

# 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) 00054577	<b>2</b> Total pages filed: 25
<b>3</b> COMMITTEE NAME North Shore Republican Women		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 10/27/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1993  Montgomery, TX 77356		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mrs.	Chris	
	NICKNAME	LAST	SUFFIX
		Gurley	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	49 Fairfield Drive  Montgomery, TX 77356		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	49 Fairfield Drive  Montgomery, TX 77356		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(936)	597-4409	
<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		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
	11/05/2024	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> North Shore Republican Women	<b>13 Filer ID</b> (Ethics Commission Filers) 00054577
--	---

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

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,143.43
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 21,667.09
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 88,933.84
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. Chris Gurley  
\_\_\_\_\_  
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> North Shore Republican Women		<b>18 Filer ID</b> (Ethics Commission Filers) 00054577
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,015.50
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,127.93
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 21,667.09
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/12 Rpt: 4/25
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Aguilar, Art	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code  Montgomery, TX 77356-2881	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burg, Shirley (Ms.)	Amount of Contribution (\$) \$93.00
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burg, Shirley (Ms.)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cash, Philip (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Willis, TX 77378	
Principal occupation / Job title (See Instructions) Constable, PCT 1		Employer (See Instructions) Montgomery County, Texas
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, Jill	Amount of Contribution (\$) \$600.00
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/12 Rpt: 5/25
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, Scott	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  Montgomery, TX 77356	
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coleman, Tammy	Amount of Contribution (\$) \$28.00
	Contributor address; City; State; Zip Code  Spring, TX 77384	
Principal occupation / Job title (See Instructions) Dental Management Coach		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cunningham, Janet	Amount of Contribution (\$) \$12.00
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Doris, Mary-Francis (Mrs.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dye, Debbi (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/12 Rpt: 6/25
<b>2</b> FILER NAME North Shore Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054577
<b>4</b> Date 09/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, Joyce <hr/> <b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77304	<b>7</b> Amount of Contribution (\$)  \$400.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ferguson, Joyce <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$71.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Finke, Shirley <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77356	Amount of Contribution (\$)  \$49.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gehring, Pattie <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77356	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graham, Deborah <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77356	Amount of Contribution (\$)  \$54.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/12 Rpt: 7/25
<b>2</b> FILER NAME North Shore Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054577
<b>4</b> Date 10/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Graham, Deborah <hr/> <b>6</b> Contributor address; City; State; Zip Code  Montgomery, TX 77356	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Griffin, B.D. <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77316-1517	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) County Attorney		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grisham, Tommy <hr/> Contributor address; City; State; Zip Code  Huntsville, TX 77340	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hagan, Donna (Mrs.) <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77356	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harper, Becky <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77356	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/12 Rpt: 8/25
<b>2</b> FILER NAME North Shore Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054577
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hayden, Amy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Montgomery, TX 77356	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker		<b>9</b> Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hovendick, Mike <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77356	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Carolyn (Ms.) <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77356	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Carolyn (Ms.) <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77356	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kate, Ann (Mrs.) <hr/> Contributor address; City; State; Zip Code  Montgomery, TX 77356	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/12 Rpt: 9/25
<b>2</b> FILER NAME North Shore Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054577
<b>4</b> Date 10/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kate, Ann (Mrs.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Montgomery, TX 77356	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kate, Martha Ann (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kribbs, Jan	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Willis, TX 77318	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lohman, Paige	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Luquette, Brenda	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/12 Rpt: 10/25
<b>2</b> FILER NAME North Shore Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054577
<b>4</b> Date 10/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Joan (Mrs.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Montgomery, TX 77356-8466	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martin, Joan (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Montgomery, TX 77356-8466	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCulley, Emery	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Huntsville, TX 77340	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McKinnon, Gail (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Creative Memories Consultant		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) North, Tom	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/12 Rpt: 11/25
