

# 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 Filer ID</b> (Ethics Commission Filers) 00054315	<b>2 Total pages filed:</b>  52
<b>3 COMMITTEE NAME</b> Texas Federation of Republican Women PAC			<b>OFFICE USE ONLY</b>	
			Date Received ELECTRONICALLY FILED 10/28/2024	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	13740 N. Hwy. 183, Ste. J4			
	Austin, TX 78750-1830			
	Date Hand-delivered or Date Postmarked			
			Receipt #	Amount
			Date Processed	
			Date Imaged	
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI	
		Susan		
	NICKNAME	LAST	SUFFIX	
		Friedrich		
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	521 River Chase Boulevard  Georgetown, TX 78628			
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	521 River Chase Boulevard  Georgetown, TX 78628			
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION	
	(512)	517-2962		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15			
	<input type="checkbox"/> 30th day before election			
	<input checked="" type="checkbox"/> 8th day before election			
	<input type="checkbox"/> Dissolution (Attach PAC-DR)			
<input type="checkbox"/> July 15				
<input type="checkbox"/> Runoff				
<input type="checkbox"/> 10th day after campaign treasurer termination				
<b>10 PERIOD COVERED</b>	Month	Day	Year	Month Day Year
		09/27/2024	THROUGH	10/26/2024
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	11/05/2024			

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Texas Federation of Republican Women PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00054315
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported <b>Republican</b>
		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)	\$ 76,439.40
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 42,999.53
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 714,623.53
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.

Susan Friedrich  
\_\_\_\_\_  
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> Texas Federation of Republican Women PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00054315
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 76,439.40
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 22,699.80
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 20,299.73
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 610.64

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/29 Rpt: 4/52
2 FILER NAME Texas Federation of Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00054315
4 Date 10/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abilene Republican Women's Club	7 Amount of Contribution (\$) \$50.60
	6 Contributor address; City; State; Zip Code  Abilene, TX 79602	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akerly, Shelly	Amount of Contribution (\$) \$95.00
	Contributor address; City; State; Zip Code  Coppell, TX 75019	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alamo City Republican Women	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  Monroe, NC 28110	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert, Charlotte	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code  Thrall, TX 76578	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amsden, Amy	Amount of Contribution (\$) \$190.00
	Contributor address; City; State; Zip Code  Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/29 Rpt: 5/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 09/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Carol Ann <hr/> <b>6</b> Contributor address; City; State; Zip Code  North Richland Hills, TX 76182	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) NA		<b>9</b> Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Rhonda <hr/> Contributor address; City; State; Zip Code  Longview, TX 75604	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Govt affairs		Employer (See Instructions) Charter Communications
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Antonick, Kristi <hr/> Contributor address; City; State; Zip Code  Overton, TX 75684	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Coalitions Director		Employer (See Instructions) AFP
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BOLTON, SARAH <hr/> Contributor address; City; State; Zip Code  GEORGETOWN, TX 78633	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Health Insurance Agent		Employer (See Instructions) Self
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BOLTON, SARAH <hr/> Contributor address; City; State; Zip Code  GEORGETOWN, TX 78633	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Health Insurance Agent		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/29 Rpt: 6/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bedore, Allison <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76087	<b>7</b> Amount of Contribution (\$)  \$95.00
<b>8</b> Principal occupation / Job title (See Instructions) Prosecutor		<b>9</b> Employer (See Instructions) Parker county
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Berger, Becky <hr/> Contributor address; City; State; Zip Code  Schulenburg, TX 78956-5885	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Geologist		Employer (See Instructions) Self
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bland, Jane <hr/> Contributor address; City; State; Zip Code  Houston, TX 77005	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Justice, Texas Supreme Court		Employer (See Instructions) State of Texas
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boldway, Jillian <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78132-3434	Amount of Contribution (\$)  \$95.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) TFRW
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boston, Nancy <hr/> Contributor address; City; State; Zip Code  Temple, TX 76503	Amount of Contribution (\$)  \$95.00
Principal occupation / Job title (See Instructions) RReal Estate Investments		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/29 Rpt: 7/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brannon, Michelle	<b>7</b> Amount of Contribution (\$)  \$125.00
<b>6</b> Contributor address; City; State; Zip Code  Hallsville, TX 75650		
<b>8</b> Principal occupation / Job title (See Instructions) Accountant		<b>9</b> Employer (See Instructions) Brannon Consulting Services
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brazosport RW	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Freeport, TX 77541		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brazosport RW PAC	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Freeport, TX 77541		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brazosport RW PAC	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Freeport, TX 77541		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bueltel, Linda	Amount of Contribution (\$)  \$95.00
