 39/60 Rpt: 42/162	
2	FILER NAME McLennan C	County Republican Women PAC		3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 08/09/2024	 Full name of contributor	(ID#:)	7	Amount of Contribution (\$)	\$29.17
8	Principal occu	WACO, TX 76712 pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Retired	•	Retired			
	Date 07/18/2024	Full name of contributor out-of-state PAC Neill, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$520.83
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Retired		Retired			
	Date 07/30/2024	Full name of contributor	(ID#:)		Amount of Contribution (\$)	\$58.33
		Waco, TX 76712	1			
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date 09/26/2024	Full name of contributor out-of-state PAC Neill, Robert Contributor address; City; State; Zip Code Waco, TX 76712			Amount of Contribution (\$)	\$58.33
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 07/25/2024	Full name of contributor out-of-state PAC Norwood, Jo Anne Contributor address; City; State; Zip Code Waco, TX 76708	(ID#:)		Amount of Contribution (\$)	\$104.17
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
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	MONET	ARY POLITICAL C	CONTRIBUTION	N:	S 		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	rn	1.	1	Total pages Schedule A1: Sch: 40/60 Rpt: 43/162	
2	FILER NAME McLennan C	ounty Republican Women PA	С			3	Filer ID (Ethics Commissio 00018802	n Filers)
4	Date 08/27/2024	5 Full name of contributor Norwood, Jo Anne6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$58.33
		Waco, TX 76708						
8	Principal occu Retired	pation / Job title (See Instructions	9		Employer (See Instructions Retired	5)		
	Date 08/04/2024	Full name of contributor Notgrass, Patty Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$58.33
	Principal occu	Waco, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Retired	`			Retired	,		
	Date 08/25/2024	Full name of contributor Notgrass, Patty Contributor address; City; St)		Amount of Contribution (\$)	\$104.17
		Waco, TX 76712						
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 09/04/2024	Full name of contributor Notgrass, Patty Contributor address; City; St Waco, TX 76712	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$58.33
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/21/2024	Full name of contributor O'Day, Patricia Contributor address; City; St Robinson, TX 76706	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$208.33
	Principal occu Office Admir	pation / Job title (See Instructions histrator			Employer (See Instructions Self Employed	s)		
			L					

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this t	or	m.	1	Total pages Schedule A1: Sch: 41/60 Rpt: 44/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 08/09/2024	 Full name of contributor out-of-state PAC (ID#: OConnor, Kerri Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$29.17
_	Daine in all a second	China Spring, TX 76633	10	Faralassa (Ossalasstasstissa			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#:_Oborny, Tambralyn Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$29.17
	Duinning Langu	Robinson, TX 76706	_				
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:_Ogden, Carol Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$56.00
		Crawford, TX 76638					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_Painter, Rosie Contributor address; City; State; Zip Code Waco, TX 76710)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#:_Painter, Rosie Contributor address; City; State; Zip Code Waco, TX 76710)		Amount of Contribution (\$)	\$29.17
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 42/60 Rpt: 45/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 09/04/2024	5 Full name of contributor Parker, Gina6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$28.00
8	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Attorney			Self Employed			
	Date 08/07/2024	Full name of contributor Patterson, Ralph Contributor address; City; State)		Amount of Contribution (\$)	\$58.33
		Eddy, TX 76524					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Software Pul	blisher		LAN-Aces, Inc			
	Date 08/01/2024	Full name of contributor Pearson, Barbara Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$56.00
		China Spring, TX 76633					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/31/2024	Full name of contributor Pearson, Barbara Contributor address; City; State China Spring, TX 76633	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$56.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 07/31/2024	Full name of contributor Peterson, Linda Contributor address; City; State Hewitt, TX 76643	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			,				

	MONET	ARY POLITICAL CONTRIBU	UTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 43/60 Rpt: 46/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 08/03/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$29.17
8	Principal occu	Lorena, TX 76655 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Registered N	lurse		Self Employed			
	Date 08/13/2024	Full name of contributor out-of-state PA Pezdek, Heidi Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$20.00
		Lorena, TX 76655					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Registered N			Self Employed	_		
	Date 09/01/2024	Full name of contributor	AC (ID#:)		Amount of Contribution (\$)	\$29.17
		Lorena, TX 76655					
	Principal occup Registered N	pation / Job title (See Instructions) lurse		Employer (See Instructions Self Employed	5)		
	Date 09/25/2024	Full name of contributor out-of-state PA Pezdek, Heidi Contributor address; City; State; Zip Code Lorena, TX 76655)	•	Amount of Contribution (\$)	\$58.33
	Principal occup Registered N	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u>I</u> S)		
	Date 09/04/2024	Full name of contributor out-of-state PA Pirelo-Howard, Mary Contributor address; City; State; Zip Code Waco, TX 76710	AC (ID#:)		Amount of Contribution (\$)	\$28.00
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 44/60 Rpt: 47/162	
2	FILER NAME McLennan C	ounty Republican Women PAC		3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 07/30/2024	 Full name of contributor out-of-state PAC (ID# Pisciotta, John Contributor address; City; State; Zip Code 	<u>; </u>	7	Amount of Contribution (\$)	\$520.83
		Waco, TX 76710	T			
8	Principal occu Director	pation / Job title (See Instructions)	9 Employer (See Instructions Pro-Life Waco	5)		
	Date 08/02/2024	Full name of contributor out-of-state PAC (ID# Pisciotta, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$29.17
	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Director	pation 7 300 title (See Instructions)	Pro-Life Waco	3)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID# Plott, Doreen Contributor address; City; State; Zip Code	<u>; </u>		Amount of Contribution (\$)	\$28.00
		Waco, TX 76708				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID# Plott, Doreen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$35.00
	Principal occu Retired	Waco, TX 76708 pation / Job title (See Instructions)	Employer (See Instructions Retired	<u> </u> S)		
	Date 08/03/2024	Full name of contributor out-of-state PAC (ID# Price, Janet Contributor address; City; State; Zip Code	<u>; </u>	•	Amount of Contribution (\$)	\$29.17
L		Waco, TX 76705				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
			•			

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 45/60 Rpt: 48/162	
2	FILER NAME McLennan C	County Republican Women PA	AC .			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 08/02/2024	5 Full name of contributor Purselley, Barbara6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$28.00
		Waco, TX 76710						
8	Principal occu Retired	pation / Job title (See Instructions	s) 	9	Employer (See Instructions Retired	s)		
	Date 09/02/2024	Full name of contributor Purselley, Barbara Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$28.00
	Principal occu	Waco, TX 76710 pation / Job title (See Instructions	s)		Employer (See Instructions Retired	 i)		
	Date 07/30/2024	Full name of contributor Quiram, Helen Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$29.17
	Dringing Loon	Waco, TX 76710			Employer (Con Instructions	<u></u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	•)		
	Date 09/10/2024	Full name of contributor ROBB, JOY Contributor address; City; S Woodway, TX 76712	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$41.67
	•	pation / Job title (See Instructions ATIVE ASST	5)		Employer (See Instructions BEAR CREEK CONSTR		CTION	
	Date 08/01/2024	Full name of contributor Reyes, Valerie Contributor address; City; S Waco, TX 76712	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$29.17
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	s)		
			,					

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 46/60 Rpt: 49/162	
2	FILER NAME McLennan C	County Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 07/31/2024	 5 Full name of contributor ou Reynolds, Marilyn 6 Contributor address; City; State; Zi 			7	Amount of Contribution (\$)	\$29.17
0	Dringing agg	Waco, TX 76712	lo.	Employer (See Instructions			
0	Traffic Direct	pation / Job title (See Instructions) tor	9	M&M Broadcasters)		
	Date 07/31/2024	Full name of contributor on the contributor on the contributor address; City; State; Zity; State				Amount of Contribution (\$)	\$52.08
	Principal occu	Waco, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions			
	Traffic Direct			M&M Broadcasters	,		
	Date 09/05/2024	Full name of contributor on the contributor on the contributor address; City; State; Zity; State	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$56.00
		Waco, TX 76710					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 07/28/2024	Full name of contributor on the contributor on the contributor address; City; State; Zing Lorena, TX 76655				Amount of Contribution (\$)	\$52.08
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 08/08/2024	Robinson, Suzy	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$112.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			,				

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complet	e this for	n.	1	Total pages Schedule A1: Sch: 47/60 Rpt: 50/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 09/05/2024	 Full name of contributor out-of-state R Robinson, Suzy Contributor address; City; State; Zip Code 	-		7	Amount of Contribution (\$)	\$145.83
8	Principal occu	McGregor, TX 76657 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Retired	,		Retired	•		
	Date 08/15/2024	Full name of contributor out-of-state FRuhl, Karla Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$28.00
		McGregor, TX 76657					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 07/31/2024	Full name of contributor out-of-state FRuiz, Glenda Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$104.17
		Hewitt, TX 76643			Ĺ		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	S) 		
	Date 08/09/2024	Full name of contributor out-of-state FRussell, David Contributor address; City; State; Zip Code Woodway, TX 76712	-)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/06/2024	Full name of contributor out-of-state F Russell, David Contributor address; City; State; Zip Code Woodway, TX 76712				Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 48/60 Rpt: 51/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 07/30/2024	 5 Full name of contributor out-of-state PAC (ID#:_ Salmans, Scott 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$28.00
_	<u> </u>	McGregor, TX 76657	١.	5 1 (0 1 1 1			
8	CEO	pation / Job title (See Instructions)	9	Employer (See Instructions WRS Group	5)		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:_Salmans, Scott Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$28.00
	Principal occu	McGregor, TX 76657 pation / Job title (See Instructions)	_	Employer (See Instructions	(s)		
	CEO	sado, cos da (cos mondono)		WRS Group	,,		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Salmans, Scott Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$28.00
		McGregor, TX 76657					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions WRS Group	5)		
	Date 08/08/2024	Full name of contributor out-of-state PAC (ID#:_ Sams, Donna Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$56.00
		Waco, TX 76708	_				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/21/2024	Full name of contributor out-of-state PAC (ID#:_ Shaw, Deloris Contributor address; City; State; Zip Code Robinson, TX 76706				Amount of Contribution (\$)	\$52.08
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>(</u>		
			1				

