GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00068733		2 Total pages filed: 22
3	COMMITTEE NAME		-			OFFICE USE ONLY
	Hays County Repu	ıblican Women				Date Received
						10/07/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	ΓV·	STATE; ZIP CODE		10/01/2024
4	ADDRESS	P.O. Box 1697	нт,	STATE, ZIF CODE	-	
		F.O. DOX 1097				Date Hand-delivered or Date Postmarked
	Change of Address	Dripping Springs, TX 78620-9998				
		Dripping Springs, 1X 76020-3336				Receipt # Amount
						Date Processed
						Date Imaged
5	CAMPAIGN	MS / MRS / MR FIRST				MI
	TREASURER NAME	Becky				
		NICKNAME LAST				SUFFIX
		Hites				
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CIT	ΓY;	STATE; ZIP CODE
	STREET	519 Field Corn Lane				
	ADDRESS					
	(Residence or Business)	San Marcos, TX 78666				
7		STREET OR PO BOX;		APT / SUITE #; C	ITY;	STATE; ZIP CODE
	TREASURER MAILING	519 Field Corn Lane				
	ADDRESS					
	Change of Address	San Marcos, TX 78666				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXT	ENSION		
	TREASURER	(917) 862-6557				
	PHONE					
9	REPORT	January 15 X 30	0th d	ay before election	Г	Dissolution (Attach PAC-DR)
	TYPE		h da	y before election		10th day after campaign treasurer
		July 15			L	termination
			unof			
10	PERIOD	Month Day Year		Month Da	ay	Year
	COVERED	07/01/2024 TH	HRC	OUGH 09/26/2	2024	Ļ
11	ELECTION	ELECTION DATE		ELECTION TYPE		
			Prima	ary Runoff		Other
		11/05/2024	Gene	ral Special		
		· · · · · ·				
		GO	то	PAGE 2		
Foi	rms provided by Tex	xas Ethics Commission www.et	thic	s.state.tx.us		Version V4.1.0.48da51f7

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Hays County Republica	n Women		00068733	
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	<u> </u>			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted	Judge Tanner Neidhardt Distri	ct Judge	
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA			
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	468.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	I		I	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Becky	/ Hites	
		Signature of Car		ırer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		,
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

Page 3 of 22

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Hays County Republica	n Women				00068733	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Morgan Hammer	County Comm	issioner	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Anthony Hipolito	Hays County S	heriff	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates		Philip Muzzy Hay		at Clark	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Ρηπιρ Μάζεν Ηα	ys County Distri		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

Page 4 of 22

12 COMMITTEE NAME				13 Fil	er ID	(Ethics Commission Filers)
Hays County Republica	n Women			00	068733	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	David Saenz Sr. Hay	s County Consta	ble Pct 2	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates	A. Supported				
ACTIVITY	(Identify by name or, if applicable, classify by party.)	A. Supporteu				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Officer John Ellen Ha	iys County Const	able Pct	5
COMMITTEE	1. Candidates	A. Supported	Tennyson Moreno Sta	ate Representati	ve	
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					

FORM GPAC COVER SHEET PG 3

17 COMMIT Hays Co	TEE NAME unty Republican Women	18 Filer ID 00068733	(Ethics Commission Filers)
			1
	LE SUBTOTALS = SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 468.10
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	DR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$
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. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 8,955.57
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

