### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM GPAC COVER SHEET PG 1

Тł	ne GPAC Instruction	Guide explains how to complete this for	n.	1 Filer ID (Ethics Comm 00066458	,		2 Total pages filed: 11
3	COMMITTEE NAME						OFFICE USE ONLY
	West Pearland Re	publican Women					Date Received
							ELECTRONICALLY FILED 10/27/2024
4		ADDRESS / PO BOX; APT / SUITE #;	CIT	Y; STAT	E; ZIP CC	DDE	
	ADDRESS	West Pearland Republican Women					Date Hand-delivered or Date Postmarked
	Change of Address	8325 Broadway, Ste. 202, Box 27					
		Pearland, TX 77581-5773					Receipt # Amount
							Date Processed
							Date Imaged
5	CAMPAIGN	MS / MRS / MR FIRST					MI
	TREASURER NAME	Teresa					
		NICKNAME LAST Bitner					SUFFIX
		Differ					
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEAS	SE):	AP	T / SUITE #;	CITY;	STATE; ZIP CODE
	TREASURER	13838 CR 282	,,		,	- ,	- ,
	STREET ADDRESS						
	(Residence or Business)	Alvin, TX 77511					
7	CAMPAIGN TREASURER	STREET OR PO BOX;		A	PT / SUITE #;	CITY;	STATE; ZIP CODE
	MAILING						
	ADDRESS						
	Change of Address	ТХ					
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	I	EXTENSION			
	PHONE	(832) 340-0185					
<u>م</u>	REPORT		1				
ľ	TYPE	January 15	30	th day before elec	ction		Dissolution (Attach PAC-DR)
		X X	8t	n day before elect	ion		10th day after campaign treasurer termination
		July 15	Rı	Inoff			
10	PERIOD	Month Day Year			Month	Day	Year
	COVERED	10/08/2024	TH	IROUGH	10/2	6/2024	L
11	. ELECTION	ELECTION DATE			ELECTION TY	ΡE	
		Month Day Year 11/05/2024	F	rimary	Runoff		Other
		11/05/2024	χĢ	ieneral	Special		
L							
		G	<b>0</b> 1	O PAGE 2			
Fo	rms provided by Te	xas Ethics Commission ww	w.et	hics.state.tx.u	S		Version V4.1.0.48da51f7

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer II	C (Ethics Commission Filers)
West Pearland Republic	an Women		00066	6458
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	10,084.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	40,595.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
			a Bitner	
		Signature of Car	mpaign Tr	easurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said, this the			nis the	day
Of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title o	f officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

### FORM GPAC COVER SHEET PG 3

3 of 11

17 COMMIT	TEE NAME	18 Filer ID	(Ethics Commission Filers)
	earland Republican Women	00066458	
	ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	IR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 10,084.76
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	<b>\$</b> 29.86
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