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 49/60 Rpt: 52/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 08/23/2024	 Full name of contributor out-of-state out-of-state Short, Patti Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$104.17
_		McGregor, TX 76657			Ĺ		
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 08/29/2024	Full name of contributor out-of-state Short, Patti Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$29.17
	5	McGregor, TX 76657		5 1 (0 1 1 1	_		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/04/2024	Full name of contributor out-of-state Short, Patti Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$29.17
		McGregor, TX 76657					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 09/05/2024	Shoultz, Franny Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$29.17
	Principal occu Retired	Waco, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> s)		
	Date 07/30/2024	Full name of contributor out-of-state Shows, Geri Contributor address; City; State; Zip Code Woodway, TX 76712)		Amount of Contribution (\$)	\$29.17
	Principal occu Appraiser	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
			ı				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains hov	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 50/60 Rpt: 53/162	
2	FILER NAME McLennan C	County Republican Women PA	AC .			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 09/02/2024	5 Full name of contributor Shows, Geri6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$29.17
		Woodway, TX 76712						
8	Principal occu Appraiser	pation / Job title (See Instructions	s) <u> </u>		Employer (See Instructions Self Employed	s)		
	Date 09/05/2024	Full name of contributor Slaughter, Elaine Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$28.00
	Duinning Langu	Waco, TX 76701	<u>.</u>		Franks or (Cook both others			
	District Direc	pation / Job title (See Instructions ctor	5)		Employer (See Instructions State Rep Charles Ande		on	
	Date 09/10/2024	Full name of contributor Slaughter, Elaine Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
		Waco, TX 76701						
	Principal occu District Direc	pation / Job title (See Instructions ctor	s)		Employer (See Instructions State Rep Charles Ande	•	on	
	Date 08/05/2024	Full name of contributor Smith, Steve Contributor address; City; S Waco, TX 76701	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$28.00
		pation / Job title (See Instructions h Court of Appeals	s)		Employer (See Instructions State of Texas	5)		
	Date 09/05/2024	Full name of contributor Smith, Steve Contributor address; City; S Waco, TX 76701	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$28.00
		pation / Job title (See Instructions h Court of Appeals	s)		Employer (See Instructions State of Texas	5)		
		The state of the s	l					

	MONET	ARY POLITICAL CON	ITRIBUTION	IS .		SCHEDULI	E A1
	The Instruc	ction Guide explains how to c	omplete this for	n.	1	Total pages Schedule A1: Sch: 51/60 Rpt: 54/162	
2	FILER NAME McLennan C	county Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 09/26/2024	5 Full name of contributor ou ou Smith, Steve6 Contributor address; City; State; Zi)	7	Amount of Contribution (\$)	\$28.00
_	Daine in a la casa	Waco, TX 76701	- Io	Forely on (October to the other)	<u></u>		
8		pation / Job title (See Instructions) n Court of Appeals	9	Employer (See Instructions State of Texas	5)		
	Date 08/06/2024	Stamps, Connie Contributor address; City; State; Zi				Amount of Contribution (\$)	\$58.33
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 08/07/2024	Full name of contributor ou Stamps, Connie Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$29.17
		Waco, TX 76710					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/13/2024	Full name of contributor ou Stamps, Connie Contributor address; City; State; Zi	t-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 09/05/2024	Stamps, Connie	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$29.17
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			·				

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 52/60 Rpt: 55/162	
2	FILER NAME McLennan C	County Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 08/04/2024	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$58.33
_	Deignigal	Woodway, TX 76712	10	Familia de la Constitución de la composição de la composi			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 08/27/2024	Full name of contributor out-of-state PAC (ID#: Starr, Alice Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$28.00
		Waco, TX 76710	_		<u></u>		
	Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	S)		
	Date 08/08/2024	Full name of contributor out-of-state PAC (ID#: Stovall-Mendoza, Mercedes Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$56.00
		Axtell, TX 76624					
	Principal occu Stylist	pation / Job title (See Instructions)		Employer (See Instructions Salon owner	5)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#: Stovall-Mendoza, Mercedes Contributor address; City; State; Zip Code Axtell, TX 76624)		Amount of Contribution (\$)	\$56.00
	Principal occu Stylist	pation / Job title (See Instructions)		Employer (See Instructions Salon owner	<u> </u>		
	Date 07/19/2024	Full name of contributor out-of-state PAC (ID#: Sullivan, Deborah Contributor address; City; State; Zip Code China Springs, TX 76633				Amount of Contribution (\$)	\$104.17
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			•				

	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 53/60 Rpt: 56/162	
2	FILER NAME McLennan C	county Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 08/02/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$29.17
0	Dringing aggu	Waco, TX 76707	lo.	Employer (See Instructions	<u>,,</u>		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	s)		
	Date 08/21/2024	Swartz, Donna)		Amount of Contribution (\$)	\$52.08
	Principal occu	Waco, TX 76707 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Retired	pation / Job title (See instructions)		Retired	·)		
	Date 08/28/2024	Full name of contributor out-of-state Swartz, Donna Contributor address; City; State; Zip Code	e PAC (ID#:)	•	Amount of Contribution (\$)	\$29.17
		Waco, TX 76707					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 09/06/2024	Tetens, Josh Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$29.17
	Principal occu District Attori	pation / Job title (See Instructions) ney		Employer (See Instructions McLennan County	<u> </u> s)		
	Date 09/11/2024	Full name of contributor out-of-state	e PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu District Attor	pation / Job title (See Instructions) ney		Employer (See Instructions McLennan County	5)		
		·	<u> </u>				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 54/60 Rpt: 57/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 08/09/2024	5 Full name of contributor Thomas, Leslie6 Contributor address; City; State;			7	Amount of Contribution (\$)	\$29.17
_		Blum, TX 76627	T-				
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Self-Employed	5)		
	Date 08/07/2024	Full name of contributor Tipton, Barbara Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$29.17
	Deinsinal assu	Woodway, TX 76712		Franks von (Cook kantus stiere	_		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 07/28/2024	Full name of contributor Tusa, Sherry Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 09/10/2024	Full name of contributor Umberger, Charlene Contributor address; City; State; Waco, TX 76710	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 08/05/2024	Full name of contributor Vandenberg, Frances Contributor address; City; State; Waco, TX 76712	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()		
			I				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 55/60 Rpt: 58/162	
2	FILER NAME McLennan C	County Republican Women PA	AC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 08/08/2024	5 Full name of contributor Webb, Donna6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$58.33
		Robinson, TX 76706						
8	Principal occu Retired	pation / Job title (See Instructions	5)	9	Employer (See Instructions Retired	s)		
	Date 07/16/2024	Full name of contributor Wedemeyer, Ruth Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$50.00
	Dringing occur	Robinson, TX 76706	s)		Employer (See Instructions	<u></u>		
	Sonographe	pation / Job title (See Instructions r	5)		Ascension Providence	>)		
	Date 08/21/2024	Full name of contributor Wedemeyer, Ruth Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$52.08
		Robinson, TX 76706						
	Principal occu Sonographe	pation / Job title (See Instructions	5)		Employer (See Instructions Ascension Providence	5)		
	Date 08/06/2024	Full name of contributor West, Thomas Contributor address; City; S Waco, TX 76712	out-of-state PAC (ID#:_ tate; Zip Code)		Amount of Contribution (\$)	\$29.17
	Principal occu Judge	pation / Job title (See Instructions	s)		Employer (See Instructions State of Texas	5)		
	Date 08/19/2024	Full name of contributor West, Thomas Contributor address; City; Si Waco, TX 76712	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$20.00
	Principal occu Judge	pation / Job title (See Instructions	5)		Employer (See Instructions State of Texas	s)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this forr	n.	1	Total pages Schedule A1: Sch: 56/60 Rpt: 59/162	
2	FILER NAME McLennan C	County Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 09/05/2024	5 Full name of contributor West, Thomas6 Contributor address; City; State			7	Amount of Contribution (\$)	\$29.17
_	Deinsinal	Waco, TX 76712	lo.	Frankrik (Ozakate stina			
8	Judge	pation / Job title (See Instructions)	9	Employer (See Instructions State of Texas			
	Date 07/21/2024	Full name of contributor White, Barbara Contributor address; City; State Waco, TX 76706				Amount of Contribution (\$)	\$104.17
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Business Ov	vner		Self Employed			
	Date 07/31/2024	Full name of contributor White, Barbara Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$29.17
		Waco, TX 76706					
	Principal occu Business Ov	pation / Job title (See Instructions) vner		Employer (See Instructions Self Employed	5)		
	Date 08/29/2024	Full name of contributor White, Barbara Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$29.17
	Principal occu Business Ow	pation / Job title (See Instructions) vner		Employer (See Instructions Self Employed	5)		
	Date 08/06/2024	Full name of contributor Whitsell, Lori Contributor address; City; State Woodway, TX 76712	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$29.17
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 57/60 Rpt: 60/162	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 08/13/2024	 Full name of contributor out-of-state PAC (Whitsell, Lori Contributor address; City; State; Zip Code 	-)	7	Amount of Contribution (\$)	\$52.08
8	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)	la la	Employer (See Instructions	,, 		
0	Retired	pation / Job title (See instructions)	ا	Retired	·)		
	Date 09/05/2024	Full name of contributor out-of-state PAC (Wieckowski, Gretchen Hardey Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$84.00
	Dringing age	Waco, TX 76706-4505		Employer (See Instructions	<u></u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	o)		
	Date 08/08/2024	Full name of contributor	(ID#:)	•	Amount of Contribution (\$)	\$29.17
		Eddy, TX 76524					
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Self Employed	5)		
	Date 09/01/2024	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$28.00
	Principal occu Business Ow	Eddy, TX 76524 pation / Job title (See Instructions) //ner		Employer (See Instructions Self Employed	<u> </u> s)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (Wilhite, Laura Contributor address; City; State; Zip Code Eddy, TX 76524)		Amount of Contribution (\$)	\$28.00
	Principal occu Business Ov	pation / Job title (See Instructions) /ner		Employer (See Instructions Self Employed	5)		