Contributor address; City; State; Zip Code  Austin, TX 78749		
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: 5/29 Rpt: 8/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buffalo Gap Republican Women's Club <hr/> <b>6</b> Contributor address; City; State; Zip Code  Buffalo Gap, TX 79508	<b>7</b> Amount of Contribution (\$) <span style="float:right">\$75.90</span>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burkes, Amy <hr/> Contributor address; City; State; Zip Code  Midland, TX 79707	Amount of Contribution (\$) <span style="float:right">\$190.00</span>
Principal occupation / Job title (See Instructions) City Council		Employer (See Instructions) City of Midland
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Burnet RW <hr/> Contributor address; City; State; Zip Code  Meadowlakes, TX 78654	Amount of Contribution (\$) <span style="float:right">\$25.30</span>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Canyon Lake RW <hr/> Contributor address; City; State; Zip Code  Canyon Lake, TX 78133	Amount of Contribution (\$) <span style="float:right">\$75.00</span>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carrie Isaac for Texas State Rep <hr/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620	Amount of Contribution (\$) <span style="float:right">\$500.00</span>
Principal occupation / Job title (See Instructions)		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: 6/29 Rpt: 9/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carrillo, Cindy	<b>7</b> Amount of Contribution (\$)  \$95.00
<b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641		
<b>8</b> Principal occupation / Job title (See Instructions) Ex. Assistant		<b>9</b> Employer (See Instructions) Supreme Court of Texas
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cashion, Elaine	Amount of Contribution (\$)  \$253.75
Contributor address; City; State; Zip Code  Boerne, TX 78006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cooke co. RW	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Gainesville, TX 76240		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coons, Kris	Amount of Contribution (\$)  \$95.00
Contributor address; City; State; Zip Code  San Antonio, TX 78248		
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#: _____ ) Daniel, Cassidy	Amount of Contribution (\$)  \$253.00
Contributor address; City; State; Zip Code  Austin, TX 78729		
Principal occupation / Job title (See Instructions) State Employee		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: 7/29 Rpt: 10/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daniel, Cassidy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78729	<b>7</b> Amount of Contribution (\$)  \$50.60
<b>8</b> Principal occupation / Job title (See Instructions) State Employee		<b>9</b> Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) David L. Cook Campaigne for Texas House <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) David L. Cook for Speaker <hr/> Contributor address; City; State; Zip Code  Mansfield, TX 76063	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davidson, Rhonda <hr/> Contributor address; City; State; Zip Code  El Paso, TX 79912	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) office assistant		Employer (See Instructions) County of El Paso
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DeRudder, Lene' <hr/> Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$)  \$253.75
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: 8/29 Rpt: 11/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donovan, Carolyn	<b>7</b> Amount of Contribution (\$)  \$202.40
<b>6</b> Contributor address; City; State; Zip Code  The Woodlands, TX 77389		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Edwards, Sharon	Amount of Contribution (\$)  \$75.00
Contributor address; City; State; Zip Code  Austin, TX 78730		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ellen, Sandi	Amount of Contribution (\$)  \$75.00
Contributor address; City; State; Zip Code  Buda, TX 78610		
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Texas Office Outfitters, LLC
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Endres, Kathy	Amount of Contribution (\$)  \$75.00
Contributor address; City; State; Zip Code  Woodway, TX 76712		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Evanss, Michelle	Amount of Contribution (\$)  \$95.00
Contributor address; City; State; Zip Code  Georgetown, TX 78626		
Principal occupation / Job title (See Instructions) Political Director		Employer (See Instructions) TFVC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/29 Rpt: 12/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 09/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Faubel, Julie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Montgomery, TX 77356	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flowers, Shelly <hr/> Contributor address; City; State; Zip Code  Johnson City, TX 78636	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) IT Mgr		Employer (See Instructions) PEC
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fort Bend RW PAC <hr/> Contributor address; City; State; Zip Code  Sugar Land, TX 77478	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foyt, Pam <hr/> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	Amount of Contribution (\$)  \$95.00
Principal occupation / Job title (See Instructions) Legal assistant		Employer (See Instructions) Carol Renner Law
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gardner, Shellie <hr/> Contributor address; City; State; Zip Code  BENBROOK, TX 76116	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Christmas Light Source

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/29 Rpt: 13/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Georgatos, Debbie	<b>7</b> Amount of Contribution (\$)  \$95.00
<b>6</b> Contributor address; City; State; Zip Code  Celina, TX 75009		
<b>8</b> Principal occupation / Job title (See Instructions) Host, AmericaCanWeTalk		<b>9</b> Employer (See Instructions) Self
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Georgatos, Debbie	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Celina, TX 75009		
Principal occupation / Job title (See Instructions) Host, AmericaCanWeTalk		Employer (See Instructions) Self
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gepner, Marianne	Amount of Contribution (\$)  \$95.00
Contributor address; City; State; Zip Code  Cedar Creek, TX 78612		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Golden Triangle RW	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code  Beaumont, TX 77726		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Groysman, Jennifer	Amount of Contribution (\$)  \$75.00