SUBTOTALS - GPAC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Insti	ruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/3 Rpt: 6/22	
2 FILER NAM	 IE		3 Filer ID (Ethics Commission Filer	rs)
	nty Republican Women		00068733	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
08/19/202			\$3	38.10
	6 Contributor address; City; State; Zip Code			
	AUSTIN, TX 78737			
-	cupation / Job title (See Instructions)	9 Employer (See Instructions)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/19/202			\$4	40.00
	Contributor address; City; State; Zip Code			
	Lockhart, TX 78644			
-	cupation / Job title (See Instructions)	Employer (See Instructions)	
CFO		HR Affairs		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/26/202			\$4	40.00
	Contributor address; City; State; Zip Code			
	San Marcos, TX 78666			
	cupation / Job title (See Instructions)	Employer (See Instructions)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/19/202	4 Cochran, Jill		\$4	40.00
	Contributor address; City; State; Zip Code			
Dringingligg	Kyle, TX 78640	European (Case Instructions	x	
-	cupation / Job title (See Instructions)	Employer (See Instructions)	
Registered				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/22/202			54	40.00
	Contributor address; City; State; Zip Code			
	Drinning Enringe TV 79620			
Drippingligg	Dripping Springs, TX 78620	Employer (Coo Instructions	N	
Principal oc Retired	cupation / Job title (See Instructions)	Employer (See Instructions)	
Retileu				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/3 Rpt: 7/22	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	y Republican Women		00068733	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
08/20/2024	Ellen, SANDI		\$	640.00
	6 Contributor address; City; State; Zip Code			
	Buda, TX 78610			
-	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Sales		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/25/2024			\$	\$25.00
	Contributor address; City; State; Zip Code			
	Wimberley, TX 78676			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Business ov	vner			
Date	Full name of contributor out-of-state PAC (ID#:_	·)	Amount of Contribution (\$)	
07/03/2024			\$	\$40.00
	Contributor address; City; State; Zip Code			
	Buda, TX 78610			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
07/03/2024	King, Virginia			\$5.00
	Contributor address; City; State; Zip Code			
	San Marcos, TX 78666			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/28/2024				\$40.00
	Contributor address; City; State; Zip Code			
	Buda, TX 78610			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Retired			, ,	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/3 Rpt: 8/22
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hays Count	y Republican Women		00068733
4 Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
07/30/2024		/	\$40.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78737		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
retired		Retired	,
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/14/2024	Full name of contributor out-of-state PAC (ID#: Ronaon, Melissa)	\$40.00
00/14/2024			\$40.00
	Contributor address; City; State; Zip Code		
	Kyle, TX 78640		
Dringinglago			
Homemake	upation / Job title (See Instructions)	Employer (See Instructions	5)
ноттептаке			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/02/2024			\$40.00
	Contributor address; City; State; Zip Code		
	SAN MARCOS, TX 78666	i	
-	upation / Job title (See Instructions)	Employer (See Instructions	s)
OFFICE MA	ANAGER		

OF EXPENDITURE Food/Beverage Expense Lice Joint Meeting Date Payee name AMAZON Amount (\$) Payee Address; City; State; Zip 18.38 410 TERRY AVENUE N. 18.38 10 TERRY AVENUE N. 18.38 Gategory (See instructions for examples of acceptable categories) PURPOSE (a) Category (See instructions for examples of acceptable categories) PURPOSE (a) Category (See instructions for examples of acceptable categories) Date Payee name 07/20/2024 AMAZON Amount (\$) Payee name 63.18 410 TERRY AVENUE N. 12corporate funds SEATTLE, WA 98109 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required High Tea Cupcake Stands 07/20/2024 AMAZON Amount (\$) Payee ddress; 01 City; State; Zip 410 TERRY AVENUE N. 1 Event Expense 07/25/2024 AMAZON Amount (\$) Payee name 07/25/2024 AMAZON Amount (\$) Payee name 07/25/2024 AMAZON Amount (\$) Payee Address; 25.97 4	Total pages Schedule I: Sch: 1/14 Rpt:	2 FILER NAME Hays County Republican Women	3 Filer ID (Ethics Commission Filers 00068733
6.47 6200 Jack C. Hay's Trail Expenditure from corporate funds Kyle, TX 78640 PURPOSE OF EXPENDITURE (a) Category (see instructions for examples of acceptable categories) (b) Description (se instructions regarding type of information requires loca Joint Meeting Date 07/03/2024 Payee name AMAZON (b) Description (se instructions regarding type of information requires loca Joint Meeting PurpOsE 0F EXPENDITURE Payee name AMAZON (b) Description (se instructions regarding type of information requires High Tea Cupcake Stands PURPOSE 0F EXPENDITURE (a) Category (see instructions for examples of acceptable categories) Event Expense (b) Description (see instructions regarding type of information requires High Tea Cupcake Stands Date 07/20/2024 Payee name AMAZON (b) Description (see instructions regarding type of information requires High Tea Cupcake Stands Date 07/20/2024 Payee name AMAZON (b) Description (see instructions regarding type of information requires Dor Knob Bags for Block Walking Date 07/25/2024 Payee name AMAZON (c) Description (see instructions regarding type of information requires Dor Knob Bags for Block Walking Date 07/25/2024 Payee Address; 25.97 City; State; Zip 410 TERRY AVENUE N. (b) Description 25.97 (see instructions regarding type of information requires Dor Knob Bags for Block Walking PuRPOSE 0F (a) Category (see instructions to examples of accept	Date		
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63.18 410 TERRY AVENUE N. Expenditure from corporate funds SEATTLE, WA 98109 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information required Door Knob Bags for Block Walking Date 07/25/2024 Payee name AMAZON Door Knob Bags for Block Walking Amount (\$) Payee Address; City; State; Zip 410 TERRY AVENUE N. City; State; Zip 410 TERRY AVENUE N. Expenditure from corporate funds SEATTLE, WA 98109 (b) Description (See instructions regarding type of information required Cash box	07/20/2024	AMAZON	
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25.97 410 TERRY AVENUE N. Expenditure from corporate funds SEATTLE, WA 98109 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description Cash box (See instructions regarding type of information required Cash box			
Corporate funds SEATTLE, WA 98109 PURPOSE OF (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required Cash box	25.97		
OF Event Expense Cash hox		SEATTLE, WA 98109	
	OF		•