**SUBTOTALS - GPAC** 

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/11 2 FILER NAME Filer ID (Ethics Commission Filers) 3 West Pearland Republican Women 00066458 5 Full name of contributor Amount of Contribution (\$) 4 Date out-of-state PAC (ID#: 7 10/08/2024 \$30.00 Cole, Cameron 6 Contributor address; City; State; Zip Code Pearland, TX 77581 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Educator Pearland ISD Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) ) 10/08/2024 \$70.00 Lewis, Roxanne Contributor address; City; State; Zip Code Alvin, TX 77511 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment					
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 1/6 Rpt: 5/11	West Pearland Republican Women 00066458				
4 Date 10/11/2024	5 Payee name ADDI				
6 Amount (\$) \$43.93	7 Payee address; City; State; Zip Code 1339 Broadway				
corporate funds	Pearland, TX 77581				
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Event Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Head quarters</li> </ul>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/08/2024	Barry, Jeff				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,500.00	4418 Broadway				
Expenditure from corporate funds	Pearland, TX 77581				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign Contribution</li> </ul> </li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H				
Date	Payee name				
10/08/2024	Brennan, Jeff				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,000.00	4813 W Broadway				
Expenditure from corporate funds	Pearland, TX 77581				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign Contribution</li> </ul> </li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 2/6 Rpt: 6/11	West Pearland Republican Women     00066458				
4 Date	5 Payee name				
10/10/2024	Dalton AC				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$149.00	5410 Brookside Road				
Expenditure from corporate funds	Pearland, TX 77581				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Head Quarters				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/10/2024	Dollar General				
Amount (\$)	Payee address; City; State; Zip Code				
\$15.81	3631 S Main St				
Expenditure from corporate funds	Pearland, TX 77581				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Event Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Head Quarters</li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/08/2024	Hernandez, Adrian				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	8209 Broadway ST				
Expenditure from corporate funds	Pearland, TX 77581				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 3/6 Rpt: 7/11	West Pearland Republican Women 00066458				
4 Date 10/10/2024	5 Payee name Kroger				
6 Amount (\$) \$15.99	7 Payee address; City; State; Zip Code 8323 Broadway				
Expenditure from corporate funds	Pearland, TX 77584				
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Event Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>HQuarters</li> </ul>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/10/2024	Kroger				
Amount (\$)	Payee address; City; State; Zip Code				
\$12.50	8323 Broadway				
Expenditure from corporate funds	Pearland, TX 77584				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Event Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Head Quarters</li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/10/2024	Kroger				
Amount (\$) \$21.25	Payee address; City; State; Zip Code 8323 Broadway				
Expenditure from corporate funds	Pearland, TX 77584				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Event Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Head Quarters</li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 4/6 Rpt: 8/11	West Pearland Republican Women00066458				
4 Date 10/10/2024	5 Payee name Kroger				
6 Amount (\$) \$14.98	7 Payee address; City; State; Zip Code 8323 Broadway				
Expenditure from corporate funds	Pearland, TX 77584				
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Event Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Head Quarters</li> </ul>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/10/2024	Kroger				
Amount (\$)	Payee address; City; State; Zip Code				
\$185.16	8323 Broadway				
Expenditure from corporate funds	Pearland, TX 77584				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Snacks for mixer</li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/08/2024	Linder, Sarah				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,000.00	3633 CR 58				
Expenditure from corporate funds	Manvel, TX 77578				
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign Contributions</li> </ul> </li> </ul>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

	EXPENDITURE CATEGORIES FOR	BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ove Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement rhead/Rental Expense pense ypense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 5/6 Rpt: 9/11	West Pearland Republican Women		00066458
4 Date	5 Payee name		
10/10/2024	O'Day Hardware		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$9.23	6614 Broadwy		
Expenditure from corporate funds	Pearland, TX 77584		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Event Expense		le of Texas. Complete Schedule T.
			officeholder living expense
		Head Quarters	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
Date	Payee name		
10/10/2024	Office Depot		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$51.96	2032 N Main		
ψ01.90			
Expenditure from corporate funds	Pearland, TX 77581		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		le of Texas. Complete Schedule T. officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
expenditure to benefit C/O	Π		
Date	Payee name		
10/10/2024	Office Depot		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$21.65	2032 N Main		
Expenditure from corporate funds	Pearland, TX 77581		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		le of Texas. Complete Schedule T. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Ay -     Gift/Awards/Memorials Expense     Printing Expense	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 6/6 Rpt: 10/11	West Pearland Republican Women 00066458	
4 Date	5 Payee name	
10/10/2024	Scooters Coffee	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$43.30	2401 S Main	
Expenditure from corporate funds	Pearland, TX 77581	
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Block Walking</li> </ul> </li> </ul>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	_
10/08/2024	Stallman, Bo	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,000.00	111 E Locust ST	
Expenditure from corporate funds	Angleton, TX 77515	
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Campaign Contributions</li> </ul> </li> </ul>	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

The Instruction Guide explains how to complete this form. Total pages Schedule I: 2 FILER NAME Filer ID (Ethics Commission Filers) 1 3 West Pearland Republican Women 00066458 Sch: 1/1 Rpt: 4 Date 5 Payee name 10/10/2024 Bradford Exchange Amount (\$) Payee Address; City; State; Zip 6 7 9305 N Milwaukee Ave 29.86 Expenditure from Niles, IL 60714 corporate funds (a) Category (See instructions for examples of acceptable categories) 8 PURPOSE (b) Description (See instructions regarding type of information required.) OF EXPENDITURE Accounting/Banking Checks

SCHEDULE |