MONET	ARY POLITICAL CONT	NS		SCHEDULE	■ A1	
The Instru	ction Guide explains how to cor	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 58/60 Rpt: 61/162	
FILER NAME McLennan C	County Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
Date 09/26/2024	5 Full name of contributor				Amount of Contribution (\$)	\$29.17
Principal occu Business Ov	Eddy, TX 76524 pation / Job title (See Instructions) vner		Employer (See Instructions Self Employed	<u> </u> ;)		
Date Full name of contributor out-of-state PAC (ID#:) 09/26/2024 Wilkey, Heather Contributor address; City; State; Zip Code China Spring, TX 76633			Amount of Contribution (\$)	\$40.00		
Principal occupation / Job title (See Instructions) SAHM Employer (See Instruction SAHM		<u> </u> 5)				
Date Full name of contributor O8/08/2024 Williams, Nancy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$58.33
Principal occu Retired	Waco, TX 76710 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
Date Full name of contributor out-of-state PA 09/06/2024 Williams, Nancy		of-state PAC (ID#:			Amount of Contribution (\$)	\$87.50
Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
Date Full name of contributor out-of-state PAC (ID#:) 09/04/2024 Williams, Sandra Contributor address; City; State; Zip Code Woodway, TX 76712			Amount of Contribution (\$)	\$28.00		
Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
		1				

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 59/60 Rpt: 62/162	
2	FILER NAME McLennan C	county Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 09/10/2024					Amount of Contribution (\$)	\$20.00
•	Dringing occur	Woodway, TX 76712	lo.	Employer (See Instructions			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired)		
	Date 08/02/2024	Full name of contributor of contributor of contributor address; City; State; Z West, TX 76691	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$41.67
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	ARD Coordinator		Waco ISD				
	Date 08/02/2024)		Amount of Contribution (\$)	\$41.67
		West, TX 76691					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 07/30/2024	Full name of contributor o wolgemuth, Debbie Contributor address; City; State; Z	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$87.50
	Principal occu Accounting	pation / Job title (See Instructions)		Employer (See Instructions Self Employed)		
	Date O8/27/2024 Wolgemuth, Debbie Contributor address; City; State; Zip Code Waco, TX 76708				Amount of Contribution (\$)	\$29.17	
	Principal occu Accounting	pation / Job title (See Instructions)		Employer (See Instructions Self Employed)		
			<u>, </u>				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 60/60 Rpt: 63/162	
2	FILER NAME McLennan C	County Republican Women PAC		3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 07/19/2024				Amount of Contribution (\$)	\$20.83
_		Waco, TX 76710				
8	Principal occu Homemaker	pation / Job title (See Instructions)	9 Employer (See Instructions Homemaker	i) 		
	Date 07/30/2024				Amount of Contribution (\$)	\$29.17
	Principal occu Retired	Waco, TX 76708 pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:_ Wright, Jane Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$29.17
		Waco, TX 76708				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 07/17/2024	Full name of contributor out-of-state PAC (ID#:_najvar, michael Contributor address; City; State; Zip Code gonzales, TX 78629			Amount of Contribution (\$)	\$520.83
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/99 Rpt: 64/162	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
07/16/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.30	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	Tundraising Flationin Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/16/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.30	1340 Poydras Street, Suite 1770
¥=	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Commission ONII V if dispost	Condidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
07/16/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4.47	1340 Poydras Street, Suite 1770
Evponditure from	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LA LIBITOIL	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Operation Obstacles	Open distribute (Office health an arrange and office an
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal	ards/Memorials Expense Services nstruction Guide expl		Wages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not list	ed above)
4 Tatal manage Cabadala F4.		Total distribution of the state		Jp.10		1_	Ell- ID	/F#b: 0	ii Fil)
1 Total pages Schedule F1:						1	Filer ID	(Etnics Com	mission Filers)
Sch: 2/99 Rpt: 65/162	McLennan Coun	ty Republican Wo	men PAC				00018802		
4 Date	5 Payee name								
07/16/2024	Anedot, Inc.								
6 Amount (\$)	7 Payee address;	City; S	state; Zip C	nde					
\$10.72	1340 Poydras St	-	, <u></u> p o	-					
Ψ10.72	13401 0yulus 31	icet, Juite 1770							
Expenditure from									
corporate funds	New Orleans, LA	70112							
8 PURPOSE	(a) Category (See Cate	gories listed at the top of th	is schedule)	(b)	Description				
OF	Fees	g	,		Check if travel	outsid	e of Texas. Com	plete Schedule 1	
EXPENDITURE					Check if Austin	n, TX,	officeholder living	g expense	
					Fundraising F	Platf	orm Fee		
9 Complete ONLY if direct	Candidate/Officehol	der name	Office so	ught			Office he	eld	
expenditure to benefit C/O	4			•					
Date	Payee name								
07/17/2024	Anedot, Inc.								
Amount (\$)	Payee address;	City; S	state; Zip C	ode					
\$4.47	1340 Poydras S	reet, Suite 1770							
Expenditure from corporate funds	New Orleans, LA	70112							
<u> </u>		. 70112		I					
PURPOSE OF	,	gories listed at the top of th	is schedule)	(b)	Description				_
EXPENDITURE	Fees				\Box		e of Texas. Com officeholder living	plete Schedule 1	
					Fundraising F			g expense	
					i unuraising i	i iati	OIIII I CC		
				<u> </u>					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officehol	der name	Office so	ught			Office h	eld	
experialitate to beliefit 6/0									
Date	Payee name								
07/17/2024	Anedot, Inc.								
Amount (\$)	Payee address;	City; S	state; Zip C	ahe					
	1340 Poydras St		riaic, Zip C	Juc					
\$21.13	1340 Poyulas Si	reet, Suite 1770							
Expenditure from									
corporate funds	New Orleans, LA	70112							
PURPOSE	(a) Category (See Cate	gories listed at the top of th	is schedule)	(b)	Description				
OF	Fees	g	,		Check if travel	outsid	e of Texas. Com	plete Schedule 1	
EXPENDITURE					Check if Austin	n, TX,	officeholder living	g expense	
					Fundraising F	Platf	orm Fee		
Complete ONLY if direct	Candidate/Officehol	der name	Office so	ught			Office he	eld	
expenditure to benefit C/O	4			-					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/99 Rpt: 66/162	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
07/18/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$21.13	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	Fundialsing Flation in Fee
O Commission Chilly W. F.	Our History (Office In all Income and Income
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/18/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4.47	1340 Poydras Street, Suite 1770
·	· · · · · · · · · · · · · · · · · · ·
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to benefit C/OI	'
Date	Payee name
07/19/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4.47	1340 Poydras Street, Suite 1770
Ţ	>
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/99 Rpt: 67/162	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
07/19/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T dildidishing Flatforni Fee
O Commission ONLY if dispose	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
07/19/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to serious experi	
Date	Payee name
07/19/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.13	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schodule F1:	
Total pages Schedule F1: Sch: 5/99 Rpt: 68/162	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
07/19/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6.55	1340 Poydras Street, Suite 1770
Ψ0.00	1040 T Gyards Girect, Guite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to belieff C/OI	
Date	Payee name
07/21/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4.47	1340 Poydras Street, Suite 1770
*	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/23/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$21.13	1340 Poydras Street, Suite 1770
421.10	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	Fullulaising Platfortil Fee
Complete CMI V if alian-	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
, , . ,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/99 Rpt: 69/162	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
07/25/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
07/28/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.38	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/O	
Date	Payee name
07/30/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$21.13	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment	Gift/Awards/Memorials Expense Printing Expe nmittee Legal Services Salaries/Wag	nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)
Cicuil Caiu Fayillell	The Instruction Guide explains how to comp	olete this form.
1 Total pages Schedule F1: 2	FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/99 Rpt: 70/162	McLennan County Republican Women PAC	00018802
4 Date 5	Payee name	
07/30/2024	Anedot, Inc.	
6 Amount (\$) 7	Payee address; City; State; Zip Code	
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE (a)	Category (See Categories listed at the top of this schedule)) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OH		
Date	Payee name	
07/30/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$3.66	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
	Category (See Categories listed at the top of this schedule) (b	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
23. 2.12.13.13.12		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct C expenditure to benefit C/OH	Candidate/Officeholder name Office sough	t Office held
Date	Payee name	
07/30/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.54	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
) Description
OF `´	Category (See Categories listed at the top of this schedule) Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct C	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OH	ű	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/99 Rpt: 71/162	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
07/30/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.63	1340 Poydras Street, Suite 1770
- "	
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T unutuising T lattorn T CC
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-1
Date	Payee name
07/30/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
* = · · ·	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Commission ONII V if dispose	Condidate/Office helds no year
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/30/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Evpanditure from	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAI LINDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Operation Children	Ora didata (Office hadden grown
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expe Legal Services	Sa		/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed a	above)
		The Instruction Guide	explains hov	v to comple	ete this form.				
1 Total pages Schedule F1:	2 FILER NAM	Ξ				3	Filer ID	(Ethics Commis	sion Filers)
Sch: 9/99 Rpt: 72/162	McLennan	County Republican	Women P	AC .			00018802		
4 Date	5 Payee name								
07/30/2024	Anedot, Inc								
6 Amount (\$)	7 Payee addre	ss; City;	State; Z	ip Code					
\$1.42	1340 Poyd	as Street, Suite 177	70						
Expenditure from corporate funds	New Orlea	ns, LA 70112							
8 PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedul	e) (b)	Description				
OF EXPENDITURE	Fees				느			nplete Schedule T.	
EXI ENDITORE					ш		officeholder living	g expense	
					Fundraising I	Piali	om Fee		
O Commission ONLY if dispose	Canalidate/Off	in a la la la una una una	Offic				Office b	- l - l	
9 Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Опіс	ce sought			Office h	eia	
Date	Payee name								
07/30/2024	Anedot, Inc								
Amount (\$)	Payee addre	ss; City;	State; Z	ip Code					
\$2.63	l [*]	as Street, Suite 177							
,									
Expenditure from corporate funds	New Orlea	ns, LA 70112							
PURPOSE	(a) Category (S	ee Categories listed at the to	n of this schedul	e) (b)	Description				
OF EXPENDITURE	Fees		,	-,	_	l outsic	le of Texas. Com	nplete Schedule T.	
EXPENDITURE					ш		officeholder living	g expense	
					Fundraising I	Plati	form Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Offic	ce sought			Office h	eld	
experialiture to beliefit C/OI									
Date	Payee name								
07/30/2024	Anedot, Inc								
Amount (\$)	Payee addre	ss; City;	State; Z	ip Code					
\$1.90	1340 Poyd	as Street, Suite 177	70						
Expenditure from corporate funds	New Orlea	ns, LA 70112							
PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedul	e) (b)	Description				
OF EXPENDITURE	Fees							nplete Schedule T.	
EXI ENDITORE					ш		officeholder living	g expense	
					Fundraising	riati	om Fee		
Occupation Children	0	ta a la a lada a sa					0‴ :	-1-1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Offic	e sought			Office h	eia	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
Sch: 10/99 Rpt:		00018802
4 Date	5 Payee name	
07/30/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	1 1 665	de of Texas. Complete Schedule T.
		officeholder living expense
	Fundraising Plat	iomi Fee
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought OH	Office held
Date	Payee name	
07/30/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.42		
Ψ1.42	1340 Foyulas Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	1 1 003	de of Texas. Complete Schedule T.
LAI LIBITORE	1 U	officeholder living expense
	Fundraising Plat	form Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/Ol		Office field
Date	Payee name	
07/30/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.47		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	1003	de of Texas. Complete Schedule T.
	Fundraising Plat	officeholder living expense
	Fundraising Plat	ioiiii Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/Ol	•	25