07/26/2024	Hays County Republican Women 5 Payee name	00068733
07/26/2024	, ,	
Amount (\$)	AMAZON	
	7 Payee Address; City; State; Zip	
350.64	410 TERRY AVENUE N.	
Expenditure from corporate funds	SEATTLE, WA 98109	
	(a) Category (See instructions for examples of acceptable categories)	b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Event Expense	School Supplies Candidate Event
Data	Device nome	
Date 07/26/2024	Payee name AMAZON	
Amount (\$)	Payee Address; City; State; Zip	
415.60	410 TERRY AVENUE N.	
Expenditure from corporate funds	SEATTLE, WA 98109	
	(a) Category (See instructions for examples of acceptable categories)	b) Description (See instructions regarding type of information required.
OF	Event Expense	School Supplies Candidate Event
EXPENDITURE		
Date	Payee name	
07/30/2024	AMAZON	
Amount (\$)	Payee Address; City; State; Zip	
68.19	410 TERRY AVENUE N.	
Expenditure from		
_ corporate funds	SEATTLE, WA 98109	b) Description (See instructions regarding type of information required.
PURPOSE (OF	(a) Category (See instructions for examples of acceptable categories) (I Event Expense	b) Description (See instructions regarding type of information required.) Door Knob Bags for Block Walking
EXPENDITURE		Door who bags for blook warking
Date	Payee name	
08/21/2024	AMAZON	
Amount (\$)	Payee Address; City; State; Zip	
18.38	410 TERRY AVENUE N.	
Expenditure from	SEATTLE 14/A 09100	
corporate funds	SEATTLE, WA 98109 (a) Category (See instructions for examples of acceptable categories)	b) Description (See instructions regarding type of information required.
OF	Office Overhead/Rental Expense	b) Description (See instructions regarding type of information required. Banking Bags, Back-Up Jump Drive
EXPENDITURE		Barning Bags, Bask op sump brite

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Cor	nmission Filers
Sch: 3/14 Rpt:	Hays County Republican Women	00068733	
Date 08/28/2024	5 Payee name College Republicans of Texas State		
Amount (\$)	7 Payee Address; City; State; Zip		
1,500.00	601 University Dr,		
Expenditure from corporate funds	San Marcos, TX 78666		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	b) Description (See instructions regarding type of info Donation in support of Fall Conference	rmation required.
Date	Payee name		
07/22/2024	Comptroller Texas		
Amount (\$)	Payee Address; City; State; Zip		
1,124.17	Lyndon B. Johnson State Office Building		
Expenditure from	111 East 17th Street		
corporate funds	Austin, TX 78774		
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Fees	b) Description (See instructions regarding type of info Sales & Use Tax	rmation required
EXPENDITURE	1 663	Sales & Ose Tax	
Date	Payee name		
07/15/2024	Conoco		
Amount (\$)	Payee Address; City; State; Zip		
	1203 S. Old Hwy 81		
5.00 Expenditure from			
corporate funds	Kyle, TX 78640		
PURPOSE		b) Description (See instructions regarding type of info	rmation required
OF EXPENDITURE	Event Expense	Ice	
Data			
Date 08/30/2024	Payee name Constant Contact		
Amount (\$)	Payee Address; City; State; Zip 1601 Trapelo Road		
623.70			
Expenditure from corporate funds	Waltham, MA 02451		
PURPOSE		b) Description (See instructions regarding type of info	rmation required
OF	Advertising Expense	E-mail distribution platform annual subs	scription
EXPENDITURE			