Contributor address; City; State; Zip Code  Plano, TX 75093		
Principal occupation / Job title (See Instructions) Housewife		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: 11/29 Rpt: 14/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gurley, Christine	<b>7</b> Amount of Contribution (\$) \$25.00
<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 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hale, Mary	Amount of Contribution (\$) \$95.00
Contributor address; City; State; Zip Code  Bonham, TX 75418		
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#: _____ ) Harclerode, Barsa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Leander, TX 78641		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hefley, Dianne	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code  Amarillo, TX 79119		
Principal occupation / Job title (See Instructions) Real estate agent		Employer (See Instructions) Coldwell baker First Realty
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hinckley, Nedra	Amount of Contribution (\$) \$95.00
Contributor address; City; State; Zip Code  Austin, TX 78717		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/29 Rpt: 15/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hogue, Lynda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Lubbock, TX 79424	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hutchinson Co. RW <hr/> Contributor address; City; State; Zip Code  Borger, TX 79008	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hutson, Echo <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77304	Amount of Contribution (\$)  \$95.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Montgomery County
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jimmy Blacklock Campaign <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749	Amount of Contribution (\$)  \$507.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Johnson, Diane <hr/> Contributor address; City; State; Zip Code  Plano, TX 75086	Amount of Contribution (\$)  \$25.00
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: 13/29 Rpt: 16/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 09/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jordan, Rita <hr/> <b>6</b> Contributor address; City; State; Zip Code  Karnes City, TX 78118	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) CPA		<b>9</b> Employer (See Instructions) JSR, Inc.
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) King, Phil <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76086	Amount of Contribution (\$)  \$95.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Eggleston King Davis
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kingwood Area RW <hr/> Contributor address; City; State; Zip Code  Kingwood, TX 77325	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Laue, Susan <hr/> Contributor address; City; State; Zip Code  LEANDER, TX 78641-3825	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lavin, Michelle <hr/> Contributor address; City; State; Zip Code  Waller, TX 77484	Amount of Contribution (\$)  \$95.00
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: 14/29 Rpt: 17/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leander Area Republican Women <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78646	<b>7</b> Amount of Contribution (\$)  \$25.30
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lewis, Roxann <hr/> Contributor address; City; State; Zip Code  Alvin, TX 77511	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Liberty County Republican Women <hr/> Contributor address; City; State; Zip Code  Liberty, TX 77575	Amount of Contribution (\$)  \$227.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marshall, Barbara <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mason County RW <hr/> Contributor address; City; State; Zip Code  Mason, TX 76856-6570	Amount of Contribution (\$)  \$25.30
Principal occupation / Job title (See Instructions)		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: 15/29 Rpt: 18/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathis, Martha <hr/> <b>6</b> Contributor address; City; State; Zip Code  Katy, TX 77450	<b>7</b> Amount of Contribution (\$)  \$95.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Myet <hr/> Contributor address; City; State; Zip Code  Alba, TX 75410	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Tiffany <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75087	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Offices of David E. Rohlf
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mitchell, Lisa <hr/> Contributor address; City; State; Zip Code  Sonora, TX 76950	Amount of Contribution (\$)  \$101.20
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mitchell, Lisa <hr/> Contributor address; City; State; Zip Code  Sonora, TX 76950	Amount of Contribution (\$)  \$25.30
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: 16/29 Rpt: 19/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery Co. RW	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77305		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore, Pasha	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78768		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morris, Karen	Amount of Contribution (\$)  \$75.00
Contributor address; City; State; Zip Code  Jacksonville, TX 75766		
Principal occupation / Job title (See Instructions) Cosmetologist		Employer (See Instructions) Self employed
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mundy, Amy	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Victoria, TX 77904		
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Victoria College
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nayes, Beth	Amount of Contribution (\$)  \$95.00
Contributor address; City; State; Zip Code  League City, TX 77573		
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: 17/29 Rpt: 20/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker County Republican Women <hr/> <b>6</b> Contributor address; City; State; Zip Code  Weatherford, TX 76087	<b>7</b> Amount of Contribution (\$)  \$101.20
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker County Republican Women <hr/> Contributor address; City; State; Zip Code  Weatherford, TX 76087	Amount of Contribution (\$)  \$50.60
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parks, Cat <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parks, Cat <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055	Amount of Contribution (\$)  \$253.75
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peters, Rachael <hr/> Contributor address; City; State; Zip Code  Spring, TX 77382	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) Nelson Forensics

