

# 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) 00070360	<b>2 Total pages filed:</b> 18
<b>3 COMMITTEE NAME</b> Republican Women of Trinity County		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 11/07/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1916  Trinity, TX 75862		
	<b>5 CAMPAIGN TREASURER NAME</b> MS / MRS / MR FIRST MI Kirby D. <hr/> NICKNAME LAST SUFFIX Mackey		
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4 Westwood Drive West  Trinity, TX 75862		
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4 Westwood Drive West  Trinity, TX 75862		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (832) 691-6878		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10 PERIOD COVERED</b>	Month Day Year      Month Day Year 09/27/2024      THROUGH      10/26/2024		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Republican Women of Trinity County	<b>13 Filer ID</b> (Ethics Commission Filers) 00070360
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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 Janis Holt State Representative
		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)	\$ 4,125.07
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 1,538.85
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00
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.

Kirby D. Mackey  
\_\_\_\_\_  
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> Republican Women of Trinity County		<b>18 Filer ID</b> (Ethics Commission Filers) 00070360
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,125.07
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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	\$ 1,538.85
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/11 Rpt: 4/18
<b>2</b> FILER NAME Republican Women of Trinity County		<b>3</b> Filer ID (Ethics Commission Filers) 00070360
<b>4</b> Date 09/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Terry <hr/> <b>6</b> Contributor address; City; State; Zip Code  Trinity, TX 75862	<b>7</b> Amount of Contribution (\$)  \$194.60
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen, Carolyn <hr/> Contributor address; City; State; Zip Code  Trinity, TX 75862	Amount of Contribution (\$)  \$27.50
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Auvenshine, Linda <hr/> Contributor address; City; State; Zip Code  Trinity, TX 75862	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ballenger, Kathy <hr/> Contributor address; City; State; Zip Code  Trinity, TX 75862	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ballenger, Kathy <hr/> Contributor address; City; State; Zip Code  Trinity, TX 75862	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/11 Rpt: 5/18
<b>2</b> FILER NAME Republican Women of Trinity County		<b>3</b> Filer ID (Ethics Commission Filers) 00070360
<b>4</b> Date 09/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bateman, Dottie (Mrs.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Trinity, TX 75862	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Denise	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) none
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Tanya	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Barbara	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carney, Betsy	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Trinity, TX 75862	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/11 Rpt: 6/18
<b>2</b> FILER NAME Republican Women of Trinity County		<b>3</b> Filer ID (Ethics Commission Filers) 00070360
<b>4</b> Date 09/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carney, Betsy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Trinity, TX 75862	<b>7</b> Amount of Contribution (\$)  \$5.50
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carson, Paulette (Mrs.) <hr/> Contributor address; City; State; Zip Code  Apple Springs, TX 75926	Amount of Contribution (\$)  \$302.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cerino, Yvonne <hr/> Contributor address; City; State; Zip Code  Trinity, TX 75862	Amount of Contribution (\$)  \$130.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dooyema, Kathy <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77429	Amount of Contribution (\$)  \$45.00
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) none
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Erdmann, Dana <hr/> Contributor address; City; State; Zip Code  Trinity, TX 75862	Amount of Contribution (\$)  \$48.60
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/11 Rpt: 7/18
<b>2</b> FILER NAME Republican Women of Trinity County		<b>3</b> Filer ID (Ethics Commission Filers) 00070360
<b>4</b> Date 09/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Harrington, Sally Jo (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Trinity, TX 75862	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Higgins, Bethe	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Onalaska, TX 77360	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Lindy's Ice Cream
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Higgins, Bethe	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Onalaska, TX 77360	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Lindy's Ice Cream
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holsinger, Cindy	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Trinity, TX 75862	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kreitzer, Brenda	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/11 Rpt: 8/18
<b>2</b> FILER NAME Republican Women of Trinity County		<b>3</b> Filer ID (Ethics Commission Filers) 00070360
<b>4</b> Date 09/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lasater, Monet	<b>7</b> Amount of Contribution (\$)  \$38.86
<b>6</b> Contributor address; City; State; Zip Code  Trinity, TX 75862		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lasater, Monet	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mackey, Katie	Amount of Contribution (\$)  \$48.60
Contributor address; City; State; Zip Code  San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) TSU
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matthews, Fran	Amount of Contribution (\$)  \$92.43
Contributor address; City; State; Zip Code  Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matthews, Fran	Amount of Contribution (\$)  \$30.00
Contributor address; City; State; Zip Code  Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/11 Rpt: 9/18
<b>2</b> FILER NAME Republican Women of Trinity County		<b>3</b> Filer ID (Ethics Commission Filers) 00070360
<b>4</b> Date 09/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Matuszewski, Karen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Trinity, TX 75862	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McAninch, Ramona <hr/> Contributor address; City; State; Zip Code  Trinity, TX 75862	Amount of Contribution (\$)  \$220.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Hospital
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Susan <hr/> Contributor address; City; State; Zip Code  Huntsville, TX 77340-7307	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mobley, Kathleen (Mrs.) <hr/> Contributor address; City; State; Zip Code  Trinity, TX 75826	Amount of Contribution (\$)  \$58.34
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Newbury, Brenda <hr/> Contributor address; City; State; Zip Code  Trinity, TX 75862	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/18
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 09/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Newhouse, Michele	7 Amount of Contribution (\$)  \$24.25
	6 Contributor address; City; State; Zip Code  Trinity, TX 75862	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Newman, Crystal (Mrs.)	Amount of Contribution (\$)  \$103.14
	Contributor address; City; State; Zip Code  Onalaska, TX 77360	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Crystals Small Town Boutique
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Brien, Charlene	Amount of Contribution (\$)  \$120.00
	Contributor address; City; State; Zip Code  Trinity, TX 75862	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Donell, Debbie	Amount of Contribution (\$)  \$38.89
	Contributor address; City; State; Zip Code  Onalaska, TX 77360	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Lindy's Ice Cream
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Donell, Debbie	Amount of Contribution (\$)  \$30.00
	Contributor address; City; State; Zip Code  Onalaska, TX 77360	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Lindy's Ice Cream