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 4/14 Rpt:	2 FILER NAME Hays County Republican Women	3 Filer ID (Ethics Commission Filers) 00068733
Date 07/25/2024	5 Payee name Cothron's Safe & Lock	
Amount (\$) 32.48 Expenditure from	7 Payee Address; City; State; Zip 315 W Ben White Blvd Austin, TX 78704	
corporate funds PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required.) Storage Unit Lock Keys
Date 07/01/2024	Payee name Eventbrite	
Amount (\$) 9.00 Expenditure from	Payee Address; City; State; Zip 155 5th St, San Francisco, CA 94103	
corporate funds PURPOSE OF EXPENDITURE	San Francisco, CA 94103 (a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) GOTV Training Social Media
Date 08/14/2024	Payee name Eventbrite	
Amount (\$) 18.00 Expenditure from corporate funds	Payee Address; City; State; Zip 155 5th St, San Francisco, CA 94103 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Event promotion
Date 07/01/2024	Payee name Extra Space Storage	
	Payee Address; City; State; Zip	
Amount (\$) 123.00	5141 Cromwell Drive	
	Kyle, TX 78640	(b) Description (See instructions regarding type of information required.)

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers
Sch: 5/14 Rpt:	Hays County Republican Women	00068733
Date 08/01/2024	5 Payee name Extra Space Storage	
Amount (\$)	7 Payee Address; City; State; Zip	
123.00	5141 Cromwell Drive	
Expenditure from		
corporate funds	Kyle, TX 78640	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. Storage Unit
Date	Payee name	
09/03/2024	Extra Space Storage	
Amount (\$)	Payee Address; City; State; Zip 5141 Cromwell Drive	
123.00		
Expenditure from corporate funds	Kyle, TX 78640	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Office Overhead/Rental Expense	Storage Unit Rental
Date	Payee name	
07/17/2024	Fedex Office	
Amount (\$)	Payee Address; City; State; Zip	
12.47	13155 Noel Road	
Expenditure from corporate funds	Suite 1600 Dallas, TX 75240	
		(b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Printing Expense	Campaign button printing
Date	Payee name	
09/09/2024	Flower Shop Network	
Amount (\$)	Payee Address; City; State; Zip	
130.48	503 Station Avenue	
Expenditure from corporate funds	Haddon Heights, NJ 08035	
PURPOSE		(b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Gift/Awards/Memorials Expense	Flowers to County GOP Communications Director for foot injury

		The Instruction Guide explains how to	complete this form.
	Total pages Schedule I: Sch: 6/14 Rpt:	2 FILER NAME Hays County Republican Women	3 Filer ID (Ethics Commission Filers) 00068733
	Date 09/20/2024	5 Payee name Funk, Sara	
	Amount (\$) 225.00 Expenditure from	7 Payee Address; City; State; Zip 750 Dawnview	
	corporate funds	Dripping Springs, TX 78620	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Website updates
	Date	Payee name	
	07/15/2024	HEB Grocery	
	Amount (\$) 43.02 Expenditure from	Payee Address; City; State; Zip 641 East Hopkins Street	
_	corporate funds	San Marcos, TX 78666	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Ice, Water, Candy
	Date	Payee name	
	08/21/2024	HEB Grocery	
	Amount (\$) 37.17	Payee Address; City; State; Zip 641 East Hopkins Street	
	Expenditure from corporate funds	San Marcos, TX 78666	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Wimberley Joint Meeting
	Date 09/04/2024	Payee name Hill Country Trophy, LLC	
	Amount (\$) 151.99 Expenditure from corporate funds	Payee Address; City; State; Zip 2100 Old Rand Road 12 Suite A San Marcos, TX 78666	
	PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Name Badges	(b) Description (See instructions regarding type of information required.) Board Member Name Badges

