

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00015780	<b>2</b> Total pages filed: 10
<b>3</b> COMMITTEE NAME Montgomery County Republican Women		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 10/28/2024	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 1766  Conroe, TX 77305-1766		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Nancy E.		
	NICKNAME LAST SUFFIX Hicks		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 212 Friesian Lane  Spring, TX 77382		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 212 Friesian Lane  Spring, TX 77382		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 212 Friesian Lane  Spring, TX 77382		
	AREA CODE PHONE NUMBER EXTENSION (713) 384-3624		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
	<b>10</b> PERIOD COVERED Month Day Year      THROUGH      Month Day Year 09/27/2024      10/26/2024		
<b>11</b> ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Montgomery County Republican Women	<b>13 Filer ID</b> (Ethics Commission Filers) 00015780
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b>	\$	0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold		
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	926.57
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$	0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$	0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	42,332.15
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	0.00

**16 AFFIDAVIT**

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

Mrs. Nancy E. Hicks  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Montgomery County Republican Women		<b>18 Filer ID</b> (Ethics Commission Filers) 00015780
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 926.57
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,644.75
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 4/10
<b>2</b> FILER NAME Montgomery County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00015780
<b>4</b> Date 09/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Suzanne (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  The Woodlands, TX 77381	<b>7</b> Amount of Contribution (\$)  \$30.01
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Not Applicable
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Suzanne (Ms.) <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77381	Amount of Contribution (\$)  \$30.94
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Applicable
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Addison, Patti <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77302	Amount of Contribution (\$)  \$70.54
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arthur, Shana (Mrs.) <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$30.01
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Callanan, Karen (Ms.) <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$30.94
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) NA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/10
<b>2</b> FILER NAME Montgomery County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00015780
<b>4</b> Date 09/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chambers, Kent <hr/> <b>6</b> Contributor address; City; State; Zip Code  Willis, TX 77378	<b>7</b> Amount of Contribution (\$)  \$60.16
<b>8</b> Principal occupation / Job title (See Instructions) NA		<b>9</b> Employer (See Instructions) NA
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chapa, Samantha <hr/> Contributor address; City; State; Zip Code  Magnolia, TX 77354	Amount of Contribution (\$)  \$30.01
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) University of Houston
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cormier, Christin <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$30.01
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cormier, Christin <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$30.01
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Golemon, Scott (The Honorable) <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77306	Amount of Contribution (\$)  \$30.94
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Chief Justice 9th District Court of Appeals

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 6/10
<b>2</b> FILER NAME Montgomery County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00015780
<b>4</b> Date 09/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gynn, Lynnette <hr/> <b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77302	<b>7</b> Amount of Contribution (\$)  \$68.70
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gynn, Lynnette <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77302	Amount of Contribution (\$)  \$30.01
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ives, Kathy <hr/> Contributor address; City; State; Zip Code  Willis, TX 77313	Amount of Contribution (\$)  \$30.01
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) HA
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maguire, Marianna <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$30.94
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maguire, Marianna <hr/> Contributor address; City; State; Zip Code  Spring, TX 77386	Amount of Contribution (\$)  \$30.01
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/10
<b>2</b> FILER NAME Montgomery County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00015780
<b>4</b> Date 10/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McManis, Margaret <hr/> <b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77302	<b>7</b> Amount of Contribution (\$)  \$30.01
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Myers, Danean (Ms.) <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77302	Amount of Contribution (\$)  \$30.94
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Not Applicable
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peters, Rachael <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77382	Amount of Contribution (\$)  \$30.01
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) NA
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rickli, Kathleen (Mrs.) <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77375	Amount of Contribution (\$)  \$30.94
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not applicable
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schantz , Kimberley <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77382	Amount of Contribution (\$)  \$60.16
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) NA

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/10
<b>2</b> FILER NAME Montgomery County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00015780
<b>4</b> Date 09/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Skelton, Daphney (Mrs.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Montgomery, TX 77316	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Not Applicable
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toth, Steve (Rep.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Conroe, TX 77384	
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) Montgomery County, Texas
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Beverly	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Conroe, TX 77302	
Principal occupation / Job title (See Instructions) house wife		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Jay (The Honorable)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Conroe, TX 77302	
Principal occupation / Job title (See Instructions) Judge, 9th Court of Appeals		Employer (See Instructions) State of Texas



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/2 Rpt: 9/10	<b>2</b> FILER NAME Montgomery County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00015780
<b>4</b> Date 10/15/2024	<b>5</b> Payee name Faubel, Julie	
<b>6</b> Amount (\$) 50.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 3110 Golfcrest Dr Montgomery, TX 77356	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Travel Out of District	<b>(b)</b> Description (See instructions regarding type of information required.) TFRW District Diredctor Travel expenses for TFRW meetings
Date 10/15/2024	Payee name MELANCON, ALICE	
Amount (\$) 50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 17034 Shy Leaf Ct. Conroe, TX 77385	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Travel Out of District	<b>(b)</b> Description (See instructions regarding type of information required.) Travel to TFRW Meetings
Date 10/25/2024	Payee name Maguire, Marianna	
Amount (\$) 31.25 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 27119 W. Balsam Fir Cir Spring, TX 77386	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	<b>(b)</b> Description (See instructions regarding type of information required.) Refund for duplicate payment
Date 10/24/2024	Payee name Preisler Golf Properties	
Amount (\$) 1,170.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 550 Country Club Drive Conroe, TX 77302	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) October Luncheon Fees

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 2/2 Rpt:	<b>2</b> FILER NAME Montgomery County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00015780
<b>4</b> Date 10/15/2024	<b>5</b> Payee name Samaritan's Purse	
<b>6</b> Amount (\$) 200.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip P. O. Box 3000  Boone, NC 28607	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Charitable Donation	<b>(b)</b> Description (See instructions regarding type of information required.) Donation to help with Hurricane Helene Victims
Date 10/04/2024	Payee name Speed Printing & Office Supply	
Amount (\$) 43.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1105 W. Dallas  Conroe, TX 77301	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Printing Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Newsletters
Date 10/12/2024	Payee name TFRW	
Amount (\$) 75.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P. O. Box 171146  Austin, TX 78711-0041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Membership Fees
Date 10/15/2024	Payee name TFRW	
Amount (\$) 25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P. O. Box 171146  Austin, TX 78711-0041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Donation to offset some of the food costs of the 4th Qtr Board Meeting