<b>2</b> FILER NAME North Shore Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054577
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Neil, Sharon (Mrs.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Montgomery, TX 77356	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Brian	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Montgomery, TX 77316	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pavelka, Katherine	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rhode, Hella	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riedlinger, Claudia (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Montgomery, TX 77356-8423	
Principal occupation / Job title (See Instructions) Retired Nurse Practitioner		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: 9/12 Rpt: 12/25
<b>2</b> FILER NAME North Shore Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054577
<b>4</b> Date 10/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Riedlinger, Claudia (Mrs.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Montgomery, TX 77356-8423	
<b>8</b> Principal occupation / Job title (See Instructions) Retired Nurse Practitioner		<b>9</b> Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rose, Daniel	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roth, Mike	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Simpson, Gwendolyn	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Spring, TX 77386	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Andrea	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Montomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/12 Rpt: 13/25
<b>2</b> FILER NAME North Shore Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054577
<b>4</b> Date 10/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Beverly (Mrs.)	<b>7</b> Amount of Contribution (\$)  \$900.00
	<b>6</b> Contributor address; City; State; Zip Code  Montgomery, TX 77356	
<b>8</b> Principal occupation / Job title (See Instructions) Realtor		<b>9</b> Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Karen (Mrs.)	Amount of Contribution (\$)  \$51.00
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) South, Ann (Mrs.)	Amount of Contribution (\$)  \$750.00
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stein, Philip	Amount of Contribution (\$)  \$150.00
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stewart, Jerrie	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/12 Rpt: 14/25
<b>2</b> FILER NAME North Shore Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054577
<b>4</b> Date 10/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Scott	<b>7</b> Amount of Contribution (\$) \$300.00
<b>6</b> Contributor address; City; State; Zip Code  Montgomery, TX 77356		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Scott	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code  Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Scott	Amount of Contribution (\$) \$2,200.00
Contributor address; City; State; Zip Code  Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wells, Wesley	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Spring, TX 77379		
Principal occupation / Job title (See Instructions) Business Development Manager		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Rae-Jean (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/12 Rpt: 15/25
<b>2</b> FILER NAME North Shore Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054577
<b>4</b> Date 10/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Rae-Jean (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Montgomery, TX 77356	<b>7</b> Amount of Contribution (\$)  \$31.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/3 Rpt: 16/25	
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/25/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Zachary	8 Amount of contribution (\$) \$850.00	9 In-kind contribution description Signed Born to be Brave Book, Signed Poster, Treasure Boxes with Signed Books by Kirk
	7 Contributor address; City; State; Zip Code  Conroe, TX 77304		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Chief Strategy Officer		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowe, Barbara (Mrs.)	Amount of contribution (\$) \$234.31	In-kind contribution description Wine plus Hors-d'oeuvre for fundraiser golf tournament
	Contributor address; City; State; Zip Code  Montgomery, TX 77356		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Deborah	Amount of contribution (\$) \$50.00	In-kind contribution description Wooden Elephant Cutting Board for fundraiser golf tournament
	Contributor address; City; State; Zip Code  Montgomery, TX 77356		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 2/3 Rpt: 17/25	
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/30/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Deborah	8 Amount of contribution (\$) \$300.00	9 In-kind contribution description Various items for gift basket for fundraiser golf tournament
	7 Contributor address; City; State; Zip Code  Montgomery, TX 77356		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe's Italian Restaurant	Amount of contribution (\$) \$100.00	In-kind contribution description 2 \$50 gift cards
	Contributor address; City; State; Zip Code  Conroe, TX 77301		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luttrell, Morgan	Amount of contribution (\$) \$125.00	In-kind contribution description Basket and Merchandise for donation for fundraiser
	Contributor address; City; State; Zip Code  Magnolia, TX 77354		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Congressman		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 3/3 Rpt: 18/25	
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/30/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinnon, Gail (Mrs.)	8 Amount of contribution (\$) \$234.31	9 In-kind contribution description Wine plus Hors-d'oeuvre for fundraiser golf tournament
	7 Contributor address; City; State; Zip Code  Montgomery, TX 77356		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Creative Memories Consultant		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michels, Barbara	Amount of contribution (\$) \$234.31	In-kind contribution description Wine plus Hors-d'oeuvre for fundraiser golf tournament
	Contributor address; City; State; Zip Code  Montgomery, TX 77356		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Julie (Mrs.)	Amount of contribution (\$) \$1,000.00	In-kind contribution description Fishing Trip with Professional Fisherman Tyler River
	Contributor address; City; State; Zip Code  Montgomery, TX 77356		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/7 Rpt: 19/25	<b>2</b> FILER NAME North Shore Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054577
--	---	--

<b>4</b> Date 10/24/2024	<b>5</b> Payee name Academy Sports & Outdoors
-----------------------------	--

<b>6</b> Amount (\$) \$191.53  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1414 Loop 336 West  Conroe, TX 77304
---	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Voter Registration	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canopy and supplies for voter registration
---------------------------------	---	--