Date 5 Payee name 08/12/2024 Home Depot Amount (\$) 7 Payee Address; City; State; Zip 18.92 3730 Dry Hole Rd PurpPose (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions reparting type of informator Date Payee name (All Category (See instructions for examples of acceptable categories) (b) Description (See instructions reparting type of informator Expenditure from Category (See instructions for examples of acceptable categories) (b) Description (See instructions reparting type of informator Category (See instructions for examples of acceptable categories) (b) Description (See instructions reparting type of informator Category (See instructions for examples of acceptable categories) (b) Description (See instructions reparting type of informator Category (See instructions for examples of acceptable categories) (b) Description (See instructions reparting type of informator System Flow Food/Beverage Expense (D) Description (See instructions reparting type of informator Option Set in 101 Set in 101 (See instructions reparting type of informator (O') Description (See instructions reparting type of informator Option Set in 101 Set in 101 (See instructions reparting type of informator	Total pages Schedule I: Sch: 7/14 Rpt:	2 FILER NAME Hays County Republican Women	3 Filer ID (Ethics Commission Filers 00068733
18.92 3730 Dry Hole Rd Expenditure from Corporate funds Kyle, TX 78640 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description Bunge cords (b) Description Bunge cords Date Payee name (7/16/2024 Payee Address; Kelly's Hill Country BBQ (b) Description (See instructions regarding type of informator Bunge cords Amount (\$) Payee Address; City; State; Zip 480.00 (b) Description (See instructions regarding type of informator Corporate funds PURPOSE Expenditure from Corporate funds (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense (b) Description (See instructions regarding type of informator GOTV Training Lunch Date Payee name Suite 110 Suite 110 Suite 110 Suite 110 Suite 110 Suite 110 Kyle, TX 78640 (b) Description (See instructions regarding type of informator GoTV Training Lunch PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) 95.26 (b) Description (See instructions regarding type of informator Flowers to club treasurer in the hospital for structions Flowers to club treasurer in the hospital for streamples of acceptable categories) Date	Date	5 Payee name	
loorporate tunds Kyle, TX 78640 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Bunge cords Date Payee name Kelly's Hill Country BBQ Amount (\$) Payee Address; City; State; Zip 480.00 14306 Ranch Rd 12 Expenditure from corporate funds Wimberley, TX 78676 PURPOSE of EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information GOT Training Lunch Date Payee Address; City; State; Zip (b) Description (See instructions regarding type of information GOT Training Lunch Date Payee name (b) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information GOT Training Lunch 09/11/2024 Payee Address; City; State; Zip (D) Description (See instructions regarding type of information Flowers to club treasurer in the hospital for secondable categories) 0f Purpose of Expenditure from Corporate funds (D) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Flowers to club treasurer in the hospital for secondabl	18.92	7 Payee Address; City; State; Zip	
EXPENDITURE Event Expense Bunge cords Date Payee name Kelly's Hill Country BBQ Amount (\$) Payee Address; City; State; Zip 480.00 14306 Ranch Rd 12 Expenditure from Wimberley, TX 78676 PURPOSE (a) Category (See instructors for examples of acceptable categories) (b) Description GOT Food/Beverage Expense (b) Description (See instructors regarding type of information GOTV Training Lunch Date Payee name GOTV Training Lunch GOTV Training Lunch Date Payee name City; State; Zip GOTV Training Lunch 95.26 1101 Bunton Creek Rd Suite 110 Kyle, TX 78640 PURPOSE (a) Category (See instructors for examples of acceptable categories) (b) Description (See instructors regarding type of information Flowers to club treasurer in the hospital for set of acceptable categories) OF Expenditure from City; State; Zip See instructors regarding type of information Flowers to club treasurer in the hospital for set of acceptable categories) OF Payee name City; State; Zip Intra Super Supe		Kyle, TX 78640	
07/16/2024 Kelly's Hill Country BBQ Amount (\$) Payee Address; City; State; Zip 480.00 14306 Ranch Rd 12 Iscpenditure from Icorporate funds Wimberley, TX 78676 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense (b) Description (See instructions regarding type of information GOTV Training Lunch Date Payee name 09/11/2024 Kyle Flower Shop Amount (\$) Payee Address; City; State; Zip 1101 Bunton Creek Rd Suite 110 korporate funds 100 Description (See instructions regarding type of information GOTV Training Lunch PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information GOTV Training Lunch Date PurpoSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Flowers to club treasurer in the hospital for state City; State; Zip Date Payee name Flower's Home Centers Amount (\$) Payee Address; City; State; Zip 91.99 5753 Kyle Parkway 12-spenditure from Suppose Kyle, TX 78640 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description	OF		
Amount (\$) Payee Address; City; State; Zip 480.00 14306 Ranch Rd 12 Vexpenditure from corporate funds Wimberley, TX 78676 PURPOSE of ExpENDITURE (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense (b) Description (See instructions regarding type of information GOTV Training Lunch Date Payee name (y)11/2024 Payee name Kyle Flower Shop GOTV Training Lunch Amount (\$) Payee Address; City; State; Zip 101 Bunton Creek Rd Suite 110 Kyle, TX 78640 PURPOSE of ExpENDITURE (a) Category (See instructions for examples of acceptable categories) OF EXPENDITURE (b) Description (See instructions regarding type of information Suite 110 Kyle, TX 78640 PURPOSE of EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Of ST53 Kyle Parkway (b) Description (See instructions regarding type of information Flowers to club treasurer in the hospital for s Date Payee name Lowe's Home Centers Flowers to club treasurer in the hospital for s 91.99 5753 Kyle Parkway Flowers to club treasurer in the hospital for s 91.99 5753 Kyle Parkway (See instructions regarding type of information Corporate funds PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Des	Date	Payee name	
480.00 14306 Ranch Rd 12 Lexpenditure from corporate funds Wimberley, TX 78676 PURPOSE EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense (b) Description (See instructions regarding type of information GOTV Training Lunch Date Payee name 09/11/2024 Kyle Flower Shop Amount (\$) Payee Address; City; State; Zip 1101 Bunton Creek Rd Suite 110 corporate funds Kyle, TX 78640 PURPOSE Expenditure from Corporate funds (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense (b) Description (See instructions regarding type of information Flowers to club treasurer in the hospital for set Flowers to club treasurer in the hospital for set	07/16/2024	Kelly's Hill Country BBQ	
corporate funds Wimberley, TX 78676 PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense (b) Description (See instructions regarding type of information GOTV Training Lunch Date Payee name GOTV GOTV GOTV Food/Beverage 09/11/2024 Kyle Flower Shop Into the second sec	480.00		
OF EXPENDITURE Food/Beverage Expense GOTV Training Lunch Date Payee name 09/11/2024 Kyle Flower Shop Amount (\$) Payee Address; City; State; Zip 95.26 1101 Bunton Creek Rd Suite 110 Kyle, TX 78640 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description OF Expenditure from Gift/Awards/Memorials Expense Date Payee name 07/13/2024 Lowe's Home Centers Amount (\$) Payee Address; City; State; Zip 91.99 5753 Kyle Parkway Style, TX 78640 Style, TX 78640 PURPOSE (a) Category (See instructions for examples of acceptable categories) 91.99 S753 Kyle Parkway PURPOSE (a) Category (See instructions for examples of acceptable categories) 91.99 S753 Kyle Parkway		Wimberley, TX 78676	
09/11/2024 Kyle Flower Shop Amount (\$) Payee Address; City; State; Zip 95.26 1101 Bunton Creek Rd Suite 110 Suite 110 corporate funds Kyle, TX 78640 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information Flowers to club treasurer in the hospital for set of the set of	OF		
Amount (\$) Payee Address; City; State; Zip 95.26 1101 Bunton Creek Rd Suite 110 Kyle, TX 78640 PURPOSE (a) Category (See instructions for examples of acceptable categories) OF EXPENDITURE Date Payee name 07/13/2024 Lowe's Home Centers Amount (\$) Payee Address; City; State; Zip 91.99 5753 Kyle Parkway Expenditure from Kyle, TX 78640 PURPOSE (a) Category (See instructions for examples of acceptable categories) Mount (\$) Payee name 07/13/2024 Lowe's Home Centers Amount (\$) Payee Address; City; State; Zip 91.99 5753 Kyle Parkway Expenditure from Kyle, TX 78640 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (b) Description (See instructions regarding type of information	Date	Payee name	
95.26 1101 Bunton Creek Rd Expenditure from corporate funds Suite 110 Kyle, TX 78640 Kyle, TX 78640 OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Of EXPENDITURE (b) Description (See instructions regarding type of information Flowers to club treasurer in the hospital for set Payee name Date Payee name Flowers to club treasurer in the hospital for set Payee name 07/13/2024 Lowe's Home Centers Amount (\$) Payee Address; 91.99 City; State; Zip 5753 Kyle Parkway S753 Kyle Parkway Expenditure from corporate funds Kyle, TX 78640 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of informator	09/11/2024	Kyle Flower Shop	
PURPOSE OF EXPENDITURE (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense (b) Description (See instructions regarding type of information Flowers to club treasurer in the hospital for set Flowers to club treasurer in the hospital for set Payee name Lowe's Home Centers Date Payee name Lowe's Home Centers Payee Address; City; State; Zip 5753 Kyle Parkway 91.99 5753 Kyle Parkway 5753 Kyle Parkway PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information	95.26 Expenditure from	1101 Bunton Creek Rd Suite 110	
07/13/2024 Lowe's Home Centers Amount (\$) Payee Address; City; State; Zip 91.99 5753 Kyle Parkway Expenditure from corporate funds Kyle, TX 78640 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information	PURPOSE OF		(b) Description (See instructions regarding type of information required Flowers to club treasurer in the hospital for sepsis
Amount (\$) Payee Address; City; State; Zip 91.99 5753 Kyle Parkway 5753 Kyle Parkway Expenditure from corporate funds Kyle, TX 78640 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information	Date	Payee name	
91.99 5753 Kyle Parkway Expenditure from corporate funds Kyle, TX 78640 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information)	07/13/2024	Lowe's Home Centers	
Corporate funds Kyle, TX 78640 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information)	91.99		
		Kyle, TX 78640	
OF Event Expense Folding Table	OF		-