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/29 Rpt: 21/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plano Republican Women <hr/> <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75074	<b>7</b> Amount of Contribution (\$)  \$708.40
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plano Republican Women <hr/> Contributor address; City; State; Zip Code  Plano, TX 75074	Amount of Contribution (\$)  \$20.20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Preston West RW <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Puckett, Kathryn <hr/> Contributor address; City; State; Zip Code  Howe, TX 75459	Amount of Contribution (\$)  \$100.00
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#: _____ ) Puckett, Kathy <hr/> Contributor address; City; State; Zip Code  Howe, TX 75459	Amount of Contribution (\$)  \$12.00
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: 19/29 Rpt: 22/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RW of Kerr Co.	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Kerrville, TX 78029	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) RW of Kerr Co.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Kerrville, TX 78029	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Radcliffe, Nancy	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  The Woodlands, TX 77375	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Randall, D'rinda	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cypress, TX 77429	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) United Real Estate
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Red Stiletto RW	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions)		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: 20/29 Rpt: 23/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reeves, JoAnn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	<b>7</b> Amount of Contribution (\$)  \$95.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Renger, Karen <hr/> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	Amount of Contribution (\$)  \$95.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richard Hayes Campaign <hr/> Contributor address; City; State; Zip Code  Denton, TX 76202	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ridley, Sara <hr/> Contributor address; City; State; Zip Code  Bee Cave, TX 78738	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) strategist		Employer (See Instructions) majority strategies
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rives, Denise <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75709	Amount of Contribution (\$)  \$75.00
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: 21/29 Rpt: 24/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robert Nichols Senate Campaigne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Jacksonville, TX 75766	<b>7</b> Amount of Contribution (\$)  \$950.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rockwall County Republican Women <hr/> Contributor address; City; State; Zip Code  Rockwall, TX 75087	Amount of Contribution (\$)  \$101.20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Sheena <hr/> Contributor address; City; State; Zip Code  Euless, TX 76039	Amount of Contribution (\$)  \$95.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rodriguez, Terri <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78626	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Store Manager		Employer (See Instructions) Kohl's
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rutherford, Teresa <hr/> Contributor address; City; State; Zip Code  Colleyville, TX 76034-7006	Amount of Contribution (\$)  \$95.00
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: 22/29 Rpt: 25/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SAMUELSON, MICHELE <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78717	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) District Director		<b>9</b> Employer (See Instructions) Texas House of Representatives
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Salado Area RW <hr/> Contributor address; City; State; Zip Code  Salado, TX 76571	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schieffelin, Stacey <hr/> Contributor address; City; State; Zip Code  Irving, TX 75062	Amount of Contribution (\$)  \$95.00
Principal occupation / Job title (See Instructions) Senior Advisor		Employer (See Instructions) America First Policy Institute
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schieffelin, Stacey <hr/> Contributor address; City; State; Zip Code  Irving, TX 75062	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Senior Advisor		Employer (See Instructions) America First Policy Institute
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Shelby Slawson Campaign <hr/> Contributor address; City; State; Zip Code  Stephenville, TX 76401	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		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: 23/29 Rpt: 26/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Slagel, Anne <hr/> <b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75080	<b>7</b> Amount of Contribution (\$)  \$95.00
<b>8</b> Principal occupation / Job title (See Instructions) Minister		<b>9</b> Employer (See Instructions)
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Slagel, Dr. Anne <hr/> Contributor address; City; State; Zip Code  Richardson, TX 75080	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) CHAPLAIN		Employer (See Instructions) Chaplain 4U
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Slupik, Jeanne <hr/> Contributor address; City; State; Zip Code  Canyon Lake, TX 78133	Amount of Contribution (\$)  \$95.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Crystal <hr/> Contributor address; City; State; Zip Code  Kerrville, TX 78028	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Billy Gene's Restaurant
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Karen <hr/> Contributor address; City; State; Zip Code  georgetown, TX 78633	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: 24/29 Rpt: 27/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Linda ..... <b>6</b> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	<b>7</b> Amount of Contribution (\$)  \$95.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Penny ..... Contributor address; City; State; Zip Code  Fulshear, TX 77441	Amount of Contribution (\$)  \$95.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steimmann, Jessica ..... Contributor address; City; State; Zip Code  The Woodlands, TX 77387	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions) America First Policy Institute
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stein, David ..... Contributor address; City; State; Zip Code  Tyler, TX 75703	Amount of Contribution (\$)  \$95.00