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

Date 10/22/2024	Payee name Amazon.com
--------------------	--------------------------

Amount (\$) \$220.71  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11501 Alterra Pkwy.  Austin, TX 78758
--	---

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

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

Date 10/15/2024	Payee name Bentwater Yacht & Country Club
--------------------	--

Amount (\$) \$75.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 800 Bentwater Dr.  Montgomery, TX 77356
---	---

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

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/7 Rpt: 20/25	<b>2</b> FILER NAME North Shore Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054577
--	---	--

<b>4</b> Date 10/22/2024	<b>5</b> Payee name Costco Wholesale
-----------------------------	---

<b>6</b> Amount (\$) \$79.52	<b>7</b> Payee address; City; State; Zip Code 8185 State HWY 242  The Woodlands, TX 77385
---------------------------------	--

Expenditure from corporate funds

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

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

Date 10/15/2024	Payee name Google Inc.
--------------------	---------------------------

Amount (\$) \$69.08	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043
------------------------	--

Expenditure from corporate funds

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Google Workspace	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media - Google Workspace email addresses for officers
-------------------------------	---	---

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

Date 10/02/2024	Payee name Hardin Simmons University
--------------------	---

Amount (\$) \$300.00	Payee address; City; State; Zip Code 2200 Hickory  Abilene, TX 79601
-------------------------	---

Expenditure from corporate funds

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

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/7 Rpt: 21/25	<b>2</b> FILER NAME North Shore Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054577
--	---	--

<b>4</b> Date 10/22/2024	<b>5</b> Payee name Hobby Lobby
-----------------------------	------------------------------------

<b>6</b> Amount (\$) \$192.74  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1217 N. Loop 336 West  Conroe, TX 77301
---	--

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

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

Date 10/03/2024	Payee name Jones, Carolyn
--------------------	------------------------------

Amount (\$) \$750.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 147 Ridge Lake Lane  Montgomery, TX 77356
--	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Refund	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund--payment was already made through PayPal
-------------------------------	---	---

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

Date 10/22/2024	Payee name Lakeside Food Store
--------------------	-----------------------------------

Amount (\$) \$9.14  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 20076 Old FM1097 Road West  Montgomery, TX 77356
--	--

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

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

--	--

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/7 Rpt: 22/25	<b>2</b> FILER NAME North Shore Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054577
--	---	--

<b>4</b> Date 10/24/2024	<b>5</b> Payee name Montgomery County Printers
-----------------------------	---

<b>6</b> Amount (\$) \$130.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 310 N. Danville Ste. D Willis, TX 77378
---	--

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

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

Date 10/22/2024	Payee name Office Depot
--------------------	----------------------------

Amount (\$) \$134.42  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1319 W. Davis St.  Conroe, TX 77304
--	---

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

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

Date 10/22/2024	Payee name Party City
--------------------	--------------------------

Amount (\$) \$59.97  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 28640 Hwy. 290 Suite XJ Cypress, TX 77433
---	---

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

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

--	--

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/7 Rpt: 23/25	<b>2</b> FILER NAME North Shore Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054577
<b>4</b> Date 10/07/2024	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) \$362.82  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2211 North First Street  San Jose, CA 95131	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Auction Fees through Paypal
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2024	Payee name Signature Aspen	
Amount (\$) \$18,879.24  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3300 Kingswood Lane  Houston, TX 77092	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing and Mailing Mailer	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hispanic Mailer--Printing and mailing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name Square Up, Inc.	
Amount (\$) \$10.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for taking Credit Card
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/7 Rpt: 24/25	<b>2</b> FILER NAME North Shore Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054577
<b>4</b> Date 10/02/2024	<b>5</b> Payee name Square Up, Inc.	
<b>6</b> Amount (\$) \$44.07  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for taking credit card payment
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2024	Payee name Square Up, Inc.	
Amount (\$) \$2.19  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for taking credit card payment.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2024	Payee name TFRW PAC	
Amount (\$) \$26.35  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste. J4  Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) President's Pin	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase President's Pin for new incoming President 2025
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/7 Rpt: 25/25	<b>2</b> FILER NAME North Shore Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054577
<b>4</b> Date 10/24/2024	<b>5</b> Payee name WalMart	
<b>6</b> Amount (\$) \$129.81  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1407 North Loop 336 West  Conroe, TX 77304	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Voter Registration	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chairs for voter registration
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held