		The Instruction Guide explains how to	complete this form.
	Total pages Schedule I: Sch: 8/14 Rpt:	2 FILER NAME Hays County Republican Women	3 Filer ID (Ethics Commission Filers) 00068733
	Date 07/13/2024	5 Payee name Lowe's Home Centers	
	Amount (\$) 22.69 Expenditure from	 Payee Address; City; State; Zip 5753 Kyle Parkway 	
	corporate funds	Kyle, TX 78640	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Zip Ties, Duct Tape
	Date 07/26/2024	Payee name Marco's Italian Restaurant	I
	Amount (\$) 181.33	Payee Address; City; State; Zip 303 Wimberley Square	
	Expenditure from corporate funds	Wimberley, TX 78676	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Wimberley Meet & Greet pizza
	Date	Payee name	
	07/22/2024	MiniMax	
	Amount (\$) 15.10	Payee Address; City; State; Zip 1805 W RR 150 Bldg A	
	Expenditure from corporate funds	Kyle, TX 78640	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Ice & Drinks for GOTV Training Event
	Date	Payee name	
	07/01/2024	Nate's at Buda Mill & Grain	
	Amount (\$) 34.00 Expenditure from corporate funds	Payee Address; City; State; Zip 306 S Main St Suite 101 Buda, TX 78610	
_	PURPOSE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required. Monthly Meet & Greet appetizers