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/18
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 09/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poe, Tillie-Kutta	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code  Trinity, TX 75862	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Price, Connie	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Owner/Operator		Employer (See Instructions) Priceless Pets
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ross, Beverly	Amount of Contribution (\$) \$196.00
	Contributor address; City; State; Zip Code  Conroe, TX 77384	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Stephanie	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Stephanie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 9/11 Rpt: 12/18
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 09/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosa, Kelly	7 Amount of Contribution (\$)  \$33.99
	6 Contributor address; City; State; Zip Code  Spring, TX 77388	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sosa, Kelly	Amount of Contribution (\$)  \$10.00
	Contributor address; City; State; Zip Code  Spring, TX 77388	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kay (Mrs.)	Amount of Contribution (\$)  \$262.88
	Contributor address; City; State; Zip Code  Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kay (Mrs.)	Amount of Contribution (\$)  \$20.00
	Contributor address; City; State; Zip Code  Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, David	Amount of Contribution (\$)  \$194.70
	Contributor address; City; State; Zip Code  Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Axis Portable Air

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/11 Rpt: 13/18
<b>2</b> FILER NAME Republican Women of Trinity County		<b>3</b> Filer ID (Ethics Commission Filers) 00070360
<b>4</b> Date 09/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Charla (Mrs.)	<b>7</b> Amount of Contribution (\$) \$170.00
<b>6</b> Contributor address; City; State; Zip Code  Trinity, TX 75862		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vaughn, Elaine (Mrs.)	Amount of Contribution (\$) \$14.51
Contributor address; City; State; Zip Code  Trinity, TX 75862		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Watson, Stacy	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) S&K Services
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wingo, Rana	Amount of Contribution (\$) \$21.00
Contributor address; City; State; Zip Code  Pointblank, TX 77364		
Principal occupation / Job title (See Instructions) Crisis Intervention Counselor		Employer (See Instructions) Trinity ISD High School
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Womack, Scott	Amount of Contribution (\$) \$102.17
Contributor address; City; State; Zip Code  Trinity, TX 75862		
Principal occupation / Job title (See Instructions) EMS		Employer (See Instructions) Ventura EMS

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/11 Rpt: 14/18
<b>2</b> FILER NAME Republican Women of Trinity County		<b>3</b> Filer ID (Ethics Commission Filers) 00070360
<b>4</b> Date 09/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Young, Audrey <hr style="border-top: 1px dotted black;"/> <b>6</b> Contributor address; City; State; Zip Code  Trinity, TX 75862	<b>7</b> Amount of Contribution (\$)  \$361.72
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 09/28/2024	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zimont, Jane <hr style="border-top: 1px dotted black;"/> <b>Contributor address; City; State; Zip Code</b>  Trinity, TX 75862	<b>Amount of Contribution (\$)</b>  \$1.00
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 15/18

2 FILER NAME  
Republican Women of Trinity County

3 Filer ID (Ethics Commission Filers)  
00070360

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 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: 1/3 Rpt: 16/18	<b>2</b> FILER NAME Republican Women of Trinity County	<b>3</b> Filer ID (Ethics Commission Filers) 00070360
<b>4</b> Date 10/01/2024	<b>5</b> Payee name Daisy's Diner	
<b>6</b> Amount (\$) \$200.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3687 State Highway 19  Riverside, TX 77320-0465	
<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 tip for servers/caterers for fundraising event
<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 Holt for Texas	
Amount (\$) \$100.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 1311  Silsbee, TX 77656	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 donation to Janis Holt campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name Lasater, Monet	
Amount (\$) \$197.75  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 101 Rolling Springs  Trinity, TX 75862	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising 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 parade candy and float decor for Trinity Community Fair
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: 2/3 Rpt: 17/18	<b>2</b> FILER NAME Republican Women of Trinity County	<b>3</b> Filer ID (Ethics Commission Filers) 00070360
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<b>4</b> Date 10/24/2024	<b>5</b> Payee name Name Badges, Inc.
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<b>6</b> Amount (\$) \$336.98  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 12240 SW 53rd St. Suite 511 Cooper City, FL 33330
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising 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 custom name badges for key club members and officers
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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 10/10/2024	Payee name Simple Simon's - Trinity
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Amount (\$) \$54.12  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 180 S Robb St  Trinity, TX 75862
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage 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 pizza for L&L volunteers
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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 Trinity County Pet Fixers
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Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 626 Lloyd James Rd.  Groveton, TX 75865
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 donation to local organization
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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: 3/3 Rpt: 18/18	<b>2</b> FILER NAME Republican Women of Trinity County	<b>3</b> Filer ID (Ethics Commission Filers) 00070360	
<b>4</b> Date 10/16/2024	<b>5</b> Payee name Trinity Independent School District		
<b>6</b> Amount (\$) \$150.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 375 St Hwy 94  Trinity, TX 75826		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<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 donation to fundraiser volunteers of the Trinity ISD Beta Club	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held