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
07/30/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T analasing Fladionin Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Data	
Date	Payee name
07/30/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.63	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to serious ever	
Date	Payee name
07/30/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.63	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	Fullulaising Platforni Fee
Organists ONII V if alignet	Overall data (Office health and a second to the second to
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
07/30/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T unutuising T lattorn T ee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
07/30/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.63	1340 Poydras Street, Suite 1770
φ2.03	1340 Poyulas Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	
D-1-	
Date	Payee name
07/30/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	Fundialing Flation (Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
07/30/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.80	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Dete	
Date	Payee name
07/31/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	'
Date	Payee name
07/31/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$12.80	1340 Poydras Street, Suite 1770
,==:::	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	<u> </u>
07/31/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		-
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	Н	
Date	Payee name	
07/31/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$21.13	1340 Poydras Street, Suite 1770	
¥==.20	20.01 0,000 00000, 0000 2.10	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		•
Date	Payee name	
07/31/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$1.47	1340 Poydras Street, Suite 1770	
Ψ±1		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		i analasing i lationi i ee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		gnt Onice nelu

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 15/99 Rpt:	McLennan County Republican Women PAC	00018802	
4 Date	5 Payee name	I .	
07/31/2024	Anedot, Inc.		
		2 oda	
6 Amount (\$)	7 Payee address; City; State; Zip (Loue	
\$2.38	1340 Poydras Street, Suite 1770		
Expenditure from			
corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE		Check if Austin, TX, officeholder living expense	
		Fundraising Platform Fee	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought Office held	
experientare to benefit 6/6			
Date	Payee name		
07/31/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip (Code	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) a	(b) Description	
OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense	
		Fundraising Platform Fee	
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held	
expenditure to benefit C/O	Н		
Date	Payee name		
07/31/2024	Anedot, Inc.		
		2-4-	
Amount (\$)	Payee address; City; State; Zip (Loue	
\$4.47	1340 Poydras Street, Suite 1770		
Expenditure from			
corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Fundraising Platform Fee	
Operation Children	Operation to 100 fear to 111	200 1 11	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought Office held	
3p 3			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 16/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	<u>'</u>
07/31/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		T difficulty in the control of the c
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	I Office held
expenditure to benefit C/O		200 11010
Date	Payon namo	
07/31/2024	Payee name Anedot, Inc.	
	·	ada
Amount (\$) \$2.63	Payee address; City; State; Zip Co	oue
Φ2.03	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		T analasing Flation F 50
Complete ONLY if direct	Candidate/Officeholder name Office sou	I ught Office held
expenditure to benefit C/O		5
Date	Payee name	
07/31/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	nda
\$1.47	1340 Poydras Street, Suite 1770	ouc
Ψ1.47	1040 i Oyurus Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		. anaraising riadomi rec
Complete ONLY if direct	Candidate/Officeholder name Office sou	lught Office held
expenditure to benefit C/Ol		Since Hold

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 17/99 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
07/31/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$3.66	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
	T undraising Flationin Fee	
O Commission ONLY if aligned	Constitute / Office helder mores Office pour by Office held	_
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
·		_
Date	Payee name	
08/01/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.54	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
E/11 E1.5	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Experialitate to bettern 5.5.	<u> </u>	
Date	Payee name	
08/01/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/01/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	, and allowing that only the
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
D-1-	
Date	Payee name
08/02/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	Fundraising Flationn Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/02/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 19/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/02/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	Fullulaising Flation in Fee
O Commission Chilly III II	Overflichts/Office helden verse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/02/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
¥=···	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	
Date	Payee name
08/02/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Ψ1.42	10 to to Sydiac Office Control
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 20/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/02/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	Tanaraionig Flationi Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Data	
Date	Payee name
08/02/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/02/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit even	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

kpense Event Expense Loan Repayment/Reimbu

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 21/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/02/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from	Now Orleans, LA 70112
corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/03/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/03/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY Station	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 22/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/03/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/03/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.63	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T distribution of the state of
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payeo namo
08/03/2024	Payee name Anedot, Inc.
	· ·
Amount (\$) \$1.47	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770
Φ1.47	1340 Poyulas Sileel, Sulle 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete CNII V if direct	Candidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 23/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/04/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/04/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.63	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
08/04/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.63	1340 Poydras Street, Suite 1770
+	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAI LINDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiolitile to beliefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 24/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/05/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EAPENDITUKE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
08/05/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Occupation Children	Our Highest (Office health an arrange of the control of the contro
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
08/05/2024	Payee name Anedot Inc
	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	
	this Commission

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/V	Vages/Contract Labor OTHER (enter a category not listed above)
•	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 25/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
08/06/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$1.47	1340 Poydras Street, Suite 1770	
·		
Expenditure from	New Orleans, LA 70112	
corporate funds		<i>n</i> .> -
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if traval outside of Taxon Complete Schedule T
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		Ç
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	1	
Date	Payee name	
08/06/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	ndo.
\$1.47	1340 Poydras Street, Suite 1770	ue-
φ1.47	1340 Foyulas Sileet, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		rundiaising riationn ree
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		gnit Onice neid
Date	Payee name	
08/06/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$2.63	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
3.,50	•	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica		Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 26/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
08/06/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught Office held
experiulture to beliefit C/OI	1	
Date	Payee name	
08/06/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	rees	Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/OI	Н	
Date	Payee name	
08/06/2024	Anedot, Inc.	
		- 4 -
Amount (\$)	Payee address; City; State; Zip Ci	ode
\$2.63	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
-		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		Fulldraising Flationii Fee
Complete ONLY if divert	Condidate/Officeholder name	I what Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ught Office held
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 27/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/07/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Evponditure from	
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Davies name
08/07/2024	Payee name Anedot, Inc.
Amount (\$) \$1.47	Payee address; City; State; Zip Code
Φ1.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T unurusing Flation 11 CC
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payes name
08/07/2024	Payee name Anedot, Inc.
	· · · · · · · · · · · · · · · · · · ·
Amount (\$) \$2.63	Payee address; City; State; Zip Code
\$2.03	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	Fundialing Flation 1 Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 28/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	<u> </u>
08/07/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	, ,	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		-
9 Complete ONLY if direct	Candidate/Officeholder name Office souc	ght Office held
expenditure to benefit C/OI		•
Date	Payee name	
08/07/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Coo	10
\$1.47	1340 Poydras Street, Suite 1770	
Ψ111	1540 i Oyurus Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		r dividioning r latterin r de
Complete ONLY if direct	Candidate/Officeholder name Office souc	oht Office held
expenditure to benefit C/OI		gni.
Date	Dove nome	
08/07/2024	Payee name Anedot, Inc.	
		40
Amount (\$) \$2.63	Payee address; City; State; Zip Coo 1340 Poydras Street, Suite 1770	ue
Φ2.03	1340 Poyuras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
-		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		i andraising i radofffi i ee
Complete ONLY if direct	Candidate/Officeholder name Office souc	aht Office held
expenditure to benefit C/OI		gric Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

se Travel in District
se Travel Out of District
S/Contract Labor OTHER (enter a c