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 9/14 Rpt:	2 FILER NAME Hays County Republican Women	3 Filer ID (Ethics Commission Filers 00068733
Date 08/22/2024	5 Payee name Office Depot	
Amount (\$) 81.47 Amount (\$)	 7 Payee Address; City; State; Zip 201 Springtown Wy 	
corporate funds	San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. Banking Bags, Office Supplies
Date 07/01/2024	Payee name One Cause	I
Amount (\$) 69.62 Expenditure from	Payee Address; City; State; Zip PO Box 8103	
corporate funds	Carol Stream, IL 60188	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required. Credit Card Processing Fees
Date	Payee name	
08/01/2024	One Cause	
Amount (\$) 10.00	Payee Address; City; State; Zip PO Box 8103	
Expenditure from corporate funds	Carol Stream, IL 60188	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required. Credit Card Processing Fee
Date	Payee name	
09/03/2024	One Cause	
Amount (\$)	Payee Address; City; State; Zip PO Box 8103	
10.00		
	Carol Stream, IL 60188 (a) Category (See instructions for examples of acceptable categories)	

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/14 Rpt:	Hays County Republican Women	00068733
Date	5 Payee name	
09/04/2024	SAN MARCOS PARKS & REC	
Amount (\$)	7 Payee Address; City; State; Zip	
117.00	401 E. HOPKINS	
Expenditure from corporate funds	SAN MARCOS, TX 78666	
PURPOSE	(a) Category (See instructions for examples of acceptable categories	(b) Description (See instructions regarding type of information required.
OF EXPENDITURE	Event Expense	Room rental for joint meeting
EXPENDITORE		
	<u> </u>	
Date	Payee name	
07/22/2024	Sam's Club	
Amount (\$)	Payee Address; City; State; Zip	
97.40	1350 Leah Ave	
Expenditure from corporate funds	San Marcos, TX 78666	
PURPOSE	(a) Category (See instructions for examples of acceptable categories	(b) Description (See instructions regarding type of information required
OF	Office Overhead/Rental Expense	Storage Unit Shelving
EXPENDITURE		
Date	Payee name	
07/26/2024	Sam's Club	
Amount (\$)	Payee Address; City; State; Zip	
156.13	1350 Leah Ave	
Expenditure from	San Marcos, TX 78666	
corporate funds	(a) Category (See instructions for examples of acceptable categories	(b) Description (See instructions regarding type of information required.
OF	Event Expense	School Supplies Candidate Event
EXPENDITURE		
Date	Payee name	
08/12/2024	Sam's Club	
Amount (\$)	Payee Address; City; State; Zip	
333.94	1350 Leah Ave	
Expenditure from corporate funds	San Marcos, TX 78666	
PURPOSE	(a) Category (See instructions for examples of acceptable categories	(b) Description (See instructions regarding type of information required.
OF	Event Expense	Socks for candidate event
EXPENDITURE		