Principal occupation / Job title (See Instructions) Area Developer/President		Employer (See Instructions) Office Pride of East Texas
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stell, Susie ..... Contributor address; City; State; Zip Code  Lubbock, TX 79493	Amount of Contribution (\$)  \$25.00
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: 25/29 Rpt: 28/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 09/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stimek, Mary	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>6</b> Contributor address; City; State; Zip Code  Denton, TX 76207		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TX Rep Volunteer Program	Amount of Contribution (\$)  \$24,167.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TX Rep Volunteer Program	Amount of Contribution (\$)  \$24,167.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Taylor Area RW	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Thrall, TX 76578		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Republican County Chairman's Association	Amount of Contribution (\$)  \$253.75
Contributor address; City; State; Zip Code  Tyler, TX 75703		
Principal occupation / Job title (See Instructions)		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: 26/29 Rpt: 29/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Top O Texas RW <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pampa, TX 79065	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner, Kathryn <hr/> Contributor address; City; State; Zip Code  Houston, TX 77069	Amount of Contribution (\$)  \$190.00
Principal occupation / Job title (See Instructions) self		Employer (See Instructions)
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tx Rep Red Women <hr/> Contributor address; City; State; Zip Code  Carrollton, TX 75006	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Uvalde Co. RW <hr/> Contributor address; City; State; Zip Code  Uvalde, TX 78807	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VRWC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77279	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions)		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: 27/29 Rpt: 30/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Val Verde County Republican Women <hr/> <b>6</b> Contributor address; City; State; Zip Code  Del Rio, TX 78840	<b>7</b> Amount of Contribution (\$) \$75.90
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Val Verde County Republican Women <hr/> Contributor address; City; State; Zip Code  Del Rio, TX 78840	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vinson, Kathryn <hr/> Contributor address; City; State; Zip Code  Mason, TX 76856	Amount of Contribution (\$) \$95.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Elizabeth <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Thrive HR
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Walker, Elizabeth <hr/> Contributor address; City; State; Zip Code  Katy, TX 77494	Amount of Contribution (\$) \$95.00
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: 28/29 Rpt: 31/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wall, Deborah M	<b>7</b> Amount of Contribution (\$) \$190.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78248	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
<b>Date</b> 09/28/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West Pearland RW	<b>Amount of Contribution (\$)</b> \$50.60
	<b>Contributor address; City; State; Zip Code</b>  Pearland, TX 77581	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10/10/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) West, Stephanie	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Woodway, TX 76712	
<b>Principal occupation / Job title (See Instructions)</b> Interior Designer		<b>Employer (See Instructions)</b> Stephanie West Designs
<b>Date</b> 10/01/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Whigham, Kelli	<b>Amount of Contribution (\$)</b> \$75.00
	<b>Contributor address; City; State; Zip Code</b>  San Marcos, TX 78666	
<b>Principal occupation / Job title (See Instructions)</b> Legal Assistant		<b>Employer (See Instructions)</b> MVBA
<b>Date</b> 09/30/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Witte, Debbie	<b>Amount of Contribution (\$)</b> \$75.00
	<b>Contributor address; City; State; Zip Code</b>  Karnes City, TX 78118	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/29 Rpt: 32/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 09/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Audrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Trinity, TX 75862	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zimont, Jane <hr/> Contributor address; City; State; Zip Code  Trinity, TX 75862	Amount of Contribution (\$)  \$95.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) duncan, jan <hr/> Contributor address; City; State; Zip Code  Austin, TX 78732	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) transcription owner		Employer (See Instructions) Self
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) thiel, sally <hr/> Contributor address; City; State; Zip Code  Kerrville, TX 78028	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)



# 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: 1/10 Rpt: 33/52	<b>2</b> FILER NAME Texas Federation of Republican Women PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 09/30/2024	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$54.63  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1920 McKinney Avee 4th Floor Dallas, TX 75201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<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 payment processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2024	Payee name Anedot	
Amount (\$) \$28.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1920 McKinney Avee 4th Floor Dallas, TX 75201	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<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 payment processing fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2024	Payee name Authorize.net	
Amount (\$) \$74.95  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 8999  San Francisco, CA 94128	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<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 Payment processing fee
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: 2/10 Rpt: 34/52	<b>2</b> FILER NAME Texas Federation of Republican Women PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 09/30/2024	<b>5</b> Payee name Boldway, Jillian	
<b>6</b> Amount (\$) \$475.14  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1219 Ace Trail  New Braunfels, TX 78132	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<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 Wages