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form. OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 29/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
08/07/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office soil	ught Office held
Date	Payee name	
08/07/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught Office held
experientare to benefit ere		
Date	Payee name	
08/07/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1.47	1340 Poydras Street, Suite 1770	
	,	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
_//		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught Office held
onponditure to belieff 6/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 30/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/08/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T unuraising Flationin Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
Date	Payee name
08/08/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.63	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Operation ONLY if alice at	Our distance (Office health annuary)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
08/08/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex e Printing E	pense xpens			Travel in District Travel Out of Di		
Credit Card Payment The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F1: Sch: 31/99 Rpt:		E County Republican W	omen PAC			3	Filer ID 00018802	(Ethics Commission	Filers)
4 Date	5 Payee name					<u> </u>			
08/08/2024	Anedot, Inc								
6 Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	nde					
\$1.47		ras Street, Suite 1770		,uo					
Expenditure from corporate funds	New Orlea	ns, LA 70112							
8 PURPOSE OF	(a) Category (S	ee Categories listed at the top of	f this schedule)	(b)	Description				
EXPENDITURE	Fees					, TX	, officeholder livin	iplete Schedule T. g expense	
Complete ONLY if direct expenditure to benefit C/OF		iceholder name	Office sou	ght			Office h	eld	
Date	Payee name								
08/08/2024	Anedot, Inc								
Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
\$2.54	1340 Poyd	ras Street, Suite 1770							
Expenditure from corporate funds	New Orlea	ns, LA 70112							
PURPOSE OF EXPENDITURE	(a) Category (S	ee Categories listed at the top of	f this schedule)	(b)	Description Check if travel	outsi	ide of Texas. Con	plete Schedule T.	
EXPENDITORE					Check if Austin		, officeholder living tform Fee	g expense	
Complete ONLY if direct expenditure to benefit C/OF		iceholder name	Office sou	ght			Office h	eld	
Date	Payee name								
08/08/2024	Anedot, Inc								
Amount (\$) \$2.54	Payee addre	ras Street, Suite 1770	State; Zip Co	ode					
Expenditure from corporate funds	New Orlea	ns, LA 70112							
PURPOSE OF	(a) Category (S	ee Categories listed at the top of	f this schedule)	(b)	Description				
EXPENDITURE	Fees				Check if Austin	, TX	, officeholder living	plete Schedule T. g expense	
					Fundraising F	ridi	ионн нее		
Complete ONLY if direct expenditure to benefit C/OF		iceholder name	Office sou	ght			Office h	eld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 32/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/08/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
08/08/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T diffarationing i radiomini ee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/08/2024	Anedot, Inc.
	·
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
Di Libilone	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Operation Children	Out that Office helder was a supply of the second to the s
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 33/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/08/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T unutaising Flation in CC
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payeo nama
	Payee name
08/08/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
— Formanditure from	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
08/08/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4.78	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialities to beliefft C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 34/99 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
08/08/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$2.63	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	<u> </u>	
Date	Payee name	
08/08/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	_
08/08/2024	Anedot, Inc.	
	· · · · · · · · · · · · · · · · · · ·	
Amount (\$) \$2.54	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770	
Φ2.54	1340 Poyuras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
LXI LINDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete CNU V if all	Constitute (Office health a more)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

ng Expense Travel in E
ing Expense Travel Out
ries/Wages/Contract Labor OTHER (6

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W The Instruction Guide explains how to co	ages/Contract Labor OTHER (enter a category not listed above) nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 35/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
08/08/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$2.63	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght Office held
Date	Payee name	
08/08/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sout 	ght Office held
Date	Payee name	
08/09/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1.47	1340 Poydras Street, Suite 1770	
*-	20.0.000	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	,	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		i unurusing i ialionni i ee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	•	-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	mplete thi	,	
1 Total pages Schedule F1:	·		3 Filer ID (Ethics Commission F	ilers)
Sch: 36/99 Rpt:	McLennan County Republican Women PAC		00018802	11010)
4 Date	5 Payee name		•	
08/09/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$1.42	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Desc		
EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
			draising Platform Fee	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou H	<u>l</u> ıght	Office held	
Date	Payas nama			
08/09/2024	Payee name Anedot, Inc.			
	·	1 -		
Amount (\$)	Payee address; City; State; Zip Co	oue		
\$1.47	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	cription	
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.	
			Check if Austin, TX, officeholder living expense draising Platform Fee	
		Full	uraising Fiationii Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	<u> </u> ught	Office held	
Date	Payee name			
08/09/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$1.47	1340 Poydras Street, Suite 1770			
	,			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc		
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.	
			Check if Austin, TX, officeholder living expense draising Platform Fee	
			arabing readonn rec	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	<u> </u>	Office held	
expenditure to benefit C/O		491 IL	Office field	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 37/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/09/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/09/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/09/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office country Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 38/99 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
08/09/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	1	
Date	Payee name	_
08/09/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.42	1340 Poydras Street, Suite 1770	
,		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
	T undituiting Flatform F ee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
Date	Payes name	_
08/09/2024	Payee name Anedot, Inc.	
	· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
LAFENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Operation Objects "	On the total Office had decreased and the second of the se	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
p = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2		

SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 39/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/09/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T undraising Flatform F ee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Davos namo
08/09/2024	Payee name
	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4.97	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/09/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	п

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 40/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/09/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.63	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialitate to benefit 6/6	
Date	Payee name
08/09/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Evpanditura fram	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T unutaising Flation Free
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/12/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$0.73	1340 Poydras Street, Suite 1770
Ψ0.75	10.0.1 Systac Officer, Outle 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T unutuising Flutionin Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment		The Instruction Guide explains h	ow to complete this form.
otal pages Schedule F1:	2	FILER NAME	
Sch: 41/99 Rpt:		McLennan County Republican Women	PAC

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 41/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	•
08/13/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de
\$1.10	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		· ·
9 Complete ONLY if direct	Candidate/Officeholder name Office sout	pht Office held
expenditure to benefit C/OI	1	
Date	Payee name	
08/13/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$1.70	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		r anaraising r lationin r co
Complete ONLY if direct	Candidate/Officeholder name Office soug	ght Office held
expenditure to benefit C/O		
Date	Payee name	
08/13/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$1.70	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		r anaraising r lationin r ce
Complete ONLY if direct	Candidate/Officeholder name Office soug	aht Office held
expenditure to benefit C/O	·	,
i		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/C The Instruction Guide explains how to complete	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 42/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
08/13/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10.30	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
EXPENDITURE	Fees L	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Indication of the control of the con
		and along Fluiden Flore
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	Н	
Date	Payee name	
08/13/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.10	1340 Poydras Street, Suite 1770	
,		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		andraising Flation Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		C60 116.12
Date	Daying name	
08/13/2024	Payee name Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770	
\$1.10	1340 Puyuras Sireet, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) [Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
	'	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	9	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 43/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/13/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	Fundraising Flationin Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oh	
Date	Payee name
08/13/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.50	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payes name
08/13/2024	Payee name Anedot, Inc.
Amount (\$) \$1.70	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770
Ψ±.70	2010 Fording Office 1110
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations N Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
•	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 44/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/13/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.90	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFLINDITORL	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to benefit C/Oi	
Date	Payee name
08/13/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	
Date	Payee name
08/13/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
Funon ditura fra	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 45/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/13/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) a
OF OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/13/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.38	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
- p	
Date	Payee name
08/13/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.30	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	<u> </u>

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages The Instruction Guide explains how to comple	s/Contract Labor OTHER (enter a category not listed above) ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 46/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
08/13/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.10	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
08/13/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.10	1340 Poydras Street, Suite 1770	
Ψ1.10	1040 i Oydida Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Since Hold
Date	Payee name	
08/13/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.10	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 47/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/13/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
08/13/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Fundraising Platform Fee	
	T dilatalong i radioni i co
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Daving marks
08/13/2024	Payee name Anedot, Inc.
	·
Amount (\$)	Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 48/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/13/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T undialising Flation Free
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	
Date	Payee name
08/13/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$8.30	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T undialising Flation Free
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/13/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 49/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/13/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
— Foresteller of forest	
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	Tandraising Flatform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/13/2024	Anedot, Inc.
	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to serious ever	
Date	Payee name
08/14/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
- "	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
Di Libilone	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Operation Children	On didn't lotter had a many
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 50/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/15/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/19/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/21/2024	Anedot, Inc.
	·
Amount (\$)	Payee address; City; State; Zip Code
\$2.38	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

nse Travel (ense Travel (ges/Contract Labor OTHEF

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 51/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/21/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$8.63	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T unuraising Flation in Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
5.	<u> </u>
Date	Payee name
08/21/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.38	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Operation ONLY if alice at	Our distance (Office health annuary)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
·	
Date	Payee name
08/21/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.38	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
2/1 2/15/10/1C	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
onponditure to benefit 0/0	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Office Ov Polling Ex se Printing E Salaries/V	Expense Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER N	AME			3	Filer ID (Ethics Commission Filers)
	Sch: 52/99 Rpt:	McLenn	an County Republican V	Vomen PAC			00018802
4	Date	5 Payee na	ıme				
	08/21/2024	Anedot,					
6	Amount (\$)	7 Payee ac	ldress; City;	State; Zip Co	ode		
	\$2.38	•	ydras Street, Suite 1770	•			
	Expenditure from corporate funds	New Orl	eans, LA 70112				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee					
9	Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name	Office sou	ught		Office held
	Date	Payee na	ıme				
	08/23/2024	Anedot,	Inc.				
	Amount (\$)	Payee ac	ldress; City;	State; Zip Co	ode		
	\$4.47	1340 Pc	ydras Street, Suite 1770)			
	Expenditure from corporate funds	New Orl	eans, LA 70112				
	PURPOSE OF EXPENDITURE	(a) Category Fees	(See Categories listed at the top of	of this schedule)	1 <u>–</u>	tin, TX	side of Texas. Complete Schedule T. K, officeholder living expense ttform Fee
	Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name	Office sou	ught		Office held
	Date 08/25/2024	Payee na Anedot,					
	Amount (\$) \$4.47	Payee ac 1340 Pc	dress; City; ydras Street, Suite 1770	State; Zip Co	ode		
	Expenditure from corporate funds	New Orl	eans, LA 70112				
	PURPOSE OF EXPENDITURE	(a) Category Fees	(See Categories listed at the top of	of this schedule)	1 🖳	tin, TX	side of Texas. Complete Schedule T. K, officeholder living expense tform Fee
	Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name	Office sou	ught		Office held
	rms provided by Tayas F	thios Commi	ionion	athice etata tv i	ue.		Version V/4.1.0.48da51f