Total pages Schedule I: Sch: 11/14 Rpt:	2 FILER NAME Hays County Republican Women	3 Filer ID (Ethics Commission Filers 00068733
Date 09/16/2024	5 Payee name Sam's Club	
Amount (\$) 136.21	7 Payee Address; City; State; Zip 1350 Leah Ave	
Corporate funds PURPOSE OF EXPENDITURE	San Marcos, TX 78666 (a) Category (See instructions for examples of acceptable categories) (Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. Shelving for Storage Unit
Date 08/13/2024 Amount (\$)	Payee name Shell Gas Station Payee Address; City; State; Zip	
85.08 Expenditure from corporate funds	2128 Sidney Baker St. Kerrville, TX 78028	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (Travel Out of District	(b) Description (See instructions regarding type of information required.) Fuel for Border Supplies Delivery
Date 07/16/2024	Payee name SquareSpace	
Amount (\$) 38.38 A Expenditure from	Payee Address; City; State; Zip 8 Clarkson St	
Corporate funds PURPOSE OF EXPENDITURE	New York, NY 10014 (a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required. Social Media
Date 08/15/2024	Payee name SquareSpace	
Amount (\$) 38.38 Expenditure from corporate funds	Payee Address; City; State; Zip 8 Clarkson St New York, NY 10014	
	(a) Category (See instructions for examples of acceptable categories) (Advertising Expense	(b) Description (See instructions regarding type of information required.) Event promotion

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 12/14 Rpt:	Hays County Republican Women	00068733
Date 09/16/2024	5 Payee name	
	SquareSpace	
Amount (\$)	7 Payee Address; City; State; Zip 8 Clarkson St	
42.64		
Expenditure from corporate funds	New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Social Media Distribution Platform
Date	Payee name	
07/29/2024	TFRW	
Amount (\$)	Payee Address; City; State; Zip	
151.80	13740 US-183 J4	
_ Expenditure from		
corporate funds	Austin, TX 78750	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	
EXPENDITURE	Fees	State Association Fees
Date	Payee name	
08/28/2024	TFRW	
Amount (\$)	Payee Address; City; State; Zip	
177.10	13740 US-183 J4	
- Expenditure from		
corporate funds	Austin, TX 78750	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	
EXPENDITURE	Fees	State Parent Association
Date	Payee name	
09/16/2024	TFRW	
Amount (\$)	Payee Address; City; State; Zip	
989.58	13740 US-183 J4	
Expenditure from		
	Austin, TX 78750	
corporate funds		(b) Description (See instructions regarding type of information required.)
corporate funds		
corporate funds	(a) Category (See instructions for examples of acceptable categories) Event Expense	Tribute To Women Table

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 13/14 Rpt:	2 FILER NAME Hays County Republican Women	3 Filer ID (Ethics Commission Filers 00068733
Date 08/22/2024	5 Payee name Texas Bean & Brew	
Amount (\$) 67.50 Expenditure from	7 Payee Address; City; State; Zip 1328 I 35 N Frontage Rd	
corporate funds	San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required. San Marcos Meet & Greet appetizers
Date 07/26/2024	Payee name Vista Print	
Amount (\$) 60.12	Payee Address; City; State; Zip 275 Wyman Street	
Expenditure from corporate funds	Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required. Thank You Cards
Date	Payee name	
08/07/2024	Vista Print	
Amount (\$) 58.43	Payee Address;City; State; Zip275 Wyman Street	
Expenditure from corporate funds	Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required. Push cards
Date	Payee name	
Date 07/19/2024	Payee name Walmart	
07/19/2024 Amount (\$)	Walmart Payee Address; City; State; Zip	

	The Instruction Guide explains how to complete this form.	
Total pages Schedule I: Sch: 14/14 Rpt:	2 FILER NAME 3 Filer ID (Ethics Commission Filer) Hays County Republican Women 00068733	Filer
Date	5 Payee name	
07/26/2024	Walmart	
Amount (\$)	7 Payee Address; City; State; Zip	
20.17	1015 Highway 80	
Expenditure from		
corporate funds	San Marcos, TX 78666	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information req	uireo
EXPENDITURE	Event Expense School Supplies Candidate Event	
	I I	