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2024	Payee name Buono and Associates	
Amount (\$) \$1,744.54  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3267 Bee Cave Rd Ste107-#337 Austin, TX 78746	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2024	Payee name Capital One	
Amount (\$) \$203.73  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 60599  City of Industry, CA 91716-0599	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<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 Credit Card payment
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: 3/10 Rpt: 35/52	<b>2</b> FILER NAME Texas Federation of Republican Women PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/21/2024	<b>5</b> Payee name City of Austin	
<b>6</b> Amount (\$) \$99.25  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 2267  Austin, TX 78783-2267	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 utilities
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2024	Payee name Commerce Bank	
Amount (\$) \$6,208.29  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 414084  Kansas City, MO 64141-4084	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<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 Credit Card Payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2024	Payee name Dube, Mariah	
Amount (\$) \$200.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7102 Meador Ave  Austin, TX 78752	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 clean office
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: 4/10 Rpt: 36/52	<b>2</b> FILER NAME Texas Federation of Republican Women PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00054315
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<b>4</b> Date 10/03/2024	<b>5</b> Payee name Hartland Clark
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<b>6</b> Amount (\$) \$15.83  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 15955 La Cantera Pkwy  San Antonio, TX 78256
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<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 bank fees
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2024	Payee name McClellan, Lyleann
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Amount (\$) \$83.33  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5107 Lawndale Dr  San Angelo, TX 76903
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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 Refund Brd mtng ticket
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/15/2024	Payee name Murphy, Karen
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Amount (\$) \$83.33  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 25807 What a View  San Antonio, TX 78260
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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 Refund Tribute ticket
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/10 Rpt: 37/52	<b>2</b> FILER NAME Texas Federation of Republican Women PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00054315
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<b>4</b> Date 09/30/2024	<b>5</b> Payee name National Federation of Republican Women
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<b>6</b> Amount (\$) \$840.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 124 North Alfred St  Alexandria, VA 22314
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<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 Dues
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/10/2024	Payee name National Federation of Republican Women
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Amount (\$) \$660.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 124 North Alfred St  Alexandria, VA 22314
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/14/2024	Payee name National Federation of Republican Women
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Amount (\$) \$560.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 124 North Alfred St  Alexandria, VA 22314
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/10 Rpt: 38/52	<b>2</b> FILER NAME Texas Federation of Republican Women PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00054315
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<b>4</b> Date 10/21/2024	<b>5</b> Payee name National Federation of Republican Women
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<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 124 North Alfred St  Alexandria, VA 22314
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<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 Dues
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/23/2024	Payee name National Federation of Republican Women
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Amount (\$) \$300.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 124 North Alfred St  Alexandria, VA 22314
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2024	Payee name Neff, Cheryl
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Amount (\$) \$571.55  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9500 Eagle Knoll Dr  Austin, TX 78717
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wages
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/10 Rpt: 39/52	<b>2</b> FILER NAME Texas Federation of Republican Women PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 09/30/2024	<b>5</b> Payee name Neff, Cheryl	
<b>6</b> Amount (\$) \$69.65  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 9500 Eagle Knoll Dr  Austin, TX 78717	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<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 Mileage reimbursement
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name O'Leary, Louri	
Amount (\$) \$3,956.54  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6001 Mountainclimb Dr  Austin, TX 78731	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<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 Wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2024	Payee name Post, Dani	
Amount (\$) \$98.96  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 24472 Tyrone St  Hempstead, TX 77445	
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 Refund ticket to Tribute
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: 8/10 Rpt: 40/52	<b>2</b> FILER NAME Texas Federation of Republican Women PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00054315
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<b>4</b> Date 10/23/2024	<b>5</b> Payee name Rex Press
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<b>6</b> Amount (\$) \$2,222.91  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 212 Coopers Crown Ln  Austin, TX 78738