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 53/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/27/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	Fulldialsing Flationin Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/27/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Ψ1.42	1340 Poyuras Street, Suite 1770
Expenditure from	Now Orleans, LA 70112
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/27/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Evpanditura from	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	Fundialing Flationii Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	U

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 54/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/27/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
08/27/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.63	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T undituiting Flatform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/27/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Ψ±.¬£	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	i unuraising i lattorii i ee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment Candidate/Officeholder/Political Committee Credit Card Payment Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 55/99 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
08/27/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
	Fundialsing Flation (Fee	
O Commission Chilly W. F.	Out like 10ff as halden name	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
08/27/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.42	1340 Poydras Street, Suite 1770	
·	· · · · · · · · · · · · · · · · · · ·	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to benefit 6/01	<u>'</u>	
Date	Payee name	
08/27/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.63	1340 Poydras Street, Suite 1770	
, ,,,,,		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	1	

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Comm				
Sch: 56/99 Rpt:	McLennan County Republican Women PAC 00018802				
4 Date	5 Payee name				
08/27/2024	Anedot, Inc.				
6 Amount (\$)	7 Payee address; City; State; Zip C	ode			
\$1.42	1340 Poydras Street, Suite 1770				
Expenditure from corporate funds	New Orleans, LA 70112				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee			
		Fundraising Flationn Fee			
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held			
expenditure to benefit C/OI		diffic field			
Date	Payee name				
08/28/2024	Payee name Anedot, Inc.				
	· · · · · · · · · · · · · · · · · · ·				
Amount (\$)	Payee address; City; State; Zip C	oue			
\$1.42	1340 Poydras Street, Suite 1770				
Expenditure from					
corporate funds	New Orleans, LA 70112				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Fundraising Platform Fee			
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held			
expenditure to benefit C/OI	4				
Date	Payee name				
08/28/2024	Anedot, Inc.				
Amount (\$)	Payee address; City; State; Zip C	nde			
\$1.47	1340 Poydras Street, Suite 1770				
	20.01 0/0.00 0.000, 0.000 2.110				
Expenditure from corporate funds	New Orleans, LA 70112				
PURPOSE	(-) 0	(b) Description			
OF	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Check if Austin, TX, officeholder living expense			
		Fundraising Platform Fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held			
experiorare to benefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 57/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/28/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T dilataloning i lattorii i oo
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/28/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Ψ1.71	1040 F Gyulus Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	Fundialsing Flation Fee
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Data	
Date 08/28/2024	Payee name Anedot Inc
	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	Fundialing Flation (Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	\neg
Sch: 58/99 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
08/28/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$3.66	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
	T undraising Flationin Fee	
O Committee ONLY if direct	Our distance (Office Includes a constant of the constant of th	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
<u> </u>		
Date	Payee name	
08/28/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
_/	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
		_
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
experientare to benefit 6/6		
Date	Payee name	
08/29/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.47	1340 Poydras Street, Suite 1770	
, -		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	n e e e e e e e e e e e e e e e e e e e	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Expense Travel In Distr Expense Travel Out of S/Wages/Contract Labor OTHER (ente

Credit Card Payment	The Instruction Guide explains how to complete	(*
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Sch: 59/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	·
08/29/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		. and along i lation in to
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Office Held
Dete		
Date	Payee name	
08/29/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
08/30/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE		Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 000	Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	Н	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to con	plete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 60/99 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
08/30/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le		
\$1.47	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	Check if travel	outside of Texas. Com	
LXI LINDITORE			n, TX, officeholder living	expense
		Fundraising F	Plationii Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office he	old.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		TH.	Office ne	au
Data				
Date	Payee name			
08/30/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Coc	le		
\$1.47	1340 Poydras Street, Suite 1770			
Expenditure from				
corporate funds	New Orleans, LA 70112			
PURPOSE OF	, ,	(b) Description		
EXPENDITURE	Fees	—	outside of Texas. Com	
		Fundraising F		,,
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office he	eld
expenditure to benefit C/OI	1			
Date	Payee name			
08/30/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Coo	le		
\$1.47	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(4)	(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Fees		outside of Texas. Com	plete Schedule T.
EXPENDITURE		ш	ı, TX, officeholder living	expense
		Fundraising F	Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office he	eld
2p 22				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage I - Gift/Awards/Men Committee Legal Services	Expense Polling Exp norials Expense Printing Exp		Travel in Distric Travel Out of Di	
Credit Card Payment	The Instruction	on Guide explains how to con	plete this form.		
1 Total pages Schedule F1: Sch: 61/99 Rpt:	2 FILER NAME McLennan County Rep	ublican Women PAC		3 Filer ID 00018802	(Ethics Commission Filers)
4 Date	5 Payee name			<u> </u>	
08/31/2024	Anedot, Inc.				
6 Amount (\$)	7 Payee address; City;	State; Zip Coo	le		
\$2.54	1340 Poydras Street, S	Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112	2			
8 PURPOSE OF	(a) Category (See Categories list	ed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees			outside of Texas. Con	
			Fundraising I		у ехрепас
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder nan	ne Office soug	ht	Office h	eld
Date	Payee name				
08/31/2024	Anedot, Inc.				
	·	Chata: 7in Cas	l-		
Amount (\$)	Payee address; City;	State; Zip Coo	le		
\$2.63	1340 Poydras Street, S	suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112	2			
PURPOSE	(a) Category (See Categories liste	ed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		<u> </u>	outside of Texas. Con	
_/			ш	, TX, officeholder livin	g expense
			Fundraising I	Piationn Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder nam	ne Office soug	ht	Office h	eld
Date	Payee name				
08/31/2024	Anedot, Inc.				
Amount (\$)	Payee address; City;	State; Zip Coo	lo.		
\$2.63	1340 Poydras Street, S				
Ψ2.03	1340 Foyulas Sileet, S	ouite 1770			
Expenditure from corporate funds	New Orleans, LA 70112	2			
PURPOSE	(a) Category (See Categories list	ed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		ш	outside of Texas. Con	•
			Check if Austin	n, TX, officeholder livin	y expense
			FundialSing I	ialioiiii FEE	
Occupation Objective "	On a distant tom		1-4		-1.4
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder nan	ne Office soug	nt 	Office h	eia
Forms provided by Tayas F	thics Commission	www.athice state ty us			Version V// 1 0 //8da51f7

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	<u> </u>
Sch: 62/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
09/01/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.63	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/01/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/01/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	i dildraising i lationii i ee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 63/99 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
09/01/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
experiorure to benefit C/O		
Date	Payee name	
09/01/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
	T analasing Flation From	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	_
09/02/2024	Anedot, Inc.	
	· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Operation Children	On the Company of the	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 64/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
09/02/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.47	1340 Poydras Street, Suite 1770	
- Evpanditura from		
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office field
Date	Payee name	
09/02/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.47	1340 Poydras Street, Suite 1770	
Evnanditura from		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		Tundraising Flatform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
Data	Payer name	
Date 09/02/2024	Payee name Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		Fundraising Flationin Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	•	Office field
•		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

•	omplete this form.
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
McLennan County Republican Women PAC	00018802
5 Payee name	
Anedot, Inc.	
7 Payee address; City; State; Zip Co	ode
1340 Poydras Street, Suite 1770	
New Orleans, LA 70112	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Fees	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	r unuraising r lation in rec
Condidate/Officeholder name Office ser	lught Office held
	ight Office held
Payee name	
Anedot, Inc.	
Payee address; City; State; Zip Co	ode
1340 Poydras Street, Suite 1770	
New Orleans, LA 70112	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Fees	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Condidate/Officeholder name	Office held
	ight Office held
Payee name	
Anedot, Inc.	
Payee address; City; State; Zip Co	ode
1340 Poydras Street, Suite 1770	
New Orleans, LA 70112	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Fees	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	ught Office held
1	
	The Instruction Guide explains how to complete the Instruction Guide explains how the Instruc

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 66/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
09/03/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$2.63	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
09/03/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip C	ode
\$2.63	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
09/03/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1.47	1340 Poydras Street, Suite 1770	
- Funanditura from		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
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Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	Luaht Office held
expenditure to benefit C/OI		Since field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 67/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	•
09/03/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		office field
Dete		
Date	Payee name	
09/03/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE OF	, ,	b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		•
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	-1	
Date	Payee name	
09/04/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(4) 0 .	b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 565	Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
experialtare to beliefft C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/ Onations Made By -

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 68/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
09/04/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/04/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
09/04/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.63	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LA LIBITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
oxponditure to benefit 0/0	•

SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 69/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
09/04/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T unutaising Flationin Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	the state of the s
Date	Paraga marras
	Payee name
09/04/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/OI	<u>'</u>
Date	Payee name
09/04/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Occupations Children	Out light 10ff on helder your and the country of th
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 70/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
09/04/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	'
Date	Payee name
09/04/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.63	1340 Poydras Street, Suite 1770
42.00	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/05/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Ψ1.47	1040 F Gyulus Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 71/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
09/05/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/05/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.63	
\$2.03	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payao namo
09/05/2024	Payee name Anedot, Inc.
	·
Amount (\$)	Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Credit Card Payment	The Instruction Guide explains how to co	·	te this form.
1 Total pages Schedule F1:	·		3 Filer ID (Ethics Commission Filers)
Sch: 72/99 Rpt:	McLennan County Republican Women PAC	00018802	
4 Date	5 Payee name		•
09/05/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		'	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/Ol	L Candidate/Officeholder name Office sou H	<u>l</u> ught	Office held
·			
Date	Payee name		
09/05/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$2.54	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
LXFLINDITORL		[Check if Austin, TX, officeholder living expense
			Fundraising Platform Fee
		<u> </u>	200
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
Date	Payee name		
09/05/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.47	1340 Poydras Street, Suite 1770		
	_		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Fundraising Platform Fee
			. and along Flation Fro
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ıaht	Office held
expenditure to benefit C/O		agrit	Office riciu

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)						
	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 73/99 Rpt:	McLennan County Republican Women PAC 00018802						
4 Date	5 Payee name						
09/05/2024	Anedot, Inc.						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$2.54	1340 Poydras Street, Suite 1770						
Expenditure from corporate funds	New Orleans, LA 70112						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF	Fees Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Check if Austin, TX, officeholder living expense						
	Fundraising Platform Fee						
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
experialitie to benefit C/Oi							
Date	Payee name						
09/05/2024	Anedot, Inc.						
Amount (\$)	Payee address; City; State; Zip Code						
\$3.66	1340 Poydras Street, Suite 1770						
Expenditure from corporate funds	New Orleans, LA 70112						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
EXI ENDITORE	Check if Austin, TX, officeholder living expense						
	Fundraising Platform Fee						
2 1 2 2 1 1 2 1 1							
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
09/05/2024	Anedot, Inc.						
Amount (\$)	Payee address; City; State; Zip Code						
\$2.54	1340 Poydras Street, Suite 1770						
Evpanditura from							
Expenditure from corporate funds	New Orleans, LA 70112						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
LA LADITORL	Check if Austin, TX, officeholder living expense						
	Fundraising Platform Fee						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
SAPORARIO TO BOTTON O/OI	•						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

Credit Card Payment	The Instruction Guide explains how to complete	, , ,
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 74/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	'
09/05/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.47	1340 Poydras Street, Suite 1770	
	·	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		J
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		
Date	Payee name	
09/05/2024	Anedot, Inc.	
Amount (\$)		
\$1.47	1	
Φ1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		Fundraising Flationin Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Office field
Data		
Date 09/05/2024	Payee name Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.54	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE OF	·	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		
		V

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 75/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
09/05/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	Fundraising Flationii Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/05/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/05/2024	Anedot, Inc.
	·
Amount (\$)	Payee address; City; State; Zip Code
\$6.13	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to co	Wages/Contract Labor OTHER (enter a category not listed above) omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 76/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
09/05/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soi H	Lught Office held
Date	Payee name	
09/05/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
_/		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soil	ught Office held
· 		
Date	Payee name	
09/05/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soi	ught Office held
experialities to beliefft C/O	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

Candidate/Officeholder/Politica Credit Card Payment	ical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a The Instruction Guide explains how to complete this form.	a category not listed above)
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
Sch: 77/99 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
09/05/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Com	
EXI ENDITORE	Check if Austin, TX, officeholder living	g expense
	Fundraising Platform Fee	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office h	eld
Date	Payee name	
09/05/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.47		
Ψ1.47	1040 F Gydrus Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Com	
EXI ENDITORE	Check if Austin, TX, officeholder living	g expense
	Fundraising Platform Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	eld
expenditure to benefit C/O		old
Date	Payee name	
09/06/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Com	•
	Check if Austin, TX, officeholder living Fundraising Platform Fee	g expense
	Fundraising Platform Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	eld
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	\neg
Sch: 78/99 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
09/06/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
	T diffactioning T factorini T de	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Data		=
Date	Payee name	
09/06/2024	Anedot, Inc.	_
Amount (\$)	Payee address; City; State; Zip Code	
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
		\exists
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit ere.		
Date	Payee name	
09/06/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to benefit G/OI	<u>'</u>	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 79/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	<u>'</u>
09/06/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE		(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
experience to believe even		
Date	Payee name	
09/06/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1.47	1340 Poydras Street, Suite 1770	
- Cynonditure from		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sour	oht Office held
expenditure to benefit C/O	•	Jiit Office field
Date	Payee name	
09/06/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE OF	,	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 80/99 Rpt:	
4 Date	5 Payee name
09/06/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T dildidising Flatforn Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/06/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/06/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$3.80	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
•	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/ Credit Card Payment	Political Committee	Legal Services The Instruction Guide expl		ges/Contract Labor	0	THER (enter a	category not listed above)
1 Total pages Schedule	F1: 2 FILER NAM	E			3 Fi	ler ID	(Ethics Commission Filers)
Sch: 81/99 Rpt:		County Republican Wo	men PAC		0	0018802	
4 Date	5 Payee name						
09/06/2024	Anedot, Inc	.					
6 Amount (\$)	7 Payee addre	ess; City; S	tate; Zip Code	9			
\$1		ras Street, Suite 1770					
Expenditure from corporate funds	New Orlea	ns, LA 70112					
8 PURPOSE OF	(a) Category (S	see Categories listed at the top of th	is schedule) (I	Description			
EXPENDITURE	Fees			<u> </u>			plete Schedule T.
				Check if Austin			r expense
				rundraising	i iatio	111111111111111111111111111111111111111	
Complete ONLY if directly expenditure to benefit		iceholder name	Office sough	nt		Office he	eld
Date	Payee name	!					
09/06/2024	Anedot, Inc	,,					
Amount (\$)	Payee addre	ess; City; S	tate; Zip Code	e			
` ′	I -	ras Street, Suite 1770					
Expenditure from corporate funds	New Orlea	ns, LA 70112					
PURPOSE	(a) Category (s	see Categories listed at the top of th	is schedule) (I	Description			
OF EXPENDITURE	Fees			ш			plete Schedule T.
				Check if Austin			expense
				Fundraising	Pialio	ım Fee	
Complete ONLY if dire		iceholder name	Office sough	nt		Office he	eld
expenditure to benefit	C/OH						
Date	Payee name						
09/06/2024	Anedot, Inc						
Amount (\$)	Payee addre		tate; Zip Code				
` ′	1 1		itate, Zip Cour	-			
$\phi_{ m T}$.47 1340 Poyd	ras Street, Suite 1770					
Expenditure from corporate funds	New Orlea	ns, LA 70112					
PURPOSE	(a) Category (S	see Categories listed at the top of th	is schedule) (I	Description			
OF EXPENDITURE	Fees						plete Schedule T.
LAFENDITORE				Check if Austin			expense
				Fundraising	Platfo	rm Fee	
Complete ONLY if dire		iceholder name	Office sough	nt		Office he	eld
expenditure to benefit	C/UH						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission I	Filers)
Sch: 82/99 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
09/06/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2.54	1340 Poydras Street, Suite 1770	
- Funanditura from		
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
LAFENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	<u> </u>	
Date	Payee name	
09/10/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.50	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
	T unutuising Flattorin Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
Dete		
Date	Payee name	
09/10/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.50	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
3.,50		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 83/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
09/10/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/10/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
41.12	10 to to dyarde edited 11 to
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/10/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.70	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	, and along , landing to
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 84/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
09/10/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
- Evpanditura from	
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
09/10/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
— Foresaditus from	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T undraising Transfirm Tee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Data	
Date	Payee name
09/10/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.90	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p = 1 11 11 11 11 11 11 11 11 11 11 11 11	