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<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 programs
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/29/2024	Payee name Reynolds, Daryl
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Amount (\$) \$78.13  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6805 Cheswick Ct  Parker, TX 75002
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<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 Refund duplicate payment
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/01/2024	Payee name Sharp Business Systems
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Amount (\$) \$213.59  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 12138  Dallas, TX 75312-1238
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Equipment rental
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/10 Rpt: 41/52	<b>2</b> FILER NAME Texas Federation of Republican Women PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 10/07/2024	<b>5</b> Payee name Texas State Comptroller	
<b>6</b> Amount (\$) \$44.66  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 111 E 17th St  Austin, TX 78774-0100	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<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 sales tax
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2024	Payee name Texas Workforce Commission	
Amount (\$) \$191.88  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 149037  Austin, TX 78714-9037	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<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 unemployment tax
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2024	Payee name The Williamson Museum	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 716 S Austin Ave  Georgetown, TX 78626	
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 photos
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: 10/10 Rpt: 42/52	<b>2</b> FILER NAME Texas Federation of Republican Women PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00054315
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<b>4</b> Date 09/30/2024	<b>5</b> Payee name United States Treasury
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<b>6</b> Amount (\$) \$1,747.70  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 93200  Louisville, KY 40293-2000
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<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 payroll tax
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2024	Payee name Whatley, Erica
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Amount (\$) \$872.71  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1370 Scarboro Hills Ln  Heath, TX 75087
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<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 Wages
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4: Sch: 1/9 Rpt: 43/52	<b>2</b>	FILER NAME Texas Federation of Republican Women PAC	<b>3</b>	Filer ID (Ethics Commission Filers) 00054315
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution Commerce Bank		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$110.57	(b) Date of Charge 10/09/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Spectrum		(b) Payee address; City, State, Zip Code 275 E St. George Blvd.  St. George, UT 84770	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description internet	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$150.00	(b) Date of Charge 09/30/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name NATIONAL FEDERATION OF RE		(b) Payee address; City, State, Zip Code 124 North Alfred St  Alexandria, VA 22314	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description dues	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$155.00	(b) Date of Charge 09/30/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name TMobile		(b) Payee address; City, State, Zip Code 12920 SE 38th St.  Bellevue, WA 98006	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description phone	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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 -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 2/9 Rpt: 44/52	<b>2</b>	FILER NAME Texas Federation of Republican Women PAC	<b>3</b>	Filer ID (Ethics Commission Filers) 00054315
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$1,000.00	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name NATIONAL FEDERATION OF RE		(b) Payee address; City, State, Zip Code 124 North Alfred St Alexandria, VA 22314	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description dues	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$46.01	(b) Date of Charge 10/03/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name BC Trophies		(b) Payee address; City, State, Zip Code 715 Discovery Blvd. Ste. 403, Bldg 4 Cedare Park, TX 78613	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description badges	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$19.30	(b) Date of Charge 10/07/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name USPS.com		(b) Payee address; City, State, Zip Code 10109 Lake Creek Pkwy Austin, TX 78729-1711	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description stamps	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4: Sch: 3/9 Rpt: 45/52	<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$5.95	(b) Date of Charge 10/03/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name BC Trophies		(b) Payee address; City, State, Zip Code 715 Discovery Blvd. Ste. 403, Bldg 4 Cedare Park, TX 78613
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description postage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought
			Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$31.68	(b) Date of Charge 10/10/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Shippo		(b) Payee address; City, State, Zip Code 731 Market St #200 San Francisco, CA 94103
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description postage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought
			Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$19.30	(b) Date of Charge 10/10/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name USPS.com		(b) Payee address; City, State, Zip Code 10109 Lake Creek Pkwy Austin, TX 78729-1711
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description stamps
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought
			Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 4/9 Rpt: 46/52	<b>2</b>	FILER NAME Texas Federation of Republican Women PAC	<b>3</b>	Filer ID (Ethics Commission Filers) 00054315
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$21.39	(b) Date of Charge 09/27/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Shippo		(b) Payee address; City, State, Zip Code 731 Market St #200 San Francisco, CA 94103	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description postage	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$23.52	(b) Date of Charge 09/27/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Shippo		(b) Payee address; City, State, Zip Code 731 Market St #200 San Francisco, CA 94103	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description postage	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$37.87	(b) Date of Charge 10/11/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Amazon Marketplace		(b) Payee address; City, State, Zip Code 410 Terry Ave N Seattle, WA 98109-5210	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description office supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4: Sch: 5/9 Rpt: 47/52	<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$25.98	(b) Date of Charge 10/15/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Intuit		(b) Payee address; City, State, Zip Code 3632 Marine Way Mountain View, CA 94043
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description payroll processing fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought
			Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$4,150.00	(b) Date of Charge 10/16/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name The Flower Box		(b) Payee address; City, State, Zip Code 910 Martin Luther King Jr St Georgetown, TX 78626
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description flowers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought
			Office held
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$7,500.00	(b) Date of Charge 10/17/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Sheraton Austin Georgetown		(b) Payee address; City, State, Zip Code 1101 Woodlawn Ave Georgetown, TX 78626
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Deposit
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought
			Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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 - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 6/9 Rpt: 48/52	<b>2</b>	FILER NAME Texas Federation of Republican Women PAC	<b>3</b>	Filer ID (Ethics Commission Filers) 00054315
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$5.95	(b) Date of Charge 10/18/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name BC Trophies		(b) Payee address; City, State, Zip Code 715 Discovery Blvd. Ste. 403, Bldg 4 Cedar Park, TX 78613	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description postage	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$5,000.00	(b) Date of Charge 10/18/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Sheraton Austin Georgetown		(b) Payee address; City, State, Zip Code 1101 Woodlawn Ave Georgetown, TX 78626	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Deposit	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$24.89	(b) Date of Charge 10/20/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Adobe		(b) Payee address; City, State, Zip Code 345 Park Avenue San Jose, CA 95110	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description software	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held



# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4: Sch: 7/9 Rpt: 49/52	<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$47.08	(b) Date of Charge 10/20/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Office Depot		(b) Payee address; City, State, Zip Code 6600 North Military Trail Boca Raton, FL 33496
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description office supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$1,181.57	(b) Date of Charge 10/22/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name The Sourcing Group		(b) Payee address; City, State, Zip Code PO Box 6568 Carol Stream, IL 60197-6568
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description merchandise
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought
<b>PAYMENT</b> <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$7.72	(b) Date of Charge 10/23/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Shippo		(b) Payee address; City, State, Zip Code 731 Market St #200 San Francisco, CA 94103
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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 F4: Sch: 8/9 Rpt: 50/52	<b>2</b>	FILER NAME Texas Federation of Republican Women PAC	<b>3</b>	Filer ID (Ethics Commission Filers) 00054315
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b>	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$682.22	(b) Date of Charge 10/26/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Sheraton Austin Georgetown		(b) Payee address; City, State, Zip Code 1101 Woodlawn Ave Georgetown, TX 78626	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description lodging	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name		(b) Payee address; City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid	
<b>PAYEE</b>		(a) Payee name		(b) Payee address; City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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                     |
|  | 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 F4: Sch: 9/9 Rpt: 51/52	<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> CREDIT CARD ISSUER	Name of financial institution Capital One		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
<b>6</b> PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$53.73	(b) Date of Charge 10/02/2024	(c) Date(s) Credit Card Issuer Paid
<b>7</b> PAYEE	(a) Payee name Google G Suite	(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway Mountain view, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description software
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 52/52
<b>2</b> FILER NAME Texas Federation of Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054315
<b>4</b> Date 09/30/2024	<b>5</b> Name of person from whom amount is received Frost Bank	<b>8</b> Amount (\$) \$36.20
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Austin, TX 78767	
	<b>7</b> Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/30/2024	Name of person from whom amount is received Plains Capital Bank	Amount (\$) \$374.44
	Address of person from whom amount is received; City; State; Zip Code  Lubbock, TX 79408	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/27/2024	Name of person from whom amount is received Reagan Legacy RW	Amount (\$) \$200.00
	Address of person from whom amount is received; City; State; Zip Code  Mansfield, TX 76063	
	Purpose for which amount is received Check returned for incorrect address <input type="checkbox"/> Check if political contribution returned to filer	