SCHEDULE F1

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

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

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

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

Credit Card Payment	The Instruction Guide explains how to com	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 85/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	<u> </u>
09/10/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le
\$1.70	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
O Commission ONLY if allowed	Open distants (Office In Indian records)	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug H	ht Office held
Date	Payee name	
09/10/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Cod	de
\$2.70	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O		
Date	Payee name	
09/10/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$1.42	1340 Poydras Street, Suite 1770	
	,	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(4)	(h) Description
OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 003	Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
experiorare to benefit C/O	1	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wage The Instruction Guide explains how to compl	s/Contract Labor OTHER (enter a category not listed above) ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 86/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
09/10/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
09/10/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
09/10/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.10	1340 Poydras Street, Suite 1770	
Ψ1.10	1340 i Oyuras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		i unui aising rianoitti ree
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	•	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 87/99 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
09/10/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.10	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Fees Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
CAPCHARLINE TO DEHERIT C/OI	•	
Date	Payee name	
09/10/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.10	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
09/10/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.10	1340 Poydras Street, Suite 1770	
Formani (Co. Co.		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
LAI LINDITURE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Chypotherical to Softon Croft		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Printing E mmittee Legal Services Salaries/		se Travel Out of District //Contract Labor OTHER (enter a category not listed above)
	Credit Card Payment		The Instruction Guide explains how to co	omple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 88/99 Rpt:		McLennan County Republican Women PAC		00018802
4	Date	5	Payee name		
	09/10/2024		Anedot, Inc.		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$1.70		1340 Poydras Street, Suite 1770		
	T Expenditure from				
L	corporate funds		New Orleans, LA 70112		
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Fundraising Platform Fee
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/O	-			
	Date		Payee name		
	09/10/2024		Anedot, Inc.		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$1.97		1340 Poydras Street, Suite 1770		
_	T Expenditure from				
L	corporate funds		New Orleans, LA 70112		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Fundraising Platform Fee
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/O	1			
	Date		Payee name		
	09/16/2024		Anedot, Inc.		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$2.80		1340 Poydras Street, Suite 1770		
_	T Expenditure from				
L	corporate funds		New Orleans, LA 70112	_	
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Fundraising Platform Fee
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/O	-			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 89/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
09/24/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.63	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	i analalong vialioni voo
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
2 .	
Date	Payee name
09/24/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Evnanditura from	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to benefit 6/01	<u> </u>
Date	Payee name
09/24/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if allow	Condidate/Officeholder name Office south
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 90/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	•
09/25/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	е
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sougl	nt Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		it Office field
Dete		
Date	Payee name	
09/25/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	е
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		Č
Complete ONLY if direct	Candidate/Officeholder name Office sougl	nt Office held
expenditure to benefit C/OI	4	
Date	Payee name	
09/25/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	e
\$3.80	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	[(a) a	b) Description
OF	(a) Category (See Categories listed at the top of this schedule)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held
5	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Cabadula F1:		
1 Total pages Schedule F1:		
Sch: 91/99 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
09/25/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2.63	1340 Poydras Street, Suite 1770	
,		
Expenditure from	Now Orleans I A 70110	
corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
expenditure to benefit 6/6		
Date	Payee name	
09/25/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.63	1340 Poydras Street, Suite 1770	
+ =.00		
Expenditure from	Now Orleans I A 70110	
corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
experientare to benefit 6/0		
Date	Payee name	
09/25/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.47	1340 Poydras Street, Suite 1770	
Ψ±.¬1		
Expenditure from	Navy Orleans I A 70440	
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
experiment to benefit O/O/1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 92/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
09/25/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.63	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date 09/26/2024	Payee name
	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.63	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-
Date	Payee name
09/26/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.63	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to belieff 6/0	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Co The Instruction Guide explains how to complete	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 93/99 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
09/26/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.90	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	escription
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
LAI LIBITORE		Check if Austin, TX, officeholder living expense
		undraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Office field
Date	Payee name	
09/26/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	escription
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		undraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		
Date	Payee name	
09/26/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.63	1340 Poydras Street, Suite 1770	
Expenditure from	New Orleans LA 70110	
corporate funds	New Orleans, LA 70112	
PURPOSE OF	1	escription
EXPENDITURE	Fees L	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense undraising Platform Fee
		andraising Fraction Free
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	•	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 94/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
09/26/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.47	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	Tundraising Flation 11 co
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/16/2024	Baylor Club
Amount (\$)	Payee address; City; State; Zip Code
\$3,863.70	1001 South Martin Luther King Blvd,
Expenditure from corporate funds	Waco, TX 76704
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Food and Beverage for Monthly Luncheon
	1 ood and beverage for Monthly Euroneon
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/16/2024	Payee name Baylor Club
	,
Amount (\$)	Payee address; City; State; Zip Code
\$3,471.73	1001 South Martin Luther King Blvd,
Expenditure from corporate funds	Waco, TX 76704
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Food and Beverage for Monthly Luncheon
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
4 Tatal marian Calcula E1.	· · · · · · · · · · · · · · · · · · ·								
Total pages Schedule F1: Sch: 95/99 Rpt:	2 FILER NAME3 Filer ID(Ethics Commission Filers)McLennan County Republican Women PAC00018802								
4 Date	5 Payee name								
07/22/2024	CFO Shield, LLC dba Red Elephant Reports								
6 Amount (\$) \$677.94	7 Payee address; City; State; Zip Code 959 W. Glade Rd.								
Expenditure from corporate funds	Hurst, TX 76054								
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.								
ZA ZABITORZ	Check if Austin, TX, officeholder living expense								
	Campaign Bookkeeping Services and Support								
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/Ol									
Date	Payee name								
08/12/2024	CFO Shield, LLC dba Red Elephant Reports								
Amount (\$)	Payee address; City; State; Zip Code								
\$377.94	959 W. Glade Rd.								
Expenditure from corporate funds	Hurst, TX 76054								
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.								
	Compaign Regulder living expense								
	Campaign Bookkeeping Services and Support								
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
Date	Payee name								
09/13/2024	CFO Shield, LLC dba Red Elephant Reports								
Amount (\$)	Payee address; City; State; Zip Code								
\$383.35	959 W. Glade Rd.								
\$353.00									
Expenditure from corporate funds	Hurst, TX 76054								
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.								
ZA ZADITORE	Check if Austin, TX, officeholder living expense								
	Campaign Bookkeeping Services and Support								
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held								
expenditure to benefit C/Ol									

SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 96/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/12/2024	Graphic Garage
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,164.23	1100 S. 30th St.
Expenditure from	
corporate funds	Waco, TX 76711
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Printed T-Shirts and Embroidered Polo Shirts
	Timed Tolling and Emblodered Fold Shing
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/30/2024	Lamar Advertising Company
Amount (\$)	Payee address; City; State; Zip Code
\$11,604.00	510 S Valley Mills Dr. #304
Expenditure from corporate funds	Waco, TX 76710
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Vote Republican Billboard Advertisement
	vote Republican Billboard Naverusement
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/01/2024	MailChimp
Amount (\$)	Payee address; City; State; Zip Code
\$47.97	675 Ponce de Leon Avenue NE, Suite 5000
Ψ+1.51	575 Fortice de Leon Avenue (VL, Suite 3000
Expenditure from corporate funds	Atlanta, GA 30308
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	Monthly Email Service
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)							
	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
Sch: 97/99 Rpt:	McLennan County Republican Women PAC 00018802							
4 Date	5 Payee name							
07/29/2024	MailChimp							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$47.97	675 Ponce de Leon Avenue NE, Suite 5000							
Expenditure from corporate funds	Atlanta, GA 30308							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF	Advertising Expense							
EXPENDITURE	Check if Austin, TX, officeholder living expense							
	Monthly Email Service							
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/O	1							
Date	Payee name							
08/29/2024	MailChimp							
Amount (\$)	Payee address; City; State; Zip Code							
\$47.97	675 Ponce de Leon Avenue NE, Suite 5000							
Expenditure from corporate funds	Atlanta, GA 30308							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF	Advertising Expense							
EXPENDITURE	Check if Austin, TX, officeholder living expense							
	Monthly Email Service							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
experialiture to benefit C/O	<u>'</u>							
Date	Payee name							
09/06/2024	Swift Media							
Amount (\$)	Payee address; City; State; Zip Code							
\$1,400.00	914 Lake Air Drive, Suite B							
- Formanditure Cons								
Expenditure from corporate funds	Waco, TX 76710							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Advertising Expense							
EXPENDITORE	Check if Austin, TX, officeholder living expense							
	Vote Republican Billboard Advertisement							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
5/10/10/10/10 00/10/10 0/0								

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.								Travel in Distr Travel Out of OTHER (enter			
1	Total pages Schedule F1:	2	FILER NAME	ER NAME 3							Filer ID	(Ethics Commission I	Filers)
	Sch: 98/99 Rpt:		McLennan	County I	Republica	an Wome	n PAC				00018802		
4	Date	5	Payee name	!									
	08/16/2024		TFRW										
6	Amount (\$)	7	Payee addre	ess; C	city;	State	e; Zip C	ode					
	\$225.00		13740 N. H	lighway :	183, Suite	e J4							
	Expenditure from corporate funds		Austin, TX	78750									
8	PURPOSE	(a)	Category (S	ee Categorie	es listed at the	top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Contribution Candidate/				nittee		=	ı, TX	, officeholder liv	omplete Schedule T. ng expense	
9	Complete ONLY if direct expenditure to benefit C/OI	-	Candidate/Off	iceholder	name		Office so	ught			Office	held	
	Date		Payee name	!									
	08/20/2024		TFRW										
	Amount (\$)		Payee addre	ess; C	ity;	State	e; Zip C	ode					
	\$400.00		13740 N. H	lighway 1	183, Suite	e J4							
	Expenditure from corporate funds		Austin, TX	78750									
	PURPOSE OF	(a)	Category (S				hedule)	(b)	Description				
EXPENDITURE			Contributions/Donations Made By Candidate/Officeholder/Political Committee						Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
			our alaato,	011100110		our comm			Donation - So	cho	olarship		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder	name		Office so	ught			Office	held	
	Date		Payee name										
	08/20/2024		TFRW										
	Amount (\$)		Payee addre	ess; C	ity;	State	e; Zip C	ode					
	\$250.00		13740 N. H	lighway 1	183, Suite	e J4							
	Expenditure from corporate funds		Austin, TX	78750									
	PURPOSE OF	(a)	Category (S				hedule)	(b)	Description				
	EXPENDITURE		Contribution Candidate/				nittee		ш		, officeholder livi	implete Schedule T. ng expense	
				50110		Join			Donation - H				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder	name		Office so	ught			Office	held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 99/99 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
08/20/2024	TFRW
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 13740 N. Highway 183, Suite J4
	13740 N. Filgriway 103, Suite 34
Expenditure from corporate funds	Austin, TX 78750
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Donation - Two tables for Honorees at Women's Conference
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/30/2024	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$249.99	13740 N. Highway 183, Suite J4
Expenditure from corporate funds	Austin, TX 78750
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Donation - Tickets to Tribute to Women luncheon for Three